

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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Mermaid Lodge is a residential care home providing accommodation and personal care to up to nine people in one adapted building. The service provides support to people who have mental health needs. Some people required support with addictions and substance misuse. Mermaid Lodge provides people with a safe place to live and promotes people's independence and rehabilitation. At the time of our inspection there were six people using the service.

People's experience of using this service and what we found

People told us that they felt safe. Risks to people had been identified and assessed. There was a flexible approach to risk management which promoted people's independence. Staff were recruited safely and there were enough staff to meet people's needs. Medicines were managed safely. Infection prevention and control processes protected people from the risk of infections.

Systems and process were in place to monitor the quality of the service being delivered. The culture of the service was positive, and people and staff were complementary of the management. People were treated with dignity and compassion by a kind, caring staff and management team who understood people's individual needs, choices and preferences well. People and staff told us that they felt supported and valued.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 11 December 2019) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We carried out an unannounced comprehensive inspection of this service on 12 November 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show

what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Mermaid Lodge on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Mermaid Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was undertaken by one inspector.

Service and service type

Mermaid Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Mermaid Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We reviewed documentation, inspected the safety of the premises and carried out observations in communal areas. We spoke with three people who used the service about their experiences of the care and support they received. We spoke with three members of staff including the registered manager and care support staff. We looked at a range of records. This included the care and medicine records for four people and staff files in relation to recruitment and supervision. Policies and procedures, environmental safety and information relating to the governance of the service were also reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

At the last inspection systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of regulation 12. People received safe care and treatment. Risks relating to the health and safety of people were managed. This included environmental risks and those relating to people's health and wellbeing.

- Risks to people were assessed and mitigated. Support plans provided a person centred approach to supporting people. Risk assessments provided guidance on effective risk management. This included risks to people's personal safety, physical health including seizures, substance misuse and where behaviours had the potential to put a person or others at risk. Risk assessments were reviewed regularly to ensure staff had access to accurate information to keep people safe.
- Positive risk taking was promoted. We observed people were able to live independent lifestyles with effective measures in place to mitigate known risks. People told us their independence was important to them. We observed people used public transport and local facilities without staff support. People told us they had been involved in decisions about their care which included understanding risk and managing personal safety.
- Checks were carried out on the facilities and equipment to ensure they were safe. This included electrical and fire safety equipment. People's care records contained details of personal evacuation plans. These guided staff on the assistance needed to evacuate people safely in the event of an emergency such as fire.
- Accident and incidents were managed safely. The registered manager had oversight of accidents and incidents and used this information to drive service improvements. Analysis of incidents was used to assess the potential impact of new referral to the service. For example, previous experience has shown it was not conducive to people's safety or wellbeing to have more than one person living at the service with a drug addiction.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA. At inspection people living at the service had capacity and DoLS were not required. The registered manager was aware people's capacity could fluctuate and knew the process required to seek appropriate legal authorisations if needed, to deprive a person of their liberty.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff were aware of their individual responsibilities to prevent, identify and report abuse. Staff received safeguarding training during their induction and undertook regular updates. This ensured their knowledge was up to date and they knew how to report concerns.
- People told us they felt safe. People told us they had locks on their bedrooms doors and were able to lock them when they went out to keep their personal possessions safe. One person shared their experiences from another care home where they did not feel safe. They told us they had not experienced this at Mermaid Lodge and felt perfectly safe. People knew how to recognise and report abuse and told us they would not be afraid to raise any concerns. One person said, "I would go straight to the police station to tell them exactly what was going on". They added "But we don't have any of those concerns here, thankfully".

Staffing and recruitment

- There were safe systems and processes in place for recruitment of staff. Staff new to the service received an induction. This included mandatory training and time shadowing more experienced staff. This ensured staff had the knowledge and skills to support people safely.
- The service followed safe recruitment processes to ensure people were suitable for their roles. This included undertaking appropriate checks with the Disclosure and Barring Service (DBS) and obtaining suitable references. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to meet people's needs consistently and keep people safe. There was a core team of staff who knew people well. Staff told us that they worked flexibly to suit people's needs and preferences.
- People spoke positively about the team supporting them. One person said, "The staff are very good and helpful". Another person said they liked all the staff and described the registered manager as, "Very caring, hardworking and thoughtful", adding "She is my family and she has helped me so much".

Using medicines safely

- People received their medicines safely. Medicines were administered by trained staff. People were supported to be as independent as possible with taking their medicines. This was underpinned by care planning which provided details on what aspects people could manage for themselves. People were supported to attend regular medicine reviews.
- Medicines were managed safely. Medicine Administration Records (MARs) were completed in line with best practice and process were in place to identify and act upon any errors or omissions. Protocols were in place for people who received their medicines 'as and when required' (PRN). This guided staff to ensure people received their medicines in line with the prescriber's instructions.
- Processes were in place for the safe storage of medicines. This took into consideration people's individual needs and any potential risks. Systems were in place for ordering and safe disposal of medicines. Medication audits were completed by the registered manager to ensure medicines were being stored and managed safely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

People were able to see their friends and relatives at a time that suited them and were supported by staff to do so. Procedures were in place to enable people to receive visitors safely. PPE, including masks, and hand sanitiser was available to all visitors to use.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At the last inspection the provider had failed to establish systems and processes to assess and improve the quality and safety of the service provided or to assess and monitor risks. This placed people at risk of harm. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of Regulation 17. Quality assurance processes process were in place and there were improvements in the way the service was monitored.

- There were systems and processes for quality monitoring and auditing. Following the last inspection, the provider, who was also the registered manager, sent us an action plan to say when and how they would make the necessary improvements. At this inspection we were able to see the improvements they had made to meet the required level of compliance.
- Accurate, complete and detailed records were kept in respect of each person's care. Quality audits were undertaken and actions arising were followed up. This ensured good governance of the service and continued service improvement.
- When things had gone wrong the registered manager had notified appropriate authorities and shared the outcomes with people and staff to ensure lessons were learnt. Notifications had been sent to the care quality commission (CQC) in a timely manner and were completed in line with requirements. The registered manager understood their responsibility to notify local safeguarding authority of concerns. Records showed this had happened appropriately and in line with safeguarding guidance.
- There was a clear staffing structure with identified management roles. Staff demonstrated an understanding of their roles and responsibilities and told us that they had confidence in the registered manager. People told us the registered manager was very good. One person told us they had lived at the service for over 20 years adding, "It's my home and I would not want it to change in anyway".

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The culture of the service focused on providing person centred care and support to people. Staff demonstrated passion and a commitment to meeting people's diverse needs and improving the quality of their lives. Staff understood the vision and values of the service. They described working in a person-centred way and putting people's needs and wishes first. Staff had received training about equity and diversity and understood their responsibilities to uphold people's human rights.
- The service had a positive and welcoming atmosphere. The service was led by an open and transparent registered manager who actively supported the care staff in their roles. Staff told us the registered manager was approachable and they felt very supported. Throughout the inspection we observed positive communication and supportive interaction between the whole team.

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service worked in partnership with other agencies. These included healthcare services as well as local community resources. We received positive feedback from professionals supporting the service. Their feedback confirmed our observations and findings that people were happy with the care and support they received and were supported to achieve positive outcomes.
- People and staff were involved in developing the service. Satisfaction surveys were sent out to stakeholders and there was a process for analysing, sharing and acting upon feedback. We reviewed these and feedback was consistently positive.
- People had the opportunity to provide feedback about what was working well and what could be improved. For example, one person had raised concern about a window lock, and this was quickly repaired. Changes were discussed to improve the service. One person said, "We talk about things that need to change or if there is a problem". Another person said, "We are listened to, but mostly things are OK here".