

Parkcare Homes (No.2) Limited

Mar Lodge

Inspection report

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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

This was an unannounced comprehensive inspection that took place on 23 June 2016.

Mar Lodge is a care home registered to provide accommodation for up to seven people who have a learning disability or who are on the autistic spectrum. The home is located on two floors. Each person had their own room. The home had a communal lounge, kitchen and dining room where people could spend time together. At the time of inspection there were seven people using the service.

The service had a registered manager. 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.

People were protected from the risk of harm because staff had undertaken training to recognise and respond to safeguarding concerns. They had a good understanding about what safeguarding meant and how to report it.

There were effective systems in place to manage risks and this helped staff to know how to support people safely. Where people displayed behaviour that may be deemed as challenging the training and guidance given to staff helped them to manage situations in a consistent and positive way that protected the person, other people using the service and staff.

The building was well maintained and kept in a safe condition. Evacuation plans had been written for each person, to help support them safely in the event of an emergency.

People's medicines were handled safely and were given to them in accordance with their prescriptions. People's GPs and other healthcare professionals were contacted for advice whenever necessary.

There were enough staff to meet people's needs. They were recruited using robust procedures to make sure people were supported by staff with the right skills and attributes. Staff received appropriate support through a structured induction and regular supervision. There was an on-going training programme to provide and update staff on safe ways of working.

People were supported to maintain a balanced diet and guidance from health professionals in relation to eating and drinking was followed. We saw that people were able to choose their meals and were involved in making them.

People were supported to make their own decisions. Staff and managers had an understanding of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS). We found that appropriate assessments of capacity had and DoLS applications had been made. Staff told us that they sought people's

consent before delivering their support.

People were involved in decisions about their support. They told us that staff treated them with respect.

People received care and support that was responsive to their needs and preferences. Care plans provided detailed information about people so staff knew what people liked and what they enjoyed. People were encouraged to maintain and develop their independence. People took part in activities that they enjoyed. People participated in developing their support plans.

People and staff felt the service was well managed. The service was led by a registered manager who understood their responsibilities under the Care Quality Commission (Registration) Regulations 2009.

The vision of the service was shared by the staff team and put into practice. The service promoted a positive and open culture.

Systems were in place which assessed and monitored the quality of the service. This included obtaining feedback from people who used the service and their relatives.

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 was safe.

People were protected from risk of abuse and avoidable harm. Staff knew what action to take if they had any concerns. Risks to people had been identified and assessed. There was guidance for staff on how to keep people safe.

There were sufficient numbers of staff to meet people's needs safely. The service followed safe recruitment practices when employing new staff.

People's medicines were handled safely and given to them as prescribed. Staff were trained and deemed as competent to administer medicines.

Is the service effective?

Good ●

The service was effective.

Staff were trained to a high standard that enabled them to meet people's needs.

People were encouraged to make decisions about their care and day to day lives. Consent to care and treatment was sought in line with the Mental Capacity Act 2005 (MCA). Staff understood the requirements of the MCA.

People received the support they required with their healthcare needs, to keep healthy and well. People were supported to maintain a balanced diet.

Is the service caring?

Good ●

The service was caring.

People were supported to be independent and to access the community.

People were treated with dignity and respect. Staff interacted with people in a caring, compassionate and kind manner.

Staff knew people well and understood how each person wanted to be supported.

Is the service responsive?

Good ●

The service was responsive.

People's needs had been assessed with them. Care plans provided detailed information for staff about people's needs, their likes, dislikes and preferences. Staff demonstrated a person centred approach in their practice.

People participated in a range of activities. People were encouraged to use their right to vote.

There was a complaints procedure in place. People felt confident to raise any concerns.

Is the service well-led?

Good ●

The service was well led.

People knew who the registered manager was and felt that they were approachable.

People had been asked for their opinion on the quality of the service that they had received.

There was a range of audit systems in place to measure the quality of care delivered and so that improvements could be made where required.

Mar 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 inspection took place on 23 June 2016 and was unannounced. The inspection was carried out by two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience of caring for someone who used this type of service.

Before our inspection, we reviewed the Provider Information return (PIR). The PIR is a form that asks the provider to give some key information about what the service does well and improvements they plan to make. We also reviewed information we held about the service and information we had received about the service from people who contacted us. We contacted the local authority that had funding responsibility for some of the people who used the service and the local Healthwatch. Healthwatch collect important information about people's views and experiences of care.

We reviewed a range of records about people's care and how the service was managed. This included three people's plans of care and associated documents including risk assessments. We looked at four staff files including their recruitment and training records. We also looked at documentation about the service that was given to staff and people using the service and policies and procedures that the provider had in place. We spoke with the registered manager, a senior care worker and three care workers.

We met people who used the service and we spoke with six people who used the service. We spoke with two relatives of people who used the service. This was to gather their views of the service being provided.

Is the service safe?

Our findings

People we spoke with told us that they felt safe when they received support from the care staff. One person told us, "I am safe here." Another person said, "I feel safe. They keep the front door locked. I have my own key." A relative told us, "It is safe there. It put's my mind at ease." Another relative described the measures that were in place to keep people safe. They felt that these were thorough and enabled their relative to go out independently and safely.

People told us that they understood types of abuse and what actions they would take if they had concerns. One person commented, "Nobody hits you here." We saw that there was information for people who used the service about signs of abuse and what to do if they felt they were at risk. This was in a pictorial and simple words format to make it easier to understand. Staff members we spoke with had a good understanding of types of abuse and what action they would take if they had concerns. All staff we spoke with told us that they would report any suspected abuse immediately to the manager or to external professionals if necessary. Policies and procedures in relation to the safeguarding of adults were in place and the actions staff described were in line with the policy. Staff told us they had received training around safeguarding adults. Records we saw confirmed this.

Staff we spoke with told us that they understood whistleblowing, felt they could raise concerns and that there was a procedure for this within the organisation including a phone number to report concerns to. We discussed this with the registered manager and advised that people have a right to go to external professional bodies such as the local authority or the Care Quality Commission. The registered manager agreed with this and said they would discuss this with the provider. The registered manager had an understanding of their responsibility to report allegations of abuse to the local authority and the Care Quality Commission. We saw that the registered manager had reported concerns appropriately to the local authority safeguarding team and that concerns had been investigated either internally when this had been requested by the local authority or by the local authority.

People's support plans included risk management plans and control measures to reduce the risk. These were individualised and provided staff with a clear description of any identified risk and specific guidance on how people should be supported in relation to the identified risk. These included assessments about accessing the community independently. The registered manager told us that they had a positive risk taking approach. This meant that if people said they wanted to do something they were supported to identify ways to fulfil their wishes safely. For example, one person said they wanted to go out on their own. Staff supported this person to become confident at crossing the road safely and learning what to do if they felt unsafe. The registered manager told us how this had increased the person's sense of independence. Risk assessments were reviewed annually or when a change occurred in the person's circumstances. This was important to make sure that the information included in the assessment was based on the current needs of the person.

We saw that where someone had behaviour that may be deemed as challenging plans were in place so that staff responded consistently. The plans identified triggers and ways to diffuse the situation. Staff told us that

they were confident in following these plans and had been trained to do so.

Where accidents or incidents had occurred these had been appropriately documented and investigated. The documentation included a detailed description of what had happened and actions staff took. Where these investigations had found that changes were necessary in order to protect people these issues had been addressed and resolved promptly.

People were protected from the risk of harm because there were robust contingency plans in place in the event of an untoward event such as large scale sickness or accommodation loss due to flood or fire. Staff knew the fire response procedure and this was practised to make sure that everyone knew what to do in an emergency. Personal emergency evacuation plans were in place for people living at the home. These provided a guide for staff and emergency workers in regards to the assistance people required in the event of a fire. We saw that regular testing of fire equipment had taken place.

People told us that there were enough staff to meet their needs safely. One person told us, "The staff are always around to help." Another person commented, "I can shout and the staff are there to help you. I don't have to wait long for someone to come." Relatives agreed that there was always someone around to help if needed and that there were enough staff on duty. A relative commented, "They spend time with [person's name]. There are enough staff on duty." Staff told us that they felt there were enough staff to meet people's needs. The rota showed that suitably trained and experienced staff were deployed so that each person had their allocated support. We saw that staff responded to people's requests in a timely manner. We found that staff had time to talk with people and support people when they asked for this.

People were cared for by suitable staff because the provider followed robust recruitment procedures. Staff had undergone detailed recruitment checks as part of their application process and these were documented. We looked at the files of four staff members and found that all appropriate pre-employment checks had been carried out before they started work. These records included evidence of good conduct from previous employers, and a Disclosure and Barring Service (DBS) Check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who used care services. This meant that people could be confident that safe recruitment practices had been followed.

People received their medicines safely as arrangements were in place for the safe storage, administration and disposal of medicines. People told us that they knew that they had to take medicine and why they had to take this. They confirmed what time they took their medicines. One person said, "I know what medicine I take and why I take it." The service had a policy in place which covered the administration and recording of medicines. Staff told us that they felt confident when they support people with the tasks related to medicines. They told us that they had been trained to administer medicines. We saw that staff completed relevant training and were also assessed to make sure that they were competent to administer medicines. Each person who used the service had a care plan around medicines to determine the support they needed and a medication administration record to document what medicine the person took. Where people required a 'PRN' medicine we saw that a protocol was in place so that staff knew when this could be taken. PRN medicines are prescribed to be taken only when they are required. We looked at the records relating to medicine and found these had been completed correctly.

Is the service effective?

Our findings

People and their relatives were positive about the ability of staff to meet each individual person's needs. One person told us, "They calm me down and talk calmly to me." Another person said, "The staff know what they are doing." A relative commented, "They manage the resident's skilfully. They are very proactive and understanding."

People were supported by staff who received a thorough and effective induction into their role. Staff told us that they had a comprehensive induction. They described how they had been introduced to the people they supported and said they had been given time to complete training, read care plans and policies and procedures. The staff also said that they had shadowed more experienced staff before working alone with people using the service. Records we saw confirmed that staff had completed an induction. We saw that the provider used the Care Certificate for newer staff members. The Care Certificate was introduced in April 2015 and is a benchmark for staff induction. It provides staff with a set of skills and knowledge that prepares them for their role as a care worker.

People were supported by well trained staff. We looked at the training records for all staff. These showed that staff had completed a range of training including training that was specific for the needs of the people who they supported. The staff we spoke with told us that they felt that they had completed adequate training to enable them to carry out their roles and that training was good quality. One staff member told us, "We have good access to on-going training. I am asked if there is any additional training I need."

People were supported by staff who received guidance and support in their role. There were processes in place to supervise all staff to ensure they were meeting the requirements of their role. Supervisions are meetings with a line manager which offer support, assurance and learning to help support workers develop in their role. Staff told us that they had regular supervision meetings and felt supported. One staff member told us, "I have supervision every two months. I had a problem and discussed this with [the registered manager]. Actions were put in place to resolve this and things have improved. I am supported personally and professionally." Records we saw confirmed that supervisions had taken place. We saw that staff were offered the opportunity to have a lead role in specific areas. For example, one staff member was responsible for nutrition, and another for infection control. This meant that staff had the opportunity to develop their skills in these areas and to support other staff.

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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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). We checked whether the service was working within the

principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found that a DoLS had been requested for one person. We saw that the registered manager and senior had kept records of all correspondence with the team at the local council who were responsible for assessing each individual for DoLS. This showed that the home had proactively requested updates and kept the team informed of any changes to the person's needs. The registered manager and staff showed an understanding of DoLS which was evidenced through the appropriately submitted applications to the local authority.

Staff were able to demonstrate that they had understanding of the MCA and that they worked in line with the principles of this. They were confident discussing the principles of the MCA and what it meant in practice for the people they supported. This involved supporting people to make their own decisions and involving others when this had been needed. A relative told us, "I am involved every step of the way." Staff told us that they tried to negotiate with people and find the least restrictive option so that people could do what they wanted safely. Records showed that the registered manager was able to respond appropriately when people were not able to make decisions that could affect their wellbeing and did not have relevant person to act on their behalf. This included involving health and social care professionals in best interest decisions regarding people keeping safe.

People told us that they enjoyed the food. One person said, "I like the food a lot. Another person commented, "The staff cook my favourite foods." A relative told us, "[Person's name] has a good appetite. I would know if they didn't eat properly." People were supported to have sufficient amounts to eat and drink to maintain a balanced diet. We saw a menu was available with choices for each meal and this was based on what the people who used the service liked to eat. Throughout the day people were able to go to the kitchen and help themselves to drinks and snacks. Where someone was at risk of not chewing their food properly this had been recorded in their care plan. The person told us that staff reminded them to cut their food into small pieces to make it easier for them to chew the food. Staff told us that they prompted people to eat balanced meals. The registered manager told us that people were supported to follow diets of their choosing.

People were supported to maintain good health and could access health care services when needed. One person told us, "If I felt unwell I would tell a member of staff and they would help me to make an appointment." Relatives told us that they were kept informed with the person's consent, of appointments and the outcome of the appointment. We saw that people were referred to therapists when appropriate, such as when their mobility had changed. People's healthcare was monitored and where a need was identified they were supported to visit the relevant healthcare professional. Records showed that people were supported to attend routine appointments to maintain their wellbeing such as the dentist. Records showed that information from health appointments was recorded. We saw that care plans contained contact details of people's relatives, GP's or other involved health professionals so that staff able to contact them when needed.

Specific and clear guidance was provided to staff to ensure that they supported people to follow any guidance from health professionals. For example, one person needed to follow specific guidance in relation to their eating. We found that there was a clear plan in place that included all of the guidance from the specialist health professionals. We saw that staff supported the person to follow this.

Is the service caring?

Our findings

People were very positive about the support that they received and the caring nature of staff. One person told us, "The staff are nice to me. They listen to me." Another person said, "I like the staff. They are nice to me. They talk to me nicely." A relative told us, "I couldn't be happier. [Person's name] is getting the care and love they need from there." Another relative commented, "[Person's name] is happy there. She thinks the world of them. She calls it her home." A staff member commented, "I like to make people feel like they matter. It can be as simple as making sure I say hello and goodbye to each person."

People were treated with dignity and respect. We observed that staff interacted with people in a caring, compassionate and kind manner throughout the inspection. This included laughing and joking with people. We heard light hearted conversations which led to laughter and joking. We saw that staff spent time chatting with people and took an interest in them.

People had keys to their own rooms. One person said, "My possessions are safe in my room, but I like having a key to lock the door." People told us that staff knocked on their door and waited to be invited in. We observed that this happened. People told us that if they didn't want staff to come in they could say so and the member of staff would respect this. They told us that they knew that the staff were near and would check on them later.

Mar Lodge had received the Dignity in Care Award from Leicestershire County Council in 2015 and 2016. This meant that they had been assessed as demonstrating an on-going commitment to promoting and delivering dignified care services. We saw that five staff had been trained as dignity champions. This meant that staff were committed to promoting dignity and equality in the home. We found that there was a dignity tree in the hallway. Staff and people who used the service had discussed what dignity and respect meant to them. This had been written down and the comments were displayed on the tree as a reminder to staff and people who used the service.

People were actively involved in making decisions. This included decisions about meals, going out, attending activities and participation in the reviews of their care. We saw throughout the day of the inspection that people were asked what they wanted and if they wanted to participate in activities. Records also showed that people had been involved in decisions about their support.

People's preferences and wishes were taken into account in how their care was delivered. For example routines that they wanted to follow were respected. Information had been gathered about people's personal and medical histories, which enabled staff to have an understanding of people's backgrounds and what was important to them.

People's independence was promoted. Risk management plans identified ways in which people could be supported to undertake things themselves with measures in place so that things were done safely. For example, one person liked to go out and preferred not to have staff with them. The person had been supported to make sure they were safe while out and were going out by themselves. People were supported

to undertake household and every day activities to maintain their independence. One person told us, "I do my own laundry." Another person said, "I cooked Sunday dinner." We saw that people did their own washing, and made their own food and drinks. A staff member told us, "We promote independence and encourage people to do as much for themselves as they can."

Staff were knowledgeable about the people who they supported. They could tell us about people's histories and preferences.

People's visitors were made welcome and were free to see them as they wished. A relative told us, "You can visit when you want to. There are no undue restrictions."

People had chosen how to decorate their home and their own rooms. We were invited to see three rooms. People had pictures of family, friends, activities and their own belongings in each room. One person told us, "I chose to have my room decorated in red and cream as it is my favourite colour." Encouragement had been given so that people could decorate their room to their taste. There was a communal lounge, dining room and kitchen where people could spend time together if they wanted to.

Is the service responsive?

Our findings

People were supported by a service that was responsive to their needs and helped them to achieve their goals. We found staff knew people well and were able to discuss their needs and individual circumstances with us. A person told us, "I am happy here because they know me so well." A relative said, "They know what [person's name] wants. They are so on the ball. They know her so well."

People had been involved in an initial assessment of their needs before they moved to the home. Information had also been sought from their relatives and other professionals involved in their care. Information from the assessment had informed the support plan.

People participated in developing their support plans. We found that people had signed their own care plans where they were able to do this. Records showed that people and their families had been involved in reviews of their care and involved them in decisions with the person's consent. A relative told us, "It is a two way process as we are always asked what we think." Another relative said, "We feel part of [person's name] care and not an outsider looking in." We saw that people had regular meetings with their key worker where they were asked about their support plans and any changes they wanted to make, as well as what activities they would like to take part in. This meant that people were regularly given the opportunity to discuss their care and any changes they would like to happen.

People's support plans were personalised and provided details of what the person liked and what activities they wanted to do. For example, in one person's care plan it identified a specific church that they wanted to attend and they were supported to go there when they wanted to. Support plans had been kept under review to make sure that they reflected people's current circumstances. This helped ensure that staff provided appropriate support to people and could meet their needs as these changed. Staff had a good understanding of the support needs of the people they worked with and could tell us about these. This meant that staff knew the people who they supported and how they wanted to be supported. Each care plan had goals that the person had identified that they wanted to achieve and steps they needed to take to achieve these. Records showed that people had met some of their goals and were working towards others. This meant that people were being supported to work towards achieving their own goals, wishes and aspirations.

Handover between staff at the start of each shift ensured important information was shared, acted upon where necessary and recorded. This ensured people's progress was monitored and any follow up actions were recorded. The handover was recorded so that all staff could see a record of what had happened. Key information was recorded in the communication book that all staff could access.

Staff knew how to support people if they became upset or distressed. We saw from one person's support plan that they could become anxious. The care plan identified examples of how to identify the triggers for the behaviour and de-escalate this behaviour. Staff were able to explain these to us. This meant that staff were able to support people effectively when they were upset or distressed.

People were offered a wide range of activities to provide them with stimulation and meaningful tasks. People we spoke with were positive about activities they did during the day. One person told us that they had cleaned their room and were going shopping. They were proud to show us their room and how clean it was. We saw that each person had their own weekly activity plan which was available in a pictorial format to make it easier for them to understand. These were planned with the person and included a balance of personal care routines, leisure, and help with household tasks. These included going to the shop, gardening, creative workshops, baking, swimming and horse riding. People told us that they could choose if they wanted to participate in the planned activity. We saw that people were confident with tasks they were completing and that staff supported them discreetly and let the person take the lead. Staff told us that a range of day trips had been arranged for the summer. People had picked which trips they wanted to go on. People told us about the trips and where they were going.

People told us that they did things for themselves. One person said, "I am independent. I make my own drinks and cook. I can make my bed on my own and do the washing." We saw that support with household tasks and personal care took place in the home, however most other activities were planned to be outside of the service. This meant that people were being encouraged to socialise and use facilities in the local area. The registered manager told us that this had helped to develop links with the local community and increase people's confidence and was an important part of developing independence for people. The provider had developed a scheme called 'Helping Hand'. This was designed to assess people's skills to complete activities and when they had completed the scheme they received an award and had a graduation ceremony. The scheme covered a range of activities including setting an alarm clock, brushing your teeth, making drinks, budgeting and stranger awareness. This meant that people were being supported to develop their skills in all areas in their lives.

Mar Lodge had supported people through facilitating meaningful pastimes and activities. For example, each person had a designated role within the home. We saw that people had a name badge and their role on it. For example, one person enjoyed gardening so their name badge identified them as the gardener. The registered manager told us that the home had a deputy manager and this was a person who used the service. People were very happy to tell us about their role and what this meant to them. We also saw that people had been supported to vote in the referendum for deciding to stay or leave the EU. Staff told us that they had discussed the referendum with people, and had used information in an easy to read format to enable people to make a decision about which they wanted to vote. People told us on the day of our visit that they were going to vote and why they had decided to vote the way they had. This meant that people were being supported to fulfil their rights to vote.

We saw that people who lived at the home had been involved in fundraising to support charities in the local area. The registered manager told us that each year a charity was identified and people and staff had worked together to raise money for the charity. The registered manager told us that in 2015 as well as raising money for an identified charity they had also raised money to fund a trip to Twycross Zoo and a meal out for all the people who lived at the service and staff. They told us how this had helped develop relationships between people who lived at the service and the staff.

People's views, beliefs and values were respected. We saw that people were supported to follow their beliefs and attend places of worship of their choosing. Records we saw considered people's culture and beliefs and ways to support people to meet these.

People told us that they would speak with staff or the registered manager if they were worried or had any concerns. Relatives told us that they felt confident to approach the registered manager if they needed to discuss any aspects of people's care. There were procedures for making compliments and complaints about

the service. We saw that any complaints would be logged and responded to. The registered manager told us that all people were provided with a copy of the complaints procedure and we saw that it was included within the service user guide. The registered manager told us that they had not received any complaints.

Is the service well-led?

Our findings

People told us that they were pleased with the service provided and the way it was managed. One person told us, "I like living here. I like the staff and the manager." A relative said, "The manager has gone above and beyond to make me feel included. I feel supported in every way."

The service had an experienced registered manager. We received positive feedback about how they managed the service and supported the staff. Staff spoke highly of the registered manager and the service. One staff member told us, "[Registered manager] is very approachable. I am confident they would take action if I had any problems." Another staff member said, "It's great working here. I have worked in a lot of places and this is the best." We saw that a member of staff had been identified as 'staff of the quarter'. This was based on recommendations from other staff and people who used the service. The management structure in the home provided clear lines of responsibility and accountability. The registered manager was supported by the senior management team, a deputy manager, a senior, and a team of care workers. Staff told us that the registered manager was always available and that they spent time in the service to see how people were. We saw staff and people who lived at the service were comfortable speaking with them.

The registered manager told us that they recognised that Mar Lodge was home to the people who lived there. We saw that the registered manager had provided information about the staff in order to make sure that people who used the service knew the people who worked in their home. For example, there were pictures of each staff member and person who used the service on a personality board listing likes and dislikes. We also saw that each staff member had a one page profile in the service user guide. This identified the staff member and some information about them. This meant that people were given information about the staff member as a person and not a member of staff which helped to promote a relationship that was more equal. This helped to promote a positive and open culture.

To ensure people knew what to expect from the service they were given information about the standards they had a right to expect and the service's mission statement. The service had a statement about the vision and values it promoted. It included values such as providing a service that promoted independence, enabled people to build on their skills and helped people to achieve their outcomes. Staff understood and were able to tell us about the values. Throughout our visit we found that staff promoted these values in the way they provided support to people. For example, in the way they spoke with people and understood their needs.

Records were well maintained at the service and those we asked to see were located promptly. Staff had access to general operating policies and procedures on areas of practice such as safeguarding, the MCA, whistleblowing and safe handling of medicines. These provided staff with up to date guidance.

The provider regularly monitored the quality of care at the service. The registered manager carried out audits on areas of people's care such as medicines, training, paperwork, health and safety, outcomes, and supervisions. A member of the senior management team visited every two months to reviews the actions that had been set by the registered manager and to track progress against the actions. We saw that there

were a number of key performance indicators that the registered manager submitted to internal compliance officers. This included areas such as review meetings, support plans, and activities that people had taken part in. The registered manager told us that internal teams also completed audits on health and safety and finances annually. This meant that the service had processes in place to monitor the quality of the service and drive improvements in the delivery of a quality service.

We found there were good communication systems at the service. Meetings were held monthly for people who used the service. These were called 'Your Voice'. One person told us, "I go to your voice meetings. I also go to regional meetings." We saw that most people attended the meeting and where people did not the minutes were made available to them. These provided an opportunity for communication between people who used the service and staff about concerns or improvements that were being made. We saw that actions had been agreed and people had been identified to take the lead to make sure that things that were agreed at the meetings were implemented or followed up. We found that a representative from each house had attended a regional meeting to discuss issues with people from other areas and find ways to resolve any problems.

Relatives told us that they had been asked for feedback on the quality of the service. We found that a survey was sent out to people who used the service and relatives in June 2015 and one was sent out for 2016 just prior to our visit. The feedback from the 2015 survey were very positive. The registered manager told us feedback from the surveys was provided to people through a newsletter. Relatives confirmed that they received a newsletter every four to six weeks. We saw that there was a suggestion and ideas box available in the entrance to the home. This was available to people who used the service, relatives and visitors. This meant that people were being given opportunities to discuss their experience of the service with staff and managers on a regular basis.

Mar Lodge had received awards through Leicestershire County Council in the form of a Dignity in Care Award in 2015 and 2016. This meant that they had been assessed as demonstrating an on-going commitment to promoting and delivering dignified care services. We saw that Mar Lodge had received a commendation from Leicestershire County Council for Promoting independence, changing lives and developing a quality and dignified service in 2015. This meant that the registered manager and staff were working to recognised standards of quality and maintaining or improving these.

The registered manager was aware of their registration responsibilities. Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. The registered manager had informed us about incidents that had happened. From the information provided we were able to see that appropriate actions had been taken.