Hillside Commercial Limited

Mead Lodge Residential Care

Inspection report

Mead Lodge
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Tel: 01603279261

Date of inspection visit:
21 January 2019

Date of publication:
01 February 2019

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Mead Lodge provides residential care for up to 24 older people, many of whom were living with dementia. At the time of our inspection, 17 people were living in the home. People were accommodated in rooms with en-suite facilities and there were a number of communal areas available to those people that lived there.

We carried out an unannounced comprehensive inspection of this service on 15 August 2018. After that inspection we received concerns in relation to the management of people's individual risks. As a result we undertook a focused inspection to look into those concerns. This report only covers our findings in relation to this topic. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Mead Lodge on our website at www.cqc.org.uk.

The individual risks to people who lived at Mead Lodge had been identified, mitigated and managed appropriately. The premises and equipment had been serviced and maintained and associated risks identified and assessed. A business contingency plan assessed the risks associated with adverse incidents.

Accidents and incidents had been recorded and assessed and appropriate actions taken to mitigate future risk. Analysis had been completed to identify trends or contributing factors.

During our inspection, we found some areas of the home a little cool and temperatures were taken that showed 21 degrees Celsius or above. We discussed with the registered manager and provider the importance of monitoring temperatures and ensuring they were of an appropriate level for people who were immobile.

Policies in place relating to staff recruitment mitigated the risks associated with employing staff not suitable to work with people who lived at the home. There were enough staff to promptly meet the needs of people and all of the people we spoke with confirmed this.

The provider had disciplinary procedures in place and we saw that these had been used appropriately to manage two incidents that had recently taken place within the home. We saw that incidents had also been used to improve the service and further mitigate risk although not all staff involved had received the support they required.

Staff had received training in safeguarding adults and the registered manager had referred incidents to the local authority safeguarding team. The service used stakeholders for advice in order to improve the service people received.

The service had a registered manager in post who understood their responsibilities and demonstrated accountability. Mead Lodge had recently changed providers who were making improvements to the service and premises.

We received mixed feedback from staff on whether the management team was fully supportive and approachable. People we spoke with were confident in the manager's abilities and had been encouraged by the recent changes and commitment to further improvements.

Staff told us in the main that morale was good and that they found their colleagues supportive. They told us they worked well together as a team and this was observed during our inspection. We saw that the shift ran smoothly and that staff were in control of their workload.

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 remains good.

Is the service well-led?

Good

The service remains good.

Mead Lodge Residential Care

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.

We undertook an unannounced focused inspection of Mead Lodge on 21 January 2019. This was in response to concerns we had received relating to the management of people's individual risks including the risk of falls. The team inspected the service against two of the five questions we ask about services: is the service well led and is the service safe?

No risks or concerns were identified in the remaining key questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these key questions were included in calculating the overall rating in this inspection.

The inspection was undertaken by two inspectors and focused on how the service managed risks to the people who lived at Mead Lodge.

Before the inspection, we reviewed the information available to us about the service, such as the notifications that the provider had sent to us. A notification is information about important events which the provider is required to send us by law. In response to these notifications, we had also requested some additional information from the provider. It was through the information on these notifications, and the additional information the provider sent us, that we identified the need to inspect the service in relation to managing risk. Prior to the inspection we also contacted the local authority safeguarding and quality assurance teams for their feedback.

During our inspection we briefly spoke with two relatives of people who used the service. We also spoke with

the provider, registered manager, head of care, two senior care assistants and two care assistants. The discussions we had with the head of care were brief as it was their first day in the role. Most of the people who used the service were unable to give us feedback on their experience of living at Mead Lodge, however observations were made in relation to the care and support they received.

In addition we looked at the care and support plans relating to the management of risk for six people who used the service. We also reviewed records relating to the management of the service. These included environmental risk assessments, maintenance and servicing documents relating to equipment and the premises and quality monitoring audits. We also looked at staff rotas, staff recruitment files and the provider's management systems.

Good

Is the service safe?

Our findings

Our comprehensive inspection in August 2018 rated the service good in this key question. At this focused inspection we found people continued to receive a safe service and this key question remains rated as good.

We carried out this inspection to check that people were safe. A number of incidents had occurred in the timeframe between our last comprehensive inspection in August 2018 and leading up to this inspection in January 2019. Some of these had resulted in injuries to people who used the service and/or the need for medical assistance. The service had reported these events to the Care Quality Commission (CQC) as required by law. In some instances, further information had been requested from the provider and this had been provided as required. This information has been included as part of our evidence for this inspection.

We found that the service had identified, mitigated and appropriately responded to the individual risks to people who used the service. For example, where people were at risk of falls, this had been identified and appropriate action taken in response. This included the use of equipment such as sensor mats, crash mats for those people at risk of falling from bed and factoring in the need for suitable footwear. Where people had experienced falls, the risk had been reviewed and action taken to further mitigate the risk whilst promoting mobility and independence. For example, for one person experiencing continued falls, we saw that the service had referred that person to the falls team. Furthermore, the service had requested a medicines review from the GP to cover any potential contributing factors of medicine side effects. In addition, an optician had been requested to ensure the person's eyesight had not been a further contributing factor.

Other risks assopciated with people's care had been identified and actions taken to minimise these. However, for one person who was at risk of self-harming, we found that there had been a delay of 12 days in putting in place a written risk assessment in relation to this. Nevertheless, we were confident the risk had been identified and mitigated as required through discussions with the registered manager. The need for prompt written risk assessments was discussed with the registered manager who acknowledged this requirement.

We saw that appropriate referrals had been made to health professionals to support with mitigating risks. Recommendations made by health professionals had been followed and risk assessments were in place to address risks, for example, associated with choking. We observed staff following those care planned recommendations at this inspection.

Records relating to the management of risk to people who used the service were mostly robust, detailed, person centred and gave staff good information on how to manage that risk. Through discussions, staff demonstrated a good understanding of how to manage risk and keep people safe. We found that equipment was used to help keep people safe and that practical steps had been taken to manage the risks associated with people entering other people's rooms due to living with dementia. However, we did not always see written risk assessments in relation to this risk and this was discussed with the registered manager who acknowledged the need for this.

The risks associated with the premises and equipment had been identified, assessed and managed. We saw that equipment had been serviced and tested as required and that regular maintenance checks had been completed. A health and safety audit was completed monthly and covered areas such as fire exits, electrics, water temperatures and moving and handling equipment. Accidents and incidents were assessed for trends and included prompts to ensure appropriate actions were taken to mitigate future risk. A business contingency plan was in place which covered the risks associated with adverse incidents such as utility loss, burst water pipes and loss of IT equipment.

During our inspection however, we found some areas of the home to be a little cool, although these were mostly in the corridors. The weather was particularly cold on the day of inspection. We asked that temperatures be taken in communal areas and in certain people's rooms. This was completed and gave temperatures of 21 degrees Celsius or above. Temperatures were taken later in the day and had risen slightly. We discussed with the registered manager and the provider the need to monitor the temperatures of the home and consider whether these temperatures were warm enough for people who were immobile. We did, however, see additional heaters in certain areas of the home and were told by the registered manager that these had been risk assessed. We saw that the heating system had been serviced in June 2018.

The risk of wardrobes falling on people had been mitigated by securing them to the wall. However, we found one that had pulled away from it's mooring. We highlighted this to the registered manager and we got written confirmation, within 24 hours, that this had been secured and all others checked. We also saw that although contractors working within the home had been briefed on the risks associated with the people who lived there, tools had been left unattended. This posed a potential risk to people who lived at Mead Lodge and others. We saw that when this was brought to the registered manager's attention, immediate action was taken to mitigate the risk.

The relatives we spoke with had no concerns in relation to the safety of their family members. Staff had received training in safeguarding adults and those we spoke with demonstrated an understanding of what was required to keep people safe. We know from the information we hold about this service that incidents are referred to the local authority safeguarding team as required and that advice is sought.

Although staffing levels were not formally assessed there were enough staff available to meet people's needs. All the staff we spoke with told us there were enough staff and the relatives we spoke with had no concerns. Our observations on the day of the inspection showed people received prompt assistance when they needed it and that staff had time to interact with people. We discussed the benefits of using a formal dependency tool with the registered manager and provider and this was acknowledged.

The provider had procedures in place to help reduce the risk of employing staff who were not suitable to support the people who used the service. This included the completion of DBS (Disclosure and Barring Service) checks and gaining references. From the three staff recruitment files we viewed, we saw that these were in place.

The provider had a disciplinary procedure in place and we saw that this had been used in two recent incidents where people who used the service had come to harm through accidental falls. This was because staff had either not followed the care plan and risk assessment or the provider's policy and procedures.

Medicines management and infection protection and control were not reviewed at this inspection. This was because concerns had been identified in regards to risk management and this focused inspection only looked at those areas of the service. You can read the report from our last comprehensive inspection, which covered these areas of the service, by selecting the 'all reports' link for Mead Lodge on our website at

Good

Is the service well-led?

Our findings

Our comprehensive inspection in August 2018 rated the service good in this key question. At this focused inspection we found the service continued to be well-led and this key question remains rated as good.

The service had a registered manager in post. 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 service had also recently seen a change of provider who was present at this inspection.

From the information we hold about this service, we know that the provider understands the need to inform CQC of certain events within the service. We know that the registered manager seeks advice and recommendations from other stakeholders and acts upon it.

We received some mixed feedback in relation to the registered manager, and positive feedback around the new provider. One relative told us they felt confident in the new provider and was encouraged that improvements were being made and would be in the future. They told us they had seen a positive change in the registered manager since new providers had been in place. Two staff we spoke with agreed and felt supported and found the management team approachable. However, two staff said they would like more support at certain times from the registered manager. Staff were encouraged by the changes the new provider was making. The registered manager told us they felt supported to manage the home effectively and that the providers were available most days within the home. They told us the new providers were, "Hands on and supportive."

Refurbishment work was being undertaken within the home to improve the environment for people. During our inspection we saw that work was taking place outside of the home and that carpets were being replaced. Further work was planned and the provider had a refurbishment plan in place to assist this.

Staff accountability was encouraged and we saw this through viewing the communication book, memos to staff and the need for staff to sign to say they had completed certain tasks. Disciplinary procedures were followed which further enhanced staff accountability and the improvement of the service people received. The service had also sought advice from a number of stakeholders to again improve practice. However, following two incidents that occurred within the service, we saw that not all staff involved had received the support they needed to ensure competency and knowledge. We saw that whilst these incidents had been investigated and that most staff had received support, retraining and had their competency reassessed, one had not. There had also been a delay in calling a staff meeting although we saw that staff had received information following these incidents.

There was a positive atmosphere within the home on the day of our inspection and staff told us morale was generally good. One staff member told us staff worked well together and, "Got on well." Another told us they found their colleagues supportive. Our observations showed a calm and relaxed atmosphere where staff

were in control of the shift and their workloads. A head of care had recently been recruited and the day of our inspection was their first day in the role. We saw that they were given time and space to familiarise themselves with the home and working environment.

The management of recent incidents which had triggered this focused inspection demonstrated a service that was accountable, responsible and transparent. We saw that appropriate steps had been taken to manage the risk and further mitigate it. Appropriate action had been taken where expectations had not been met in order to mitigate future risk and improve the service.