Hillside Commercial Limited

Mead Lodge Residential Care

Inspection report

Mead Lodge
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Norwich
Norfolk
NR10 5EH

Tel: 01603279261

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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

The inspection took place on 15 August 2018 and was unannounced.

Mead 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 care home accommodates up to 24 older people, many of whom were living with dementia. At the time of our inspection 21 people were living in the home. People were accommodated in rooms with en-suite toilets, and there was one communal bathroom available for people to use, as well as further communal toilets, communal lounge and a further lounge and dining area. There was a large accessible and secure garden and patio.

At our last inspection in 2016 we rated the service Good. We carried out this comprehensive inspection in response to some concerns which had been brought to our attention. These concerns related to the culture within the home and the management of risks in relation to people falling. At this inspection, we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a registered manager working in the service. 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 registered manager had been in post approximately 19 months.

Why the service is rated Good:

Risks to people's safety were identified and mitigated as much as practicable. Where required, equipment was in place to support people to move safely. Accidents and incidents were recorded and investigated and lessons learnt in an attempt to reduce them from re-occurring.

The feedback we received in relation to the culture within the home was in the main positive. Good leadership was in place. Staff worked well as a team and they communicated effectively with each other.

There were systems in place to ensure that enough staff were on shift to deliver care to people, and that there were safe recruitment practices in place. Where agency staff were used, the home sought information about these members of staff in terms of their backgrounds in care. Staff had knowledge of safeguarding and reporting concerns to keep people safe from the risk of abuse. Medicines were administered as

prescribed.

Staff received training relevant to their roles as well as supervisions where they could discuss their role. They had knowledge of how to support people to make decisions according to their mental capacity, and asked for consent.

People were supported to eat a balanced diet and drink enough, and were supported with special diets where required.

Staff worked effectively with other healthcare professionals and organisations to ensure people had good access to healthcare and received the care they needed. They followed recommendations from healthcare professionals.

There were aspects of the environment which were helpful for people living with dementia, such as coloured doors and light areas of the home, and some aspects which needed further work. These included bathroom facilities and covering any exposed pipes which may become hot.

People were supported with their individual needs and conditions, and there was associated guidance for staff in their care plans. People participated in some activities with staff, and were able to spend their time as they wished.

Relatives and people were encouraged to raise any concerns and complaints, and these were resolved appropriately.

People and their families were kept informed of any changes within the service and found the management team approachable. There were systems in place to monitor and improve the service.

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 remains safe.	Good
Is the service effective? The service remains effective.	Good
Is the service caring? The service remains caring.	Good
Is the service responsive? The service remains responsive.	Good
Is the service well-led? The service remains well-led.	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.

The inspection was carried out by one inspector. The inspection was prompted in part by information of concern that we received regarding the management of risk of falls and the staff culture. This inspection examined those risks.

Before the inspection, we reviewed the information available to us about the service, such as the notifications that the provider had sent us. A notification is information about important events which the provider is required to send us by law. Before the inspection, we also obtained feedback from the local authority.

During the inspection, we spoke with four people briefly who were living in the service, three of whom were living with dementia, and four relatives. We also spoke with staff members including the deputy manager, a senior carer, a carer, and the director of the provider's organisation. In addition, we gained brief feedback from two agency care staff. We looked at four care records in detail. We looked at seven medicines administration records (MARs) and a range of records which demonstrate the running of the service. This included records of staff training, recruitment, rotas, and audits of different areas as well as health and safety records. We also observed interactions between staff and people and support being delivered, where appropriate.

Good

Is the service safe?

Our findings

When we last inspected this service we found it was safe and was therefore rated, 'Good' in this area. We found at this inspection that the service remains safe.

We carried out this inspection to check that people were safe in the home due to some concerns which we were made aware of. When we inspected the home, we found that people were receiving safe care and action had been taken to mitigate risks to people as much as reasonably practicable.

Some people were at risk of falling from bed or getting down onto the floor. To reduce the risk of them injuring themselves should this occur, beds that could be lowered to the floor and crash mats were being used. In addition, pressure call mats were also in place to alert staff that people required assistance when trying to get out of bed or if they rolled onto the crash mat.

There were written risk assessments in place however, these did not always have information for staff about how to mitigate the risks, as this information was in the care plan itself. We discussed with the deputy manager that it would be beneficial for the staff if all the information was in one record so they could understand the risk, and how to mitigate it.

Risks to people associated with developing pressure ulcers were managed effectively, with equipment in place such as pressure cushions, where required. People's care plans included information about risks associated with their individual conditions and any behaviours which others could find challenging. Where people had been assessed as being at risk of malnutrition they were being weighed regularly as directed, and dieticians had been consulted to support the management of this risk.

Each person had a personal emergency evacuation plan (PEEP), and fire equipment was maintained. Electrical and lifting equipment was properly maintained and water temperatures were checked regularly, which helps manage the risk of legionella. There were no records of a recent legionella sample test however, the deputy manager told us a water sample had recently been sent off for testing and they were awaiting the result.

The local authority had provided advice on some areas where the environment could be made safer for people. The provider had submitted an action plan which addressed environmental issues, such as redecorating and ensuring equipment was replaces, such as some beds. We found there were exposed pipes and radiators in some communal toilets which could pose a risk to people if they became hot.

We recommend that the provider seeks guidance from the Health and Safety Executive about the home environment and risks associated with exposed pipes.

People felt safe living in the home and the relatives we spoke with agreed with this. Staff we spoke with had a good knowledge of safeguarding practices and how to report any concerns, as well as what constituted abuse.

There were some difficulties around recruitment within the home. The director told us they felt this was largely due to the location of the home. There was a high number of agency staff being used, which created a lack of consistency of care for people. However, all of the people and relatives we spoke with felt that there were enough staff and they responded to call bells in a timely manner. One said, "[Family member] presses the bell and staff are here within minutes." This was closely reflected by another relative.

The staff we spoke with confirmed that there were enough staff to meet people's needs and keep them safe. The deputy manager explained that they always asked agencies to send the same staff to the home for as much consistency as possible. Two agency staff on the day of the inspection visit confirmed this. We did observe that during a period of two hours in the morning, there were limited staff available within the communal lounge to prompt people to drink and ensure they were safe. The deputy manager told us that on a normal day, they would be supervising the lounge area themselves. They were not able to do that on the day as they were gathering records for the inspection as well as completing managerial duties. We checked the staff duty rota and saw that the number of staff working matched the provider's requirements.

Staff were recruited with systems in place to contribute to keeping people safe. This included a DBS (Disclosure and Barring Service) check and references. Where agency staff were used, the home sought information about these staff.

People received their medicines as prescribed by staff who were trained to administer them. They were stored securely at the correct temperatures which ensured they were safe to use. People's front sheets of their medicines administration record (MAR) charts contained important information such as a photograph of the person, any allergies they had and preferences about how they took their medicines. There were also risk assessments for some medicines associated with higher risk if not given correctly, so that staff could be aware of any particular risks to individuals and how to mitigate these. For example, there was additional guidance in place for staff regarding anticoagulant medicines. When people had 'as required' (PRN) medicines, there were specific plans in place which guided staff on how and when to give these. For topical medicines such as creams, there were body maps to guide staff on where and how to administer these and separate records for them to sign. Medicines associated with a higher risk were stored and administered in line with best practice, including being signed for by two members of staff.

The home was clean and staff followed good hygiene practices such as using aprons and gloves to deliver personal care. Where people were required to be supported to move with a hoist or stand aid, they did not always have their own individual sling, which meant there was a risk of cross-infection through sharing slings. Although we were assured that people always used them with clothes on, this is still not good practice. The director had ordered slings for each individual who required one to mitigate this risk and improve standards. The kitchen had received a five-star food hygiene rating.

We looked at the registered manager's analyses of people's falls within the home and saw that actions were taken to improve the service. They had recently worked closely in line with the local authority to check that people had any equipment that was needed, and that referrals had been made. We saw that incident and accident forms were completed by staff and checked by the registered manager so they could implement actions in an attempt to reduce the risk of the incident from re-occurring.

Good

Is the service effective?

Our findings

When we last inspected this service we found it was effective and was therefore rated, 'Good' in this area. We found at this inspection that the service remains effective.

There were thorough pre-assessments in place so that the service could ensure they were able to meet people's needs prior to them coming into the home. These included information about people's health, medical history, their lives, family, preferences, risks and care requirements.

Staff received training in areas such as manual handling, safeguarding, dementia and first aid. One staff member said they felt that the computer based learning was not as effective as classroom based learning. However, all of the staff we spoke with felt they had received enough training for their roles. They received regular supervisions, in which they could discuss their role and raise and issues, and we saw records which confirmed this.

There were no new staff when we inspected to speak with, but the director and the deputy manager described the induction process to us and showed us supporting documents. Inductions included training and shadowing more experienced staff until people were able to deliver support independently to people.

People were supported to eat and drink enough and were given a choice of meals. People were supported to eat in line with their needs and specialist diets were available to people who required them. Staff kept records of what people ate and drank, and had guidance in place as to how much people should be supported to drink. We did see a period of time through the morning where not everybody in the home had a drink within reach, and we fed this back to the deputy manager. They said they would raise this as an area to be checked more closely in the mornings when staff are busy.

We saw that the records were reviewed and action was taken if people were not eating or drinking enough. One relative we spoke with told us that staff were very quick to pick up concerns around their family member going off their food. They said the GP was always called promptly, and action was taken to ensure the person's health and wellbeing were promoted as much as possible.

Two relatives described examples of staff supporting people in a timely manner to access healthcare. One example was a concern around one person's hearing aids, and this was quickly resolved with the district nurse followed by a GP visit. Another described how the staff ensured they worked with the ambulance, liaised with hospital staff and the GP to ensure their relative had a smooth transition into hospital. We saw that where needed, staff followed recommendations from healthcare professionals and worked closely with other organisations to ensure people received consistent healthcare. People were also supported to access opticians, chiropodists and dentists if needed.

The environment in some areas needed further work to improve its' suitability for the people living in the home. There were communal areas which were large, light and airy and people's rooms had pleasant features such as French doors or large windows. The flooring had been made level in the corridors, apart

from one area where there was a slight slope. There was also a pleasant secure garden which was easily accessible from the lounge. However, we noted that there was only one communal bathroom available for use. Two other bathrooms were purely used for storage, and one of these was unlocked. Both remained signed as bathrooms which could lead to confusion for those living with dementia and be unsafe if they entered the toilet.

There was only a bath in the communal bathroom, so showers were not available to people as an option. This meant that not everybody's preferences could be met in this respect. We saw that communal toilets had red seats, and people had bright coloured doors, which support people living with dementia to see them properly. There was a ramp outside for accessibility, however one relative expressed that it was difficult to get a wheelchair up and down properly because of the gravel at the bottom.

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 decisions, any made on their behalf must be in their best interest 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 interest and legally authorised under the MCA. The application procedures for this in care homes are called 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 were being met.

The home had applied for DoLS authorisations for some people living in the home. We looked at their records and found that there were some gaps. Their capacity had not always been formally assessed in line with the specific decision relating to the DoLS application, and where decisions had been made in people's best interests, this was not always fully documented. For example, where people had bed rails and pressure mats. We saw that for one person who received occasional covert medicines (hidden in food), that there was a recorded best interests' decision in place. We spoke with the deputy manager about this and they said they would review the mental capacity assessments to ensure they were decision-specific and related to DoLS where applicable, and reviewed regularly. When we spoke with staff about the MCA and DoLS, we were confident they understood how to uphold people's rights and freedom as much as possible when they lacked capacity. They also asked for consent before delivering care, and demonstrated that people under DoLS were only deprived of their liberty in the least restrictive manner possible.

We recommend that the service review records around the MCA in order to ensure they are acting in accordance with the relevant legislation and best practice guidance.

Good

Is the service caring?

Our findings

When we last inspected this service we found it was caring and was therefore rated, 'Good' in this area. We found at this inspection that the service remains caring.

People and relatives we spoke with said that staff were caring. A relative described staff as, "Very polite." Another said that staff had, "Bent over backwards for us." This was also further confirmed by a relative who said, "[Staff] are amazing, they're lovely." We saw that, for the most part, staff and people had lively and warm interactions and joked with each other, However, we did see that some agency staff supported people to eat their meals with little interaction. Increased interaction would have supported the person's understanding of what was going on and what they were eating. We fed this back to the deputy manager.

Two staff members we spoke with on the day of our inspection had been at the home for a number of years and knew people's needs very well. They described people and demonstrated that they knew people as individuals. We saw that the staff adapted their communication in order to support people to understand. Whilst people were given a choice at lunch time, this was not currently presented visually. The deputy manager showed us a template they were developing for staff to offer food choices to some people using pictures, to better enable them to choose.

Family members we spoke with were all welcome to visit the home at any time and be as involved in their relative's care as they wanted. One relative, whose family member had recently moved into the home said they had been involved in the care planning process and consulted. Another supported their family member to eat their meals. The staff we spoke with confirmed that they had got to know people's family members well and involved them in people's care where appropriate.

Staff promoted people's independence where possible. One relative we spoke with said, "[Staff have been trying to encourage [family member] to get out." They went on to say that staff did respect people's choices if they did not want to do something. We saw that personal care was carried out only behind closed doors and that people were treated with dignity and respect.

Good

Is the service responsive?

Our findings

When we last inspected this service, we found it was responsive and was therefore rated, 'Good' in this area. We found at this inspection that the service remains responsive.

The people we spoke with living in the home were smiling and expressed that they were happy living there. We spoke with one person who was supported to live in the home with their dog, which they were very happy about. Another person said that staff were, "Very thorough" with their care.

People's care plans contained information for staff about how to support their diverse needs, including emotionally and mentally. These were reviewed and changed in line with people's needs. We did have a discussion with the deputy manager around the need to properly review people's mental capacity regularly, which they said they would discuss with the registered manager.

People's needs and preferences were met in a person-centred manner, which took account of any health conditions, and how people wanted to be cared for. However, people were not able to have a shower as there was not one available. People were able to have a bath when they wanted. Whilst this had been recorded as some people's preference, nobody expressed a concern around this. People were able to choose how and where they wished to spend their time and to get up and go to bed when they wished.

Staff carried out some activities with people living in the home, such as singalongs, nail care, films, and crafts. We spoke with staff about activities and they said it was difficult to engage people living with dementia for a period of time, so they had to be flexible and do short bursts of activity at a time, which they felt they did effectively with people. One member of staff explained that for many people in the home, the best activity was to have a chat together and this provided stimulation.

People's care records contained information about their lives and interests, which helped staff to know what sort of activities to suggest to people. There were some visiting events, such as a PAT dog that visited the home weekly. We saw photographs of people enjoying time with the dog. There was a vicar who visited the home when someone wished to have holy communion. We saw some people enjoying a chat and laugh together, or walking around during the day. In the afternoon we saw a staff member was completing a puzzle with one person.

Whilst not everybody had a detailed care plan for end of life care, some of these had been completed in detail with people and their families. These included information about the person's preferences towards the ends of their lives, family members' involvement and what was important to them. We spoke with staff who also told us about someone they had recently supported through the end of their life. One member of staff had received specific training in end of life care previously.

There were notices up around the home which encouraged people and visitors to raise any concerns with the management team, and there was a clear complaints procedure. We looked at recent records of complaints and found that they had been dealt with appropriately. One relative said they had made an

informal complaint and this was resolved promptly.

Good

Is the service well-led?

Our findings

When we last inspected this service we found it was well-led and was therefore rated, 'Good' in this area. We found at this inspection that the service remains well-led.

The registered manager was not available at the time of the inspection, and we spoke with the director and the deputy manager about governance and management at the home.

Prior to the inspection we had some concerns brought to our attention around the culture within the home, pertaining to bullying. When we inspected we received mixed but predominantly positive feedback, about the culture within the home.

We received mixed feedback about the registered manager from relatives and staff. Some were complimentary about the registered manager, and others felt they did not always plan and respond to people and staff appropriately. Some staff said they were not always consulted about the rota, and in some cases this had caused difficulties for the team. A relative said that whilst management was good now, they had been concerned about the home changing deputy managers a few times recently. This was because they had wanted a stable management team in place. The director explained to us how they supported the registered manager and the deputy manager described being well-supported by the registered manager. The deputy manager felt that there was a stable management team in place, but they were still working on recruitment to gain a more consistent stable staff team.

Staff told us they enjoyed their work with people, were aware of their responsibilities and that they worked well as a team. Two members of staff did say that there were difficult shifts when they had new agency staff on because they had to show them what to do. One staff member said, "You do twice as much." However, two agency staff members on the day we inspected confirmed that they returned to the home and liked working there. They were becoming more familiar with people's needs as a result. The home was currently recruiting more care staff to try to resolve this problem. We observed that staff worked well together and communicated effectively when we inspected. We saw records of staff meetings and saw that important discussions took place, for example about risks to people.

There were systems in place to monitor and improve the service. These included audits looking at the content of care plans, medicines administration, health and safety, accidents and incidents and infection control. We saw that the audits included actions identified, and when these had been completed. An exception was the infection control audit which did not identify when the action had been completed, which we pointed out to the deputy manager. The deputy manager regularly worked directly with the staff and people, so they were able to keep an eye on staff conduct. They also told us the registered manager carried out regular checks on staff.

Accidents and incidents were recorded and investigated and lessons learnt in an attempt to reduce them from re-occurring. However, there were some areas where risks and concerns had not been identified, such as records around MCA and the environment within the communal toilets. We have made additional

recommendations around these.

The relatives we spoke with told us they had been kept up to date from the directors about changes and upcoming plans for the home. They also said that they were approachable and visited the home regularly. All of the relatives we spoke with said they would recommend the home to others, and staff also said that they felt the home was good.

The registered manager had recently worked with the local authority to make some improvements within the home. This had led to some more detailed auditing tools being developed to further improve the service. They had also developed an action plan to ensure further improvements are completed and sustained.

The home worked effectively with other agencies and organisations to ensure people received the care they required. They were active within the local community, maintaining contact with the church and local volunteers.

The home had reported notifiable events to CQC and other organisations where required.