

Mrs Nilda Yasoda Dooraree

Mermaid Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 14 November 2018 and was unannounced. The previous inspection took place on 5 April 2016 when it was rated as 'Good.'

Mermaid 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 home provides accommodation, for up to 10 people under the age of 65 years with a range of mental health needs including substance misuse. On the day of our inspection there were seven people living at the home. The home is converted from two residential properties and overlooks the seafront at Lancing. The home has 10 single bedrooms, each with its own en suite bathroom. There was a communal lounge and dining room as well as a room which people could smoke in.

The service had a registered manager, who was also the provider. 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 premises were generally well maintained, but there were exceptions to this. A first-floor bathroom had recently been refurbished but the ceramic floor tiles had cracked into pieces with sharp edges which raised from the floor when walked on. There was a risk people could cut their feet on the broken tiles. The provider had not taken steps to assess or mitigate the risks of legionnaires' disease. Legionnaires' disease is a potentially harmful type of pneumonia contracted by inhaling airborne water droplets. The provider did not know this needed to be assessed and had not carried out checks on the water system as advised by the Health and Safety Executive (HSE) Health and Safety in Care Homes. Arrangements for maintaining adequate fire safety had not been taken. The weekly test of the fire alarms had not taken place since 18 October 2018 and the provider had not completed personal emergency evacuation plans for each person. The home was inspected by the fire and rescue service on 1 November 2018 who issued a letter for eight areas in need of improvement.

Risks to people were assessed and plans in place to mitigate these. However, one person's risk of going out unsupervised had not been assessed when an external professional had assessed the person as being in need of constant supervision. The provider agreed this needed to be clarified.

Improvements were needed regarding the system for ensuring the service complied with the Health and Social Care Act 2008. For example, the Commission asked the provider to complete a Provider Information Return (PIR) to give us information about the service. This was not responded to. Whilst people's communication needs were assessed the provider did not know about the Accessible Information Standard (AIS) guidance, which requires service providers to ensure those people with disability, impairment and/or sensory loss have information provided in an accessible format and are supported with communication. The provider was aware of the General Data Protection Regulation (GDPR), which was effective from 25 May

2018, but had not yet considered this for the service's record keeping.

Records of staff supervision were maintained until 2015 and 2016 but had then stopped; the provider said informal supervision took place. The provider stated staff were observed and assessed in their work, but this was not recorded; this included the assessment of staff as being competent in the safe management of medicines. Records were not readily available and the provider had to access several records from their mobile phone such as maintenance service records and correspondence with health and social care professionals about people's care.

The process of audits and checks on the quality and safety of the service had not identified and acted where we found attention was needed. The provider had not kept up to date with current guidance on record keeping and it was evident that a number of systems for monitoring the service had ceased since the last inspection on 5 April 2016.

The provider had not taken appropriate steps when one was assessed as not having capacity. The provider did not have a system or toolkit for assessing the mental capacity of people. and we found he provider had not taken appropriate steps to follow up i . We have made a recommendation about this.

People said they felt safe at the home. Staff had a good awareness of the principles and procedures for safeguarding people in their care.

Sufficient numbers of care staff were employed to ensure people were looked after well. Medicines were safely managed.

There were systems to review people's care and when incidents or accidents had occurred.

Staff were well qualified and were trained, or studying, the Diploma in Health and Social Care. People described the staff as helpful. People were provided with nutritious meals and said their individual preferences for food were catered for.

People said they received care from kind and caring staff. People were consulted about their care and their rights to privacy was promoted. The provider supported people to maintain and develop their independence. People told us they were able to choose how they spent their time.

People received personalised care that was responsive to their needs. Care plans reflected people's needs and preferences. Activities were provider for people based on what they wanted. The provider had a complaints procedure and people said they were able to raise any issues if they needed to. There have been no complaints made to the provider.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Risks to people were assessed but there was a lack of clarity regarding one person's needs. The premises were not always safely maintained and fire safety measures were not adequate.

Medicines were safely managed.

The home was clean and hygienic.

Staff had a good awareness of their responsibilities to protect people in their care.

Sufficient numbers of staff were provided to meet people's needs.

The provider monitored people's care and took appropriate action where incidents had occurred.

Requires Improvement ●

Is the service effective?

The service was not always effective.

People's capacity to consent to care and treatment was not always adequately assessed and the provider did not have a system to assess people's capacity to consent to their care.

Staff were well trained and said they felt supported in their work. Formal recorded supervision and appraisals of staff had not taken place since 2016.

People's physical and mental health was assessed and staff liaised with community health care services to ensure people received coordinated care.

People had nutritious meals and were able to choose what they ate.

People had access to health care services.

Communal areas and bedrooms were appropriate for people

Requires Improvement ●

who had personalised their rooms.

Is the service caring?

Good ●

The service was caring.

People received care from staff who were kind and caring. Staff promoted people's rights to choice, privacy and independence.

People were consulted and involved in decisions about their care.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care which was responsive to their needs. Social and recreational needs were assessed and activities provided on a more ad hoc basis. People were able to access community facilities.

There was a complaints procedure and people said they felt able to raise any issues they had.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

The monitoring of the quality and safety of the care and premises were not sufficient. Some of the provider's systems of governance and quality checks had ceased to be used. This included staff supervision and seeking people's views. The provider had not kept updated about recent guidance regarding records.

The culture of the service was of more informal methods of communication.

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 was 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 14 November 2018 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we checked information that we held about the home and the service provider. This included information from other agencies and statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We requested the provider to send us a Provider Information Return on two occasions but these were not responded to. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with four people. We spoke with two care staff and the provider. The provider and registered manager are the same person.

We looked at the care plans and associated records for three people. We reviewed other records, including the provider's internal checks and audits, staff training records, staff rotas, accidents, incidents and records of medicines administered to people. We looked at staff training records and staff supervision records.

Is the service safe?

Our findings

The building was not always safe and well maintained. A first-floor bathroom had been refurbished which included new tiling on the floor. These were cracked and split and were loose when walked on. There was risk someone might cut themselves on the tile shards as they lifted when walked on. The provider acknowledged this needed to be fixed.

The service was inspected on 1 November 2018 by the fire and rescue service who issued a letter requiring improvements to be made in eight areas. The fire and rescue service are due to reinspect the service to check on the progress of meeting these requirements. We found the fire precautions were not always adequate. Weekly tests of the fire alarms had not taken place since 8 October 2018 according to the provider's records. The provider said the tests had been carried out but not recorded. The provider did not know about the need to complete personal emergency evacuation plans (PEEP) for each person to assess and plan for their safe evacuation in the event of a fire. Fire safety equipment had been tested by a qualified person.

The provider had not assessed the risks of legionnaires disease in the home and did not have any systems to check this. The guidance in the Health and Safety Executive Health and Safety (HSE) on care homes had not been followed regarding the risks of legionnaires disease. The provider did not know checks regarding the risks of legionnaires' disease needed to be carried out and had not assessed the risks of this nor carried out checks, such as water temperatures in hot water storage as advised by the HSE.

Risks to people were assessed and there was guidance for staff on how to mitigate the risks. We noted one person did not have a risk assessment regarding going out alone when they did this on a regular basis; an assessment by an external professional stated the person needed constant supervision. The provider said they had followed this up with the relevant local authority in 2016 but had not had a response. The provider had not followed this up until we raised this at the time of the inspection.

The provider had not ensured the premises and equipment were safe to use for their intended purpose. The provider had not always ensured the risks of health and safety of people was carried out and plans in place to mitigate the risks. This is in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe at the home. For example, one person said, "It's a good place. I feel safe here. There's no bullying." Staff were trained in safeguarding and knew the procedures to follow if they thought someone was being mistreated in some way. Safeguarding procedures were displayed on the office notice board so staff would know the correct action to take.

Risks to people were assessed and there were care plan for staff to follow to counter the risks. These included the risks associated with mental health needs, substance misuse and behaviour. These were well recorded and gave specific details about how to recognise if someone was becoming unwell as well as risks regarding domestic routines such as using kitchen utensils and cleaning chemicals.

Medicines were safely managed. Medicines administration records (MARs) showed staff recorded their signature when they supported someone to take their medicines. These showed medicines were administered as prescribed. Where people had medicines on an 'as required' basis for intermittent symptoms, there was a record in the person's care plan of guidance for staff to follow when this was needed. People were supported to be independent in managing their own medicine with staff support and following a risk assessment to show the person was safe doing this. People confirmed this arrangement suited them and helped them to be more independent.

Checks were made by suitably qualified persons of equipment such as the fire safety equipment and electrical appliances. It was not clear when the electrical wiring was last tested but the provider said this was to be carried out the week following the inspection. Hot water was controlled by specialist mixer valves so people were not at risk of being scalded by hot water and the water temperature was checked. First floor windows had restrictors so people could not fall or jump out. There were contingency plans in place in the event of a fire or need to evacuate the premises. A valid certificate of liability insurance was displayed.

People said there were enough staff. Two people said they were relatively independent but that staff were always available if they needed assistance. Staff told us they considered there were enough staff to meet people's needs. Between the hours of 8am and 8pm there were two staff on duty. Night time staffing consisted of two staff on a 'sleep in' basis so people could request assistance. Staff provision was organised on a staff duty roster. The provider had not recruited any new staff since the inspection but confirmed there were policies and procedures to ensure new staff were safe to work in a care setting.

The home was found to be clean and hygienic. Staff were trained in food hygiene and infection control. The provider was awarded a five star food hygiene rating by the Food Standards Agency on 18 January 2017.

Daily records showed each person's mood, activity and well-being was monitored and action taken such as contacting health or emergency services when this was appropriate.

Is the service effective?

Our findings

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. There were no people subject to a DoLS as people had been assessed as being able to consent to their care. People said they were consulted about their care and we saw they had signed their care plans to acknowledge their agreement to them. However, we saw one person had been assessed by an external professional in 2016 as having limited capacity and needed constant supervision and support. The provider said they followed this up with the local authority but had not received a response. This was two years ago and the provider had not chased this up. The provider added that they considered the person had capacity to make decisions. In view of the information recorded, this person's capacity should have been assessed to clarify the situation or advice obtained from the local authority DoLS team. The provider did not have a format for assessing the capacity of people to make specific decisions but said they referred any issues to the local authority or community mental health team. The provider had a policy on the MCA which referred to the service's staff assessing capacity but this was not being done in all situations. We therefore recommend the provider uses an assessment tool of people's capacity to make specific decisions where this is needed and follows up with the relevant DoLS team where there is an issue of capacity and supervision.

Staff said they received supervision although one staff member said they had not had it "for a while," but added they spoke on daily basis to the provider about their work and people's needs. Another staff member and the provider said supervision and appraisal was more ad hoc and informal. Comment was also made by a staff member that the service had a small staff team which made communication and close working easier. There was no record of staff appraisals and records of staff supervision were made until 2015 for two staff and 2016 for another. The provider said staff were trained in medicines procedures including an observed assessment of their competency, but that this was not recorded. This is also raised in the Well-Led section of this report.

The staff team were well trained and qualified. The provider is a Registered Mental Nurse (RMN) is qualified at level 3 in the Diploma in Health and Social Care and was studying level 4 at the time of the inspection. The service employed four care staff, two of whom had qualified at level 5 Diploma in Health and Social Care, one was studying level 3 and the fourth was qualified at level 3. Staff were also trained in moving and handling, first aid, health and safety, food hygiene, nutrition, infection control and in the MCA/DoLS.

Care records showed people's physical, mental health and social care needs were assessed and care plans devised to meet those assessed needs. People said they considered the care staff were skilled in their work

Staff had a good awareness of people's right to services and good care irrespective of their age, sex or

disability.

People's care plans included details about people's needs regarding food and drink. People said they liked the meals. For example, one person said, "The food is good. I eat it all." Another person said there were three meals a day and there was an alternative available if they wanted something different. Another person said the staff knew what they liked and didn't like, which was always taken account of in the meal provision. We observed lunch which was burger, bread roll and chips which people enjoyed.

People told us they had access to health care services. Records showed people had regular health care checks at their local GP surgery, as well as appointments with the community mental health team to review their progress. We asked the provider if people's weight was monitored to check if people may be losing or gaining weight. The provider said this was done at the annual health checks carried out at the GP surgery and that if there were any problems it would be raised by the practice staff. Records showed contact was made with health and social care services when needed, such as the community mental health team and occupational therapy services.

We observed people using their bedrooms and communal areas. These included a lounge area which was also the dining room. There was another lounge which had a pool table. The provider said the pool table was installed to try and encourage people to interact with each other. People had their own belongings in their bedrooms. People said they liked spending time in their room and listening to music or watching television.

Is the service caring?

Our findings

People said they were able to choose how they spent their time and could go out when they wanted. For example, one person said, "It's alright here. You're free to do what you want. You can go out so long as you let the staff know." Another person said they were supported to be independent and referred to managing their own medicine. Care plans demonstrated people were supported to be independent when their needs assessment showed this was appropriate.

Staff promoted people's privacy and independence. Staff knew people's needs well and said they gave people privacy at all times, such as knocking on people's doors before entering. We observed staff knocked on people's bedroom doors and waited for a response before entering. People had a key to their bedroom door which they said they used for security and privacy. Staff also said they knew when to give people space to be alone when they wanted to be. For example, one staff member said, "It's their home. We are here to help them achieve fulfilment in their life. We check on them without intruding on their independence. We respect their personal space." Care plans also included details about how to promote people's privacy and choices to have their own personal space. Staff said their training had included the importance of treating people with dignity and respect.

People described the staff as kind and friendly. For example, one person told us, "The staff are very good. Kind." Another person said of the staff, "They're OK. You can talk to them if you want to. They're kind enough." We observed staff reassured a person who was anxious.

Staff knew the importance of treating each person according to the person's preferences and needs. One staff member told us people were treated with respect and their individual rights, spirituality and beliefs were acknowledged. People's care plans were individualised to reflect their needs, choices and preferences. There were person centred care plans with each person's records which they had completed themselves. This included any spiritual or religious adherence, food preferences, and what the person liked doing. Care plans were signed by people to acknowledge their agreement to being involved and agreeing to their care and support. People confirmed they were consulted about their care and involved in any reviews.

Is the service responsive?

Our findings

People received personalised support which met their needs and preferences. People said they had lived at the home for a number of years and were satisfied with the care and support they got, which they said met their needs. Discussions with the provider, staff and people showed people were relatively independent with their personal care. The assessments and care plans showed the choices people made in their daily lives. Details were recorded about mental health needs were assessed and care plans had good guidance about supporting people with symptoms which they might find distressing. This included guidance for staff regarding behaviour. Care plans also referred to this aspects of people's mental health which they could manage themselves and what type of support staff needed to provide with this.

The provider and staff had a good knowledge of people's needs and how to support each person. Information had been gathered from mental health professionals as part of the assessment process. Discussions with the provider demonstrated people's mental health needs were treated with sensitivity and an awareness of how mental health symptoms impacted on people's daily lives and abilities. People were supported to achieve daily tasks or routines which reflected their abilities and were appropriate to their mental health.

We noted the care plans were completed in 2015 and were reviewed in 2016 or early 2017 with any changes overwritten on the previous care plan. The provider acknowledged the care plans needed to be reviewed and updated and said this was would be taking place.

People said they were satisfied with the arrangements for activities. These were arranged on an individual basis and were mainly arranged on a daily basis as opposed to being planned in advance. For example, we observed one person going out with one of the staff in their car. People attended a day centre if they wished. One person said they were happy to spend time on their own and that they liked to listen to music in their bedroom. Other people said they went out for walks and to cafes. We asked the provider if people had opportunities to go out on day trips or to have a holiday. The provider said this did happen but not that often. An example was given of a trip to Hayling Island in 2016. The provider also said they had worked with the local mental health team to encourage people to get involved in activities. People said they were satisfied with their lifestyle.

We looked at how the service was meeting the requirements of the Accessible Information Standard (AIS) as required by the Health and Social Care Act 2012. This requires service providers to ensure those people with disability, impairment and/or sensory loss have information provided in an accessible format and are supported with communication. The provider was unaware of this guidance, which we have referred to in the Well-Led section. Care records included details about people's communication needs and how staff could effectively communicate with people.

The provider listened to and responded to any concerns. The complaints procedure was displayed in the hall so people could see what to do if they wished to complain. People said they felt able to raise any issue that they had a good dialogue with the staff. The provider informed us that there have been no complaints

made in the 12 months before the inspection.

Is the service well-led?

Our findings

The provider's governance system had not ensured the service was adequately assessed and monitored regarding quality and risks to people and others. The provider did not complete a Provider Information Return (PIR) when asked to do so on two occasions. The provider did not have an explanation why they had not responded, but referred to receiving "so many emails." Fire safety measures were not adequate and included a number of matters identified as needing attention by the fire and rescue service inspection on 1 November 2018. The premises was not always safely maintained and broken tiles in a bathroom were a risk to people. The provider had not assessed or taken any action regarding the risks of legionnaires' disease. It was not clear when the electric wiring was last tested. A number of areas of management procedures previously completed no longer took place, such as one to one supervision of staff. Surveys of people who lived at the home and involved health and social care professionals had taken place in the past but had not been carried out since 2016. There was a record of audits being carried out in 2017 but this had not identified those areas we found in need of attention. The provider had not sustained its previous good management practices.

The provider was unaware of current guidance and legislation regarding the Accessible Information Standard (AIS). The provider was aware of the recent legislation regarding access and retention of personal data on staff and people called General Data Protection Regulation (GDPR), which was effective from 25 May 2018, but had not taken action to assess this in relation to the service. Records were not always readily available and the provider had to search on their mobile phone email system for records regarding the maintenance of the premise. This was also the case regarding liaison with social care professionals for the assessment of someone who may not have capacity; the provider said they did not get a response to an email query raised in 2016 but do not follow this up until our visit.

The provider had not ensured there were adequate systems to assess, monitor and improve the quality and safety of services provided, including risks to the health, safety and welfare of people and others. Accurate and contemporaneous records were not always maintained regarding people's care. This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a registered manager, who was also the provider. 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. There was a system of management structure and delegation of two senior care staff. The registered manager was a Registered Mental Nurse (RMN).

The staff team were well qualified and had a value base of providing care which was individualised for each person and promoted their independence. Staff said they felt supported by the registered manager and by their colleagues by informal and frequent discussion about their work, which a relatively small service allowed. People said their care was reviewed, which gave them the opportunity to raise any issues they had. This reflected a culture where communication was 'open.'

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured the premises used by people and others were safe to use.</p> <p>The registered person had not ensured the risks to people were assessed and plans in place to mitigate the risks.</p> <p>Regulation 12 (1) (2) (a) (b) (d)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not adequately assessed, monitored and improved the quality and safety of the service including action to mitigate against risks.</p> <p>Records were not always complete and contemporaneous.</p> <p>Regulation 17(1) (2) (a) (b) (c)</p>