

Parkcare Homes (No.2) Limited

Middlegate Lodge

Inspection report

Middlegate Lodge
Horncastle Road, Caistor
Market Rasen
Lincolnshire
LN7 6JG

Tel: 01472852282

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07 November 2018

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We inspected the service on 7 November 2018. The inspection was unannounced. Middlegate Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service accommodates up to six people living with mental health needs, a learning disability or have misused drugs and or alcohol.

On the day of our inspection five people were living at the service.

The service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. However, people were given choices and their independence and participation within the local community encouraged.

At our last inspection on 8 March 2016 we rated the service 'good.' At this inspection we found the evidence continued to support the rating of 'good' There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People continued to receive a safe service. They were protected from avoidable harm, discrimination and abuse. Risks associated with people's needs including the environment, had been assessed and planned for and these were monitored for any changes. People did not have any undue restrictions placed upon them.

People continued to receive an effective service. Staff received the training and support they required to meet people's individual needs, including meeting their nutritional needs. Staff worked well with external health care professionals and people were supported to access health services when required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the home supported this practice. The principles of the Mental Capacity Act (MCA) were followed.

People continued to receive care from staff who were kind, compassionate and treated them with dignity and respected their privacy. Staff had developed positive relationships with the people they supported, they understood people's needs, preferences, and what was important to them. Staff knew how to comfort people when they were distressed and made sure that emotional support was provided. People's independence was promoted.

People continued to receive a responsive service. People were involved with assessing and planning for their care needs and regularly reviewing their progress. They were supported to pursue their interests and hobbies, and social activities were offered. There was a complaints procedure in place and people knew

how to use the procedures when required.

The service continued to be well led. There was an open and transparent and person-centred culture within the service. People were encouraged to give their views on how the service was run and there were systems in place to monitor and improve the quality of the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains safe.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remains well-led.

Middlegate Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 7 November 2018 and was unannounced.

The inspection team consisted of one inspector. Prior to this inspection, we reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies such as commissioners who had a contract with the service. In addition, we looked at the information in the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home and the services provided, what the home does well and improvements they plan to make.

During the inspection, we spoke with three people who used the service for their views about the service they received. We spoke with the registered manager, one of the deputy managers and three of the care staff team. We also spent time observing how people and staff interacted and how care plans were being implemented.

In addition, we looked at specific parts of the care records of three people who used the service. We also looked at the management of medicines and information provided by the registered manager about how they ran the service.

Is the service safe?

Our findings

People told us they felt safe living at Middlegate Lodge. One person said, "This is the safest I have felt living anywhere and I have been to a few places."

People were supported by staff who recognised the signs of potential abuse and knew how to protect people from harm. Through our discussions with them, staff demonstrated a good understanding of safeguarding reporting procedures including those for external organisations such as the local authority.

Risks were assessed and planned for. Staff recognised how to support people who may experience heightened anxiety and express their feelings through behaviours which may put themselves or others at risk. The Provider Information Return (PIR) indicated that restrictive physical intervention had not been used to manage behaviours in the home since we last inspected. We confirmed this when we spoke with people who lived there and staff.

People told us and at the time of our inspection we observed there were enough staff on duty who were deployed the right way to support people. They told us time was set aside regularly to spend with their keyworkers and staff were available when they needed support attend appointments or community based activities. We saw that duty rotas were prepared in advance to ensure the correct numbers of staff were available for people at all times. Staff told us there were enough staff available to provide the support people needed and they worked as a team to cover absences such as sickness. We also noted arrangements were in place to ensure there was appropriate management cover when the manager was not available including on call arrangements which staff said they would not hesitate to use if they needed to speak to a manager at any time.

The PIR indicated that safe recruitment procedures continued to be followed. This meant that checks were carried out before staff were employed to make sure they had the right character and experience for the role. These checks included the provider contacting the Disclosure and Barring Service (DBS). These checks are used to assist employers to make safer recruitment decisions. Staff told us that they completed this process before they started to work at the service. This meant that the necessary steps had been taken to ensure people were protected from staff that may not be fit and safe to support them.

People described how they received their medicines and this indicated to us that they were supported in a person centred way. Records were in place to show when people needed to take any prescribed medicines and we saw the registered manager had regular audits and checks in place to make sure medicines were managed safely.

Records showed and staff we spoke with told us how people would be supported to evacuate the building in the event of a situation such as a fire. Staff knew about the plans in place for each person and that this was recorded in peoples care records. People and staff we spoke with told us they knew what to do if there was a need to evacuate the building and one person said, "The alarms are checked by staff and we follow the instructions so we would know what to do if it was the real thing."

Staff received training to understand their role and responsibilities for maintaining standards of cleanliness and hygiene in the premises. We observed that all areas of the premises looked clean and there was cleaning equipment in place to reduce the risk of infection. A member of staff had been identified to support the team with up to date practice regarding infection prevention and control. In their PIR the registered manager told us the staff member attended regular meetings with external professionals to maintain their knowledge and skills.

The registered manager described how they reviewed reports of safeguarding events and accidents or other incidents on a regular basis. This was to enable identification of any themes and help to improve future practice.

Is the service effective?

Our findings

People told us the staff were skilled in responding to their individual needs. One person told us, "I'm grateful to the staff here. They have pulled me round to being more positive about the future and when I get down they get me back in the right place by letting me talk."

People's physical, mental health and social needs were assessed and their care and support was planned and delivered in line with legislation, standards and evidence-based guidance. The deputy manager told us how a person had recently visited to look around the home with a view to moving in. They described how visits were arranged in advance to enable people to decide for themselves if they wanted to move there.

The registered manager was aware of the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers. Staff understood how to apply this approach. For example, we observed one person asking for and receiving support to understand and complete an order they wanted to make from a catalogue. The staff member also offered to provide additional support to help the person post it.

In their PIR the registered persons told us a service user guide was available to people and that this was kept updated through regular review with people and staff input. During our visit people told us they had access to information about the service and that this was easy to read and understand. No-one who was living in the service at the time of our inspection required information to be available in, for example, other languages or audio formats. However, the registered manager told us that this could easily be provided if required.

Staff told us they received a varied package of training to help them meet people's needs and that this was kept updated regularly so they knew how to provide care for the people who lived at the service. People we spoke with said they felt staff had the skills needed to support them. One person said, "You can see they [staff] are on hand all the time and they know us well. The main thing is that they understand when I am in need of help and they always do."

Staff told us they received supervision from the registered manager and were given regular feedback on their performance. They said they were able to discuss any issues they encountered as part of their work and their own learning and development needs.

People told us they were supported to eat and drink enough to keep them healthy and staff told us how the care records were kept updated to include information and details about people's nutritional needs and preferences. People showed how they were involved in planning their menus and how healthy eating was encouraged by staff. As part of their programmes to move toward independent living people told us they were involved in choosing the food they wanted and going shopping for the things they liked. One person showed us their kitchen area saying all of the food here in my cupboard is what I have bought myself."

Another person told us this had led them to develop better budgeting skills saying, "If I see something for a certain price I don't now just buy it. I compare the prices and buy the thing I think's got the best value for me."

There was a range of external health professionals involved in people's care. Staff told us how they had built strong working relationships with the local community mental health and social work teams to make sure the care they provided was appropriate and remained consistent. One person told us they were looking forward to going to an appointment at the local health centre later that day with an external healthcare professional to discuss their needs. A staff member told us they would be supporting the person to attend the appointment. Another person commented that, "Since I have got my new social worker they have moved things along really quickly for me to become independent. The staff here have helped and worked with them to make it happen."

The premises and environment met the needs of people who used the service and were accessible. Before we carried out our visit the registered manager had notified us that the main kitchen area in the home was being upgraded. When we undertook our inspection, we saw this had been completed. People told us they liked it. One person commented, "It's better and cleaner and easy to use because it's got big work areas." One of the staff team also showed the main communal bathing area was due to soon be upgraded as part of the on-going maintenance programme at the service.

When people showed us the garden area we saw there was a shelter available for people who had chosen to smoke. One person told us they liked to use it regularly but that it was not warm or comfortable to use during the winter months. We spoke with the registered manager about this who agreed to take immediate action to install a safe heating system into the shelter.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People told us and staff described how care plan records informed staff how each person liked to be supported and any additional help they needed to enable them to do this. All of the people we spoke with told us and we observed consent was always sought before care and support was provided.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our visit the registered manager confirmed there were no restrictions in place for the people who lived at the service and no DoLS authorisation was required to support people in this way.

Is the service caring?

Our findings

People told us they felt staff were caring. One person told us, "It's like being part of a family here. It feels like home." Throughout our inspection visit we observed people were treated with kindness and compassion.

Staff knew about the things that people found upsetting or may trigger distress. One person told us staff had taken time to encourage them to be themselves saying, "The staff really take their time with me. I need patience and understanding as I have some way to go to get fully better and I can get very stressed. But the help I have already had here is making a big difference to me. I can't say any better than that." Relationships between staff and people were friendly and positive and we saw that people looked relaxed and comfortable whenever they spoke with staff. We also saw that staff were available when people wanted them and they responded to people's requests quickly but at the same time calmly.

People told us they had access to a key to their room if they wanted one and that they could lock their room and staff respected their own private space. Before they entered people's rooms we saw that staff knocked on people's doors and waited for a response before going in. Staff addressed people in a kind and caring way and we saw they encouraged people to respect the privacy of the other people they lived with. For example, we saw one person had decided to stay in bed and staff and people had fully respected their wish to do this.

Staff respected people's own identities in a caring and individual way. We observed an example of this level of understanding of people when one person was observed being supported to express their sexuality, with staff supporting them to access a service they needed in order to maintain their needs in the way they described.

The deputy manager showed us they and staff had the information and knowledge to support people to access advocacy services if they ever needed to. Advocacy services are independent of the home and the local authority and can support people in their decision making and help to communicate their decisions and wishes.

The registered manager and staff understood the importance of keeping people's personal information confidential. People's support and care records were stored securely and computers the provider used to store any confidential information about people and their needs were password protected. Staff told us the provider had issued them with guidance to ensure they were aware of the importance of not disclosing people's personal information, including in their use of technology related communication and social media platforms.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. They were involved in planning their care and their preferences and wishes were recorded.

Each person had a detailed set of care and support plans which were personalised to their own needs. The records included a one page 'profile' which had a focus on being centred on the person and their needs. The records also reflected people's spiritual beliefs and how they were supported to continue to follow any they may have chosen to or not to follow any at all.

Staff were able to describe the best way to assist each individual with their emotional as well as physical needs. People told us they were fully involved in reviewing their changing needs. Care and support records showed reviews were completed regularly with the person through support wherever possible from a keyworker who had been assigned to do this. One person said, "I had a say in who would be my keyworker."

We saw that people had been supported to choose and engage in a range of activities that were socially and culturally relevant to them. An area of the home was kitted out with a pool table which people said they liked to use. People said they often went out into the community with one person commenting that, "We are here to try to adapt to being more independent. What I like is that we are supported to get out and learn to live in the community." We saw one person had chosen to go to stay with their relatives and that staff had supported them to do this. Another person told us about the move they had planned into independent living saying, "The staff are going to help me buy things for me to use to set my flat out how I want it, including cooking equipment and everything I need to live on my own. I am looking forward to it."

Some people said they liked to watch television but that the programmes available did not include digital channels or sport. One person said, "When the world cup was on it was brilliant. A real atmosphere was here." They told us they would like to have access to more programmes related to sport and football. We discussed this feedback with the registered manager who confirmed they would explore all options to give people access to a wider range of television channels.

The registered manager recognised that people's preferences and choices for their end of life care was a very sensitive matter for people and their families to consider and this may impact on people's mental health needs. With this in mind the subject was approached in a range of different ways with people and there was an acceptance that people and their families may not wish to discuss the matter at all. We saw that for some people they had chosen to add their preferences and choices for their end of life care to their care plan. For example, one person's record indicated they had made a living will.

There were arrangements in place to ensure people's concerns and any complaints they may have would be listened and responded to in order to keep improving the quality of care provided at the service. One person said, "If I need to raise a complaint I know who to talk to. I don't have any but if I had issues they would sort them." The registered manager told us all complaints were recorded along with the outcome of any investigations and action taken. Information provided by the registered manager showed two complaints

had been received during the last twelve months and that both had been fully responded to by the registered manager.

Is the service well-led?

Our findings

The service had a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager also had responsibility for managing another nearby care home owned by the registered provider. She described how she appropriately divided her time between both homes and had a deputy manager in each home to support her.

Staff told us they felt the service was well-managed and they were well supported and that they had opportunities to speak with the registered manager and senior staff whenever they needed to. They also said that the registered manager had maintained a focus on staff providing care which was centred on the people who used the service and that the staff team shared this focus.

We observed that the registered manager and deputy manager team worked well together and that this helped the registered manager have clear oversight of the service and the people who lived there, including how the staff team were being deployed and how each individual was directly being supported.

Staff meetings were held regularly and staff told us they were always able to feedback to the registered manager and the registered providers area manager who they said visited the service regularly. Staff knew how to escalate concerns either by using the provider's whistle-blowing processes or to the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon. Staff told us and we saw information was readily available in the service for staff to refer to if they needed to do this.

The registered manager understood their responsibilities and sent us the information they were required to such as notifications of changes or incidents that affected people who used the service. We saw the latest CQC inspection report rating was available for people to read at the home and on the providers website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

There were systems in place to monitor the quality and safety of the services provided for people. Audits had been effective and were used to keep improving the quality of the services provided.

People who lived in the home, their family members and visiting professionals were given the opportunity to have a say about the quality of the service through meetings and surveys. People told us they preferred to give face to face feedback about the service and that meetings were held with them regularly called, 'Your Voice' meetings. When we looked at the last 'Your Voice' meeting held between staff and people we saw that the areas discussed at the previous meeting had been reviewed and the current record updated to confirm

what action had been taken. Information showed and people we spoke with told us that people had wanted to continue going to a local leisure centre and that this had been supported. One person told us, "We use the pool and the sauna and the Jacuzzi." The record also showed that a request from people to go bowling had been followed up.

Records of meetings and surveys were also available to demonstrate staff were consulted about how the service could keep improving. Following the last staff survey the registered manager had produced an action plan which we saw was being kept under review and being completed.