

Mere Lodge Healthcare Limited

Mere Lodge

Inspection report

93 Mere Road
Leicester
Leicestershire
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Tel: 01162517441

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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

About the service

Mere Lodge provides care and support for up to four people who live with a learning disability

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a small domestic style property. It is registered for the support of up to four people. Four people were using the service at the time of the inspection. The building was situated in a quiet residential area. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

People were safe from abuse and avoidable harm. Safeguarding procedures were in place and staff followed these. There were enough staff to support people. Staff were recruited safely and, had the skills and experience to meet people's needs.

People's needs, and choices were assessed to ensure they could be met before they used the service. Risks to people's health and well-being were well managed. People were cared for by staff who had received mandatory, and specialist training, which followed best practice guidelines to care for people safely.

People received their medication when they need it, and staff protected people from the risk of infection. The environment was clean and safe however needed much improvement to its décor and furnishings.

People were treated to kind and compassionate care maintaining their dignity and confidentiality. Staff knew and, were sensitive to people's individual needs. People were supported respectfully and individually and, a warm and welcoming atmosphere had been developed. People looked happy in their surroundings, encouraged to be independent and, hobbies and interests of their choosing were fulfilled.

Support was person centred and delivered the way people preferred and met their individual needs. Staff understood people's needs with regards to the protected characteristics of the Equality Act 2010. Information was available to people in accessible formats and staff knew people's communication needs and understood how best to engage and support people.

Changes to people's health were reported and monitored and staff supported people to their appointments.

People knew how to make a complaint and would feel confident doing so. People had opportunity to meet with the manager to discuss any concerns and visitors were welcomed to the service anytime.

The service was managed well and there was an effective quality assurance processes in place. The service strived to improve the quality of the care for people. Action plans were developed following any shortfalls in the service.

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.

The service applied the principles and values apply the principles and values Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection

The last rating for this service was good report published (02 November 2016) Following this inspection the service remained good overall.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 safe.

Details are in our safe findings below

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Mere 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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Mere Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced. Inspection activity took place on 29 August 2019.

What we did before 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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

Most people living at the service were not able to share their views about the care provided due to

communication difficulties. Therefore, we observed staff interactions and care and support provided in communal areas. We also spoke with two relatives to gain their views of the care provided. We spoke with five members of staff including, the registered manager, deputy manager and three care workers.

We reviewed a range of records. This included two people's care records, staff training records, two staff files in relation to recruitment and staff supervision and people's feedback of the service. A variety of records relating to the management of the service, including policies and procedures 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe from the risk of avoidable harm. A relative told us, "[named person] is safe and, I trust staff and managers."
- Staff had received training and understood how to protect people from abuse. Staff knew signs of abuse and who to report concerns to and felt confident they would be dealt with by managers. One said, "In care people are vulnerable to exploitation and harm, we have a duty to protect them." Another said, "I know what to do if I have concerns about people's safety."
- Safeguarding information in written and pictorial form was displayed in the home. This meant people and visitors could understand potential signs of abuse. These including telephone numbers of organisations people could call.

Assessing risk, safety monitoring and management

- Risks were assessed, and management plans were in place to monitor people's safety. For example, one person, assessed to need a frame when mobilising to reduce the risk of falls, was observed to have access to it throughout the inspection.
- People's risks were regularly reviewed, and staff told us they were informed of any changes. This meant people could continue to be supported safely.
- People had evacuation plans in place in case of emergency. They detailed how to support people safely.
- The premises were safe and prevented people being at risk of avoidable harm.

Staffing and recruitment

- There were enough staff to meet people's needs. Staff on duty on the day of our inspection matched those on the planned rota. One staff member said, "Staffing levels aren't a concern here".
- One person had planned outings into the community six days a week. Records we checked confirmed these arrangements were kept. This meant staff were consistently available to meet people's support needs.
- There was a robust recruitment policy so, as far as possible, only staff with the right character and experience were employed. Disclosure and barring service (DBS) security checks and references were obtained before new staff started. These checks help employers to make safer recruitment decisions.

Using medicines safely

- Medicines were managed safely, and people received them when needed. Staff had received training in safe handling of medicines and their competencies were regularly checked.

- Records were accurate and up to date and medicines were stored securely, and at the right temperatures.
- A robust auditing system was in place to ensure correct procedures were followed, and if any concerns were raised action could be taken promptly.

Preventing and controlling infection

- People were protected by the prevention and control of infection. For example, staff were provided with gloves and aprons when providing personal care, and we observed staff using this during our inspection.
- Staff received training in infection control and there was a policy and procedure in place which staff could follow.
- Regular audits confirmed the cleanliness of the service was regularly checked, and action taken if any concerns were identified. For example, following one audit there was an increase in the frequency flooring was cleaned after it was identified the current schedule was not meeting the required standard.

Learning lessons when things go wrong

- The registered manager told us they knew the importance of learning lessons when things went wrong. Actions were followed, and staff were informed to prevent further occurrences.
- For instance, a person who had behaviour that challenged had gained access to the staff room. The registered manager made improvements to the security of the room to protect the person and staff belongings.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

- Whilst the environment was clean, safe and hygienic people's bedrooms and communal areas required improvements to enhance the presentation and personalisation of the service. Walls required painting, flooring was worn, and furniture and bathrooms were tired and old.
- People, relatives and staff held similar views. One relative told us, "It does need updating and freshening up, but the home is safe and warm."
- When we discussed this with management they agreed with our findings. They told us the provider had made funding available to address the issues. We were shown a refurbishment plan which would bring the service to a good standard. A maintenance person had been recruited and work identified in the plan had begun.
- People had been given choice and control of how their rooms would be decorated and presented.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their care and support needs assessed to ensure they could be met, and staff were provided with essential information to manage people's risks. Assessments of people's needs were reviewed soon after a person had moved to the service to ensure their needs could continue to be met safely.
- Risk assessments were reviewed when people's needs changed. If additional training was required to meet people's changing risks, the registered manager ensured staff received it to keep people safe.
- People's life history had been explored so care and support was arranged how they wished.
- People's protected characteristics under the Equality Act were considered and respected. This meant people's specific needs, for example relating to their religion, culture or sexuality were respected and met.
- The registered manager and staff kept up to date with good practice through training and observations of staff supporting people. This ensured staff delivered care in line with best practice.

Staff support: induction, training, skills and experience

- An induction and ongoing training programme were in place to ensure staff were provided with the relevant skills and knowledge to meet people's needs.
- People were cared for by regular staff, and when needed 'casual staff' were deployed who had prior knowledge of the service and the people who lived there.
- Staff were trained to meet people's needs. One said, "I am trained well and have specific training to provide support to people I care for. I recently had non-abusive psychological and physical intervention training (NAPPI)." NAPPI specialises in working with organisations to support individuals who are in distress

and may display behaviour of concern.

- Competency checks, and supervisions ensured practice continued to be delivered safely. New staff worked closely with experienced colleagues until assessed as competent themselves.
- Relatives told us they felt staff were trained well, based on their observations of how well staff supported people when they visited.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were met, and their preferences considered.
- Guidance and information on healthy eating supported people to maintain a nutritious diet.
- The menu provided variety of choice which changed weekly. People were encouraged to make their own choices and when shopping in the community.
- One relative told us, "They [staff] cook fresh food daily and [family member] has a choice of cultural food too."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's state of health was monitored closely. Any deterioration in health was promptly acted upon by seeking medical advice.
- Staff worked closely with healthcare professionals. For example, records showed people had attended psychiatry, physiotherapy, opticians and GP appointments.
- Care records reflected people's health needs and there were reviewed following any change to people's health. Staff were informed of any change during handover from each shift.
- One relative told us, "[Family member] they [staff] know them well and they are very good at this. Once the blood pressure dropped quickly and an ambulance was called. I was kept informed of what was happening."

Ensuring consent to care and treatment in line with law and guidance

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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met, and we found they were.

- The registered manager understood their responsibilities under the MCA and the DoLS Code of Practice, and, staff had received training and had a good understanding of the principles of the MCA.
- Staff asked people for consent before they provided care and support. They told us why this was the important. One staff member told us, "We always knock on people's doors and close curtains when supporting them with care."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity: Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- We observed staff spoke to people in a kind sensitive way and provided care and support in a relaxed and caring way.
- Care plans contained information and instruction to staff about things that were important to people and how they preferred to be supported. Staff we spoke with confirmed they knew this.
- We observed people were responded to positively and, staff knew people well communicating according to their needs. For example, we observed one person became agitated. Staff responded appropriately to calm the person by talking about their favourite interest. This meant the person was agitated for the shortest possible time.
- One relative told us, "Staff always try and deescalate [family member's] behaviours well. This helps with having a good night's sleep. Staff know what they are doing."
- People were encouraged to be involved in the running of the service and participate in daily activities according to their abilities.
- Staff knew how to support people safely in areas which posed risk without supervision. For instance, we observed one person asking for a hot drink. The staff member responded, "Would you like to come to the kitchen and make it with me?"
- Daily records showed people's independence was promoted. One record noted, '[named person] can now dress and brush teeth independently'. We saw the person's care file was reviewed and updated to reflect this.
- People had access to advocacy services which could support them to make decisions about their care and support. How to access such services were openly displayed in the service. An advocate is a professional person who acts independently of the service to make known and communicate people's wishes.
- One person was receiving the support of an advocate. Care notes recorded visits by the advocate. One entry commented, 'no concerns [person] is happy'."
- People's information was stored securely within the office, and staff were aware of keeping people's personal information secure.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and relatives had been involved in developing their plans of care and these were person centred.
- Care plans and risk assessments were in place and reviewed regularly. Where people displayed behaviour risking harm to themselves or others these were reviewed more frequently and, following any incident.
- To support people using best practice guidelines staff received positive behaviour support training (PBS) from a nationally recognised organisation. The organisation supports care settings to develop a person-centred approach for people who require support for any behaviour they may display. This meant people had equal opportunity to maximise their independence to achieve their aims and goals in the most person-centred way.
- We observed staff treated people as individuals and knew their personalities well. This meant people were assured their care needs were met as they wished.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service followed the principles of the AIS. We saw people had 'communication passports'. Communication passports are person specific providing information on how and when to best communicate with people. For example, one person's passport commented 'I understand information when I am relaxed. This is when I have had a shower and my breakfast'.
- Clear signage and pictures were displayed around the home. Information had been made into an easy read format, such as activities people could choose to participate in.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had individual activity plans in various formats to meet their communication needs. These include activities within the service people could participate in and, in the community.
- One person's plan had six community visits arranged per week. Evidence from care notes confirmed these activities took place and, on the day of our inspection the person was undertaking the planned activity arranged that day.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place and this was displayed within the home including in easy read format. There was a 'family and friends' notice prominently displayed where the registered manager made herself available on certain days and times together with a contact number not suitable.
- The service had received two complaints in the previous 12 months. Records showed the complaints policy was followed. Complainants received feedback and appropriate actions taken to prevent further incidences.
- One relative told us, "I did raise a concern with the service some months ago. I spoke to the manager and it was sorted out quickly."

End of life care and support

- Although no one was receiving end of life care at the time of our inspection care plans provided opportunity for discussion and arrangements for end of life care to be made according to people's wishes.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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

- People, staff and relatives made positive comments of how the service was managed.
- Staff were conscientious in their work and of the quality of care and supported they provided to people. One said, "I love what I do. If I had a family member who needed this type of care I wouldn't hesitate in them moving here." Another said, "I am thrilled to be working here."
- Staff said the team had a good morale, worked together and got on well with each other. One staff member said, "Staff love coming here, and we always make new staff welcome."
- The culture of the service was transparent. Managers told us there was an 'open door' policy and encouraged people to approach them at any time.
- Staff told us they could approach managers for support, were treated fairly and, could make suggestions. One staff member said, "I suggested to the managers about how one person may benefit from a different approach regarding a particular habit. We spoke with the person and tried it and it is working."
- The provider visited the service frequently and meetings to monitor the quality of the service were held.
- A structured audit system was in place and reviewed regularly. The audits were used to identify any shortfalls and when required, an action plan put in place to improve the service. For example, a comprehensive audit of the environment had identified concerns. A full improvement plan was put in place. Funding for staff and equipment had been made available to complete the works in a timely manner as possible. A new staff member had been recruited to carry out the improvements.
- The registered manager understood and, had systems in place to ensure compliance with duty of candour responsibilities were adhered to. The duty of candour is a set of specific legal requirements providers of services must follow when things go wrong with care and treatment.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People being supported to be part of the local community was fulfilled. Their independence was maintained, and a disability did not deprive them of their right to a normal life.
- People and their families were encouraged to share their views of the service. Responses to satisfaction surveys were reviewed with complimentary responses returned.

- The service supported to people to express their views of the service by adapting surveys into formats they could understand best and residents meetings were held.
- All staff had opportunity to participate in team meetings. The registered manager arranged meetings to suit their working hours. Minutes were available, and actions taken where identified. For example, one entry noted the 'communication book' was not being signed by all staff at shift handovers. Managers explained this would be monitored closely to ensure improvement was made.

Continuous learning and improving care

- A nationally recognised service, 'Care4Quality' was commissioned by the provider annually to undertake a quality assessment of the service. C4Q assessments mirrored those of CQC inspections. The registered manager said this ensured the service people received was to a high standard. Where shortfalls were identified, and recommendations made these were addressed to maintain the standard of care and support people received.

Working in partnership with others

- The registered manager worked in partnership with other agencies, such as health professionals and the local authority to ensure people received joined-up care. This meant people had the right access to support when they needed it.