

Mrs Nilda Yasoda Dooraree

Mermaid Lodge

Inspection report

68-70 Brighton Road
Lancing
West Sussex
BN15 8LW

Tel: 01903763945

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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 Mermaid Lodge on the 5 April 2016 and it was an announced inspection. The provider was given 48 hours' notice as we wanted to be sure that people we needed to speak with would be available on the day of the inspection.

Mermaid Lodge is registered to provide care for up to 10 people. The home provides support to people with a range of mental health needs. On the day of the inspection nine people were living at the service.

The home 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.

The experiences of people were positive. People told us they felt safe living at the service, staff were kind and compassionate and the care they received was good. One person told us "The reason I'm so happy here is that I feel so safe, there is no aggression to deal with so you can just live your life in peace".

There were good systems and processes in place to keep people safe. Assessments of risk had been undertaken and there were clear instructions for staff on what action to take in order to mitigate the risks. Staff knew how to recognise the potential signs of abuse and what action to take to keep people safe. The registered manager made sure there was enough staff on duty at all times to meet people's individual care needs. When new staff were employed at the home the registered manager followed safe recruitment practices.

The provider had arrangements in place for the safe ordering, administration, storage and disposal of medicines. People were supported to get the medicine they needed when they needed it. People were supported to maintain good health and had access to health care services when needed.

Care and support provided was personalised and based on the identified needs of each individual. People were supported to develop their life skills and increase their independence. People's care and support plans and risk assessments were detailed and reviewed regularly.

Support staff were supported to develop their skills and knowledge by receiving training which helped them to carry out their roles and responsibilities effectively. Staff attended refresher training to meet the provider's requirements and had access to further qualifications in health and social care. One member of staff told us "We have regular training and updates and it's great we get to be able to get a qualification in what we do. I am about to start my diploma".

The home considered people's capacity using the Mental Capacity Act 2005 (MCA) as guidance. People's capacity to make decisions had been assessed. Staff observed the key principles in their day to day work

checking with people that they were happy for them to undertake care and support tasks before they proceeded.

People were supported and encouraged to eat a healthy and nutritious diet. People had access to health care professionals. They had been supported to have an annual healthcare review. All appointments with, or visits by, health care professionals were recorded in individual support plans.

Staff felt fully supported by management to undertake their roles. Staff were given training updates, supervision and development opportunities. They told us that communication throughout the service was good and included handovers at the beginning of each shift and through staff meetings. They confirmed that they felt valued and supported by the registered manager who they described as very approachable.

People, relatives and staff told us the service was well led. One person told us "Her [the manager] door is always open if you have a problem. She runs a good ship here". The registered manager told us they carried out a range of internal audits to review the quality of the care provided, and records confirmed this. The registered manager also told us that they operated an 'open door policy' so people living in the service, staff and visitors could discuss any issues they may have.

People and relatives told us they would raise any worries, concerns or complaints they may have to the registered manager and would get a positive response. One person told us "I have never had to complain but have had discussions when I'm a bit worried or upset and then I felt better"

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. Staff understood their responsibilities in relation to protecting people from harm and abuse.

Potential risks were identified, appropriately assessed and planned for. Medicines were managed and administered safely.

The registered manager used safe recruitment practices and there were enough skilled and experienced staff to ensure people were safe and cared for.

Is the service effective?

Good ●

The service was effective. People received support from staff who understood their needs and preferences well. People were supported to eat and drink sufficient to their needs.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Staff had an understanding of and acted in line with the principles of the Mental Capacity Act 2005. This ensured that people's rights were protected in relation to making decisions about their care and treatment.

People had access to relevant health care professionals and received appropriate assessments and interventions in order to maintain good health.

Is the service caring?

Good ●

The service was caring. People were supported by kind and caring staff.

People were involved in the planning of their care and offered choices in relation to their care and treatment.

People's privacy and dignity were respected and their independence was promoted.

Is the service responsive?

Good ●

The service was responsive to people's needs and wishes. Support plans accurately recorded people's likes, dislikes and

preferences. Staff had information that enabled them to provide support in line with people's wishes.

People were supported to take part in activities and were supported to maintain relationships with people important to them.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident that any complaints would be listened to and acted on.

Is the service well-led?

Staff were supported by the registered manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with their manager.

There were systems of quality assurance in place that provided evidence of the monitoring of the service and actions for improvement.

The registered manager was fully involved in the day to day running of the home and had created a culture where there was open communication and people were placed at the centre of their care.

Good ●

Mermaid 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.

The inspection took place on the 5 April 2016 and was announced. The provider was given 48 hours' notice as we wanted to be sure that people we needed to speak with would be available on the day of the inspection. The inspection team consisted of two inspectors.

On this occasion we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we checked the information that we held about the service and the provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection we spoke with six people, three relatives, three support staff and the registered manager.

We reviewed a range of records about people's care and how the service was managed. These included the care records for five people, medicine administration record (MAR) sheets, five staff training, support and employment records, quality assurance audits, incident reports and records relating to the management of the service. We observed care and support in the communal lounge and dining room during the day. We spoke with people and also spent time observing the lunchtime experience people had and a member of staff administering medicines.

We spoke with two health care professionals after the inspection to gain their views of the service.

The home was last inspected 31 January 2014 when no concerns were identified.

Is the service safe?

Our findings

People living at Mermaid Lodge told us they felt safe. One person when asked do you feel safe here said "I leave my door open all the time, which kind of speaks for itself about how safe I feel in here". Another person said "The reason I'm so happy here is that I feel so safe, there is no aggression to deal with so you can just live your life in peace".

A health professional told us "The service provides a safe and person centred residential care environment. The home is not a locked environment but staff are mindful about the whereabouts of the residents who also are reminded to alert staff whenever they intend to go out".

The provider had a number of policies and procedures to ensure support staff had clear guidance about how to respect people's rights and keep them safe from harm. This included clear systems on protecting people from abuse. People were protected from the risk of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the policy and procedures if it occurred. They told us they had received training in keeping people safe from abuse and this was confirmed in the staff training records. Staff described the sequence of actions they would follow if they suspected abuse was taking place. They said they would report abuse straight away and were confident that the manager would act on their concerns. One member of staff told us "If I needed to report anything, I would. If it keeps people safe then that's all that matters". Staff were also aware of the whistle blowing policy and when to take concerns to appropriate agencies outside the service if they felt they were not being dealt with effectively.

People and relatives felt there was enough staff to meet their needs. One person told us "I'm very happy with the service and I get on great with all the staff, and they are always there for me when I need them". Staff rotas showed staffing levels were consistent over time and that consistency had been maintained by permanent staff. We saw there was enough skilled and experienced staff to ensure people were safe and cared for. The registered manager told us "I have a good team of staff who are flexible to the people needs". Staffing levels were devised by looking at people's assessed care and support needs and adjusting the number of staff on duty based on the needs of people living at the home. Recruitment procedures were in place to ensure that only suitable staff were employed. Records showed staff had completed an application form and interview and the provider had obtained written references from previous employers and character references. Checks had been made with the Disclosure and Barring Service (DBS) before employing any new member of staff.

People participated in their preferred activities. For example people were supported to attend a range of social activities, which included going out to the local shops for personal shopping, visiting local cafes. To support people to be independent risk assessments were undertaken. They assessed any risks against individual activities people were involved in, for example where they went out to local facilities and events. There had been a regular assessment of the environmental risks and this included individual fire risk assessments. There was a regular review of the risk assessments. Staff had completed training in managing people's behaviours that challenged others. Risk assessments and guidance for care staff to follow were in

place to manage any challenging behaviour. Staff were able to tell us what was in place to support people and could talk about individual situations where they supported people, and what they should do to diffuse a situation. In one support plan it detailed the early warning signs of aggression for one person and what staff needed to look out for. The plan detailed how staff could diffuse the situation which included spending time with the person and speaking with them to calm them down.

Medicines were stored in appropriate lockable cabinet in a locked office. A support worker had access to the medicine's and were responsible for administering medicines to people on the day of the inspection. Appropriate arrangements were in place in relation to administering and recording of prescribed medicine. Medicines were administered three times a day and also as required. We observed medicines being administered at lunchtime by the member of staff. They took care to ensure that the correct medicine was administered to the correct person. The member of staff explained that any refusal of medicines would be documented and re administered following discussion with the manager on the appropriate way forward. The registered manager undertook audits of people's medicine records. Daily audits and records examined areas such as whether all medicines had been administered and recorded, if not administered had the reason for this had been recorded and addressed. The registered manager explained that any concerns were investigated and raised with the member of staff involved. Staff had undertaken medicine competencies which were carried out regularly. One person who had decided to self-medicate had been assessed to ensure it was safe. Their medicines were in a locked cupboard in their room. They told us "They [staff] remind me each morning and evening about taking my tablets, so I don't forget".

Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded in the accident and incident book. We saw specific details and any follow up action to prevent a reoccurrence. Any subsequent action was updated on the person's care plan and then shared at staff handover meetings.

Is the service effective?

Our findings

People and relatives felt staff were skilled to meet their needs and spoke positively about the care and support they received. One person told us "I'm very happy with the service and I get on great with all the staff, and they always there for me". Another person said "The staff all do a good job and help me and they are professional".

A health professional told us 'I feel that the service is very effective. In addition to enduring, long term mental health issues, the residents have backgrounds ranging from extreme levels of self-neglect, substance misuse, evictions and long term hospital admissions. The home has been very effective in meeting individual complex needs, in providing a safe and homely environment that maximises resident's abilities to maintain a good level of mental health, to have positive social interactions, beneficial levels of independence and a good quality of life where they are encouraged and supported to follow their interests".

People's physical and general health needs were monitored by staff and advice was sought promptly for any health care concerns. People had been supported to attend an annual health check and review of their medicines. Staff booked GP appointments for people and they could attend these with staff if they wished. Staff proactively supported people their healthcare needs and worked with other health and social care professionals. One person told us "The staff are on the ball, they make sure I get to my reviews and make sure my medicines are all sorted for me". Another person said "I usually get myself to my blood test but if I get a bit anxious the staff are on hand to make sure I attend as it's a very important blood test".

Staff demonstrated an understanding and there were clear policies around the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). 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. We checked whether the service was working within the principles of the MCA. Staff told us they had completed this training and all had a good understanding of the MCA.

Records showed staff were up to date with their essential training in topics such as first aid, infection control, health and safety and food hygiene. Support staff also received training that was specific to the needs of people using the service, which included violence and aggression management and fluids and nutrition. The registered manager told us they provided a detailed induction for new staff and kept training updated to ensure best practice. Care staff were also supported to achieve a diploma in health and social care, four staff had recently signed up to do their level 5 diploma in health and social care. Competency checks were undertaken to ensure staff were following the training and guidance they had received. The registered manager told us how they had recently introduced the new Skills for Care care certificate for staff and incorporating it into their induction and training for new staff. The certificate sets the standard for health care support workers and adult social care workers and will develop and demonstrate key skills,

knowledge, values and behaviours to enable staff to provide high quality care. Staff we spoke with were happy with the training opportunities on offer. One member of staff told us "We have regular training and updates and it's great we get to be able to get a qualification in what we do. I am about to start my diploma".

Staff had regular supervision with the registered manager. These meetings gave them an opportunity to discuss how they felt they were getting on and any development needs required. Staff had regular contact with their manager to receive support and guidance about their work and to discuss training and development needs. This also helped staff if they wanted to discuss any concerns or ideas they had. Staff said they found these to be beneficial. Staff told us the registered manager was always available to provide guidance and support to help them provide effective care to people. One member of staff told us "Because the team is so small there are daily opportunities to discuss our individual responsibilities with our manager". Another member of staff said "My manager is always there if you have any queries or need a bit of support, the door is always open". Staff also told us that the team worked well together and that communication was good. They felt as they were a small team communication took place throughout the day and always had time to discuss people's well-being and concerns they may have.

Support staff spent time with people each week to plan their weekly menus. They told us they worked with people to ensure a healthy menu was drawn up and sent out food surveys. Some people had specific dietary requirements either related to their health needs or their preference which were recorded in their support plan. For example it detailed one person disliked hard cheese and preferred soft cheese and one person who had gluten free diet. These were also recorded and displayed in the kitchen to remind the member of staff who was cooking that day. It also included preferences of portion sizes for people. One person liked to write on a board in the dining room what was on the menu that day so people were reminded if needed and would help with setting the table. On a Sunday the registered manager told us they liked to cook a roast dinner for everyone and said "Sunday is a day that I cook the Sunday lunch and sit down with everyone and we have lunch together. It is good for a catch up on how the week has been for everyone and discuss any suggestions people may have". People felt they could approach the registered manager with any issue, one person told us "We have dinner together on a Sunday and it's a good way of having chat about how things are going"

Is the service caring?

Our findings

People and relatives told us staff were caring. Comments from people included "The staff have been here a while and have got to know us and how we tick, it's a good team" and "Nothing is any bother to them they are always on hand to help you out". A relative told us "All the staff and the manager really do care and take pride in what they do". Another relative said "The owners are really caring, it puts my mind at rest that my relative is in such a caring home and is well looked after".

A Health professional told us "I feel that the manager and the team of staff offer a caring and inclusive service. Staffing at the home has been generally stable and so this has allowed for both residents and carers to have developed relationships that fosters an atmosphere of familiarity and trust. The manager has always shown a dedication to providing residents with a homely calm living environment and in their overall health and wellbeing".

Staff ensured they asked people if they were happy to have any care or support provided. They provided support in a kind and sensitive way. Staff responded to people politely, giving them time to respond and asking what they wanted to do and giving choices. We heard staff patiently explaining options to people and taking time to answer their questions. Staff were attentive and listened to people when needed. They showed an interest in what people were doing. We observed one member of staff sitting with a person engaging in a discussion about the book they were reading. They spoke for a while and there was good rapport between them.

People told us staff respected their privacy and treated them with dignity and respect. Staff told us how they were mindful of people's privacy and dignity when supporting them. Staff told us how they respected people's privacy and dignity. One member of staff told us "We always knock on someone's door and ask if we could come in if we needed to speak with them. It is their room and we respect that".

People had a care and support plan in place which detailed their goals and progress for working towards being more independent. These had been discussed with people, their family and health professionals. Their progress towards meeting their goals was discussed as part of a regular review process. People had a great deal of independence. They decided where they wanted to be in the service, what they wanted to do, when to spend time alone and when they wanted to be with staff. One member of staff told us "People have the freedom to do what they would like to do and we encourage independence. This could be going out to the shops or local coffee shop or doing their washing. It is great when you see people improve in their well-being".

People were supported in a homely and personalised environment. They had their own bedroom for comfort and privacy. People were encouraged and supported to decorate their own rooms. Where people showed us their rooms these had been decorated with items specific to their individual interests and likes and dislikes. People had been supported to keep in contact with their family and friends. People all had the support of their family, or had access to an advocacy service where needed.

Care and support records were stored securely. Information was kept confidentially and there were policies and procedures to protect people's personal information. There was a confidentiality policy which was accessible to all staff. Staff demonstrated they were aware of the importance of protecting people's private information.

Is the service responsive?

Our findings

There was a visible person centred culture and the service was responsive to people's needs. The registered manager and staff we spoke with were passionate about their approach to each person. One person told us "The staff help and support me and always there when I need them". A relative told us "What can I say, the staff meet my relative's needs and support them the best they can. I am happy as I know he is happy". A health professional told us "The home is responsive to changing needs and adjust care plans accordingly with the overall aim to ensure that a placement remains viable for the resident".

Staff told us that care and support was personalised and confirmed that people were directly involved in their care planning and goal setting and any review of their care and support needs. Support plans were comprehensive and gave detailed information on people's likes, dislikes, preferences and care needs. People had clear and detailed care and support plans in place which reflected their individual needs and preferences. These described a range of people's needs including communication, eating and drinking and support required with medicines. In one support plan it detailed how a person could get stressed when trying to use their mobile phone. It detailed for staff to assist the person if they were having any difficulty and encourage them to write it down in their diary to remind them how to use it. In another support plan it detailed that a person liked to read a daily newspaper, so it had been arranged that one was delivered daily to the home for them. The registered manager told us this information was regularly updated and reviewed. Records we looked at confirmed this. This information would ensure that staff understood how to support the person in a consistent way and to feel settled and secure. Support staff demonstrated a good level of knowledge of the needs of the people. These had been reviewed and audits were completed to monitor the quality of the completed care and support plans and progress towards the development of people's life skills and independence. Where appropriate, specialist advice and support had been sought and this advice was included in the plans. For example, staff confirmed that advice and support had been sought from relevant health professionals on a regular basis.

Evidence was available to indicate that mental health reviews had been carried out where necessary. Many of the people using the service had been referred by the community mental health team (CMHT) who also provided their own assessment of the person and their immediate care and support needs. The CMHT also provided a care plan that was used to influence and guide support staff which meant that a multi-disciplinary approach was being taken to make sure people's individual needs and aspirations were at the centre of the service being offered to them. Reviews were positive and detailed improvements in people's well-being. In one person's review it detailed that they were happy with everything, appeared relaxed and very chatty.

Daily notes were maintained for people and any changes to their routines recorded. These provided evidence that staff had supported people in line with their support plans and recorded any concerns. Staff told us they completed a handover at the start of each shift, to discuss what was happening in the day with people and any changes to their needs or well-being. One member of staff told us "We are a small home so we communicate with each other and the manager throughout the day. This ensures we all know what is going on".

People were actively encouraged and supported to take part in daily activities around the service such as helping with the cleaning and gardening. People were supported and encouraged to go to activities in the local area. People enjoyed participating in a range of leisure activities. People were in and out during the day of the inspection and were involved in a range of activities such as shopping and going to a local cafe. The registered manager told us of one person who came to live at the service who would remain in their room and not go out with their curtains closed for most of the day. After staff supporting and working with them closely they encouraged them to go out into the community once they had settled in. The registered manager told us "Eventually they got a little job in a local charity shop which gave them so much confidence and made many friends there, it was wonderful to see how much they had changed".

People and relatives told us they would raise any worries, concerns or complaints they may have to the registered manager. Comments we received included, "I have never had to complain but have had discussions when I'm a bit worried or upset and then I felt better" and "Any minor concern is dealt with straight away, never really needed to complain. Each person using the service was provided with a Service User Guide. This guide contained details about the service and details about how to make a complaint, including time scales for receiving response to a complaint, the investigation process and contact details for other relevant agencies such as the Care Quality Commission, Local Authority Quality Team and the Local Government Ombudsman. Staff told us they were confident that any concerns, worries or complaints raised by people using the service would be dealt with appropriately and in a timely manner.

Is the service well-led?

Our findings

People, relatives and health professionals were very complimentary of the registered manager. Peoples comments included "Her [the manager] door is always open if you have a problem. She runs a good ship here", "The manager makes sure she selects the right residents to fit in here, we are a small group and the mix has to be right, I feel calm and collected here" and "When I first came here, I had lost a lot of confidence and could barely go out , now I'm out every day. She [the manager is a great manager and a great help to me and has always been there for me".

Staff told us they felt the registered manager was always supportive. One member of staff said "They [the manager] are very understanding and incredibly supportive, it's the reason I work here as I need some flexibility ". Another member of staff said "The manager is great and manages the service really well, I've been encouraged to do my national training diploma".

Throughout the inspection the home was calm and relaxed with people choosing how to spend their day with staff and the registered manager supporting where necessary. We observed throughout the day the registered manager taking the time to speak with every person they met and there was great rapport between them. The registered manager told us "We are a very person centred home, people have freedom and the support that they want. We respect people's wishes and encourage them to go out and be involved in activities they choose. I work closely with everyone and get to know them and ensure they are happy living here".

The registered manager actively sought people's opinions and acted on their ideas. Annual surveys were sent to people to complete with how they felt living at the home and what suggestions they had to improve. Resident meetings were informal and people had the opportunity to speak with the registered manager when they wanted to. Systems were in place to monitor and analyse the surveys and the quality of the service provided. These included a variety of audits such as environment, infection control and health and safety. Detailed audits were undertaken by the registered manager and an action plan created on areas of improvement when required. Audits are a quality improvement process that involves review of the effectiveness of practice against agreed standards. Audits help drive improvement and promote better outcomes for people who live at the home.

The registered manager and provider had developed an open and inclusive culture by meeting and working with people's relatives, staff and external health and social care professionals. Due to a small staff team, staff could discuss with one another any issues they had and had daily access to the registered manager which gave an opportunity for staff to raise any concerns and share ideas as a team. The registered manager told us "I have a good team of staff who communicate daily, we discuss things as a team or individually if needed. Communication is key and is daily with one another".

The registered manager and support staff worked closely with external health care professionals such as GP's and local mental health team when required. Visits and reviews were recorded in people's support plans. The registered manager told us "We have a good working relationship with all health care

professionals and ensure people get access to them as soon as they require. We ensure people have their regular and annual health appointments they need". People we spoke with confirmed this and felt they had access to health professionals when required.

The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). The registered manager had submitted notifications to us, in a timely manner, about any events or incidents they were required by law to tell us about. They were aware of the new requirements following the implementation of the Care Act 2014. For example they were aware of the requirements under the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided.