

Renaissance Care Homes Limited

Mendip Lodge

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Mendip Lodge is a residential service providing personal care for up to 16 older people some of whom are living with dementia. The service consists of an adapted building, which includes individual bedrooms, communal spaces and an accessible outdoor space. At the time of our inspection there were 16 people using the service.

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

People and their relatives spoke positively of the service and told us they felt safe with the staff that supported them.

Systems were in place to assess risks to people, however we found some examples where risks had not been sufficiently assessed or documented.

Most areas of the service were clean and maintained, we identified some surfaces and equipment which were in need of repair or replacement.

People received their medicines safely and as prescribed. Appropriate staff recruitment procedures were in place and there were enough staff to keep people safe and meet their needs.

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.

Systems were in place to monitor the quality and safety of the service. There was a positive culture within the home and staff told us they felt supported. People and their relatives told us they were satisfied with the service.

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 good (published April 2018). There was a targeted inspection since this inspection, published March 2021. This did not change the rating.

At our inspection published April 2018 we made a recommendation regarding medicines management. At this inspection we found improvements had been made in this area.

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.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Mendip 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.

Inspection team

The inspection was carried out by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience contacted people's relatives by telephone to request their feedback.

Service and service type

Mendip 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. Mendip 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

This inspection was unannounced.

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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this to plan our inspection.

During the inspection

We spoke with 4 people who used the service and 7 relatives. We spoke with 5 members of staff including the registered manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed a range of records. This included 3 people's care records and 5 people's medicines records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service and quality assurance were reviewed including accident and incident records and audits. We sought feedback from professionals who work with the service.

Is the service safe?

Our findings

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

At our inspection published April 2018 we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our inspection published in April 2018 we recommended the provider consider current guidance on protocols relating to the administration of 'as required' medicines and the storage of medicines and take action to update their practice accordingly. At this inspection we found improvements had been made.

- People received their medicines safely and as prescribed. We found no errors or unexplained gaps in recording on electronic Medication Administration Records.
- Staff were trained and assessed as competent before supporting people with their medicines.
- There was appropriate guidance in place for medicines prescribed 'as required' (PRN). Where required, the date of opening and discard of medication had been recorded.
- Medication was stored securely; however, temperatures were not being monitored where medicines were stored. Following the inspection, the registered manager confirmed regular temperature checks had been put in place.
- People and their relatives told us they were satisfied with the support they received with medicines. A person said, "Yes, they bring the tablets along and they are ready."

Assessing risk, safety monitoring and management

- The provider had systems in place to assess risks to people before undertaking their care and support. However, we found some examples where risks had not been sufficiently assessed or documented.
- We found some radiators within the service were uncovered which placed people at risk of burns. The provider had not completed a risk assessment to assess the risk. During the inspection the Registered Manager responded promptly and following the inspection the radiators were covered.
- Risks associated with people's care and support needs had been assessed. Risks assessed by the service included skin integrity, mobility and nutrition. The service had taken action to update people's risk assessments following incidents or changes in people's support needs.
- We identified 1 person's risk assessment relating to continence which required further detail and some other information about people's risks, which was not consistently recorded across their care records. The registered manager took action to update these records.
- The service was carrying out building safety checks to ensure the safety of people living within the service, including gas and electrical checks.
- Health professionals who work with the service told us risks to people were well managed. A health

professional said, "I am always impressed by the approaches implemented at Mendip Lodge to address any identified risks."

Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Most areas of the service were clean and maintained, however we identified some surfaces and equipment which were in need of repair or replacement so cleaning could take place effectively. We raised this with the registered manager who took action to address these points.
- 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 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.

We have also signposted the provider to resources to develop their approach.

Visiting in care homes

- The service was facilitating visits in line with national guidance.
- We observed relatives visiting people during the inspection. A relative said, "They were happy for us to visit at any time."

Staffing and recruitment

- The provider carried out recruitment checks to ensure staff were suitable to work at the service. Staff recruitment records showed relevant checks had been completed such as application forms, references, proof of identity and Disclosure and Barring Service (DBS) checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We identified a gap in 1 staff members employment history which had not been documented. We raised this with the registered manager who told us they would address this in any future recruitment.
- We received some mixed feedback relating to staffing at the service. Most people and relatives told us there were sufficient numbers of staff. A relative said, "I think that there is enough staff to meet [person's] needs." However, some people and relatives told us staffing levels could improve. A person said, "Sometimes they could do with more. They were very pushed the other day."
- We observed there were sufficient staff to meet people's needs and rotas confirmed staffing levels were being maintained at the level deemed safe by the provider.
- People's relatives told us people were supported by a regular group of staff who knew them well. A relative said, "I know the staff, they have been there for years, [name of person] has had the same key worker, they know [name of person] well."

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse
- People and their relatives told us people felt safe being supported by the service. A person said, "Oh yes." A relative said, "I feel that [person] is safe living there."
- Staff had received safeguarding training and were able to demonstrate an understanding of their

responsibility to report any concerns.

Learning lessons when things go wrong

- Accidents and incidents were documented and included details of the event and actions taken by the service. An analysis was undertaken to identify any patterns or trends.
- The registered manager explained how following any incident they would share lessons learned with the team to help prevent any reoccurrence, records and staff confirmed this.

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)

- People and their relatives were involved in decisions about their care in accordance with the MCA.
- We observed people being asked for verbal consent before being supported by staff. People's care plans contained a record of mental capacity assessments and best interests' decisions.
- People and their relatives told us staff sought their consent before providing support. A person said, "Yes, they do." A relative said, "The staff do have discussions with [name of person] and do ask his permission to do things for him."
- Staff demonstrated an understanding of the MCA in line with the key principles. A staff member said, "Everyone is deemed to have capacity unless assessed otherwise."
- Where people were being deprived of their liberty, appropriate referrals had been made to the local authority to ensure this was done lawfully and in the least restrictive way.

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 good. The rating for this key question has remained 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

- Systems were in place to monitor the quality and safety of the service. These included regular care plan reviews, infection control and accident and incident audits.
- We found improvements had been made since the last inspection relating to the management of medicines.
- The service was completing regular checks relating to medicines, although we identified there was no formal medicines audit in place to assess wider medicines management. Following the inspection, this was implemented by the registered manger.
- The service had submitted notifications to CQC as required. We identified 1 CQC notification which did not include full information, the registered manager told us they would ensure this was addressed in future notifications. A notification is information about an event or person which the service is required to inform Care Quality Commission (CQC) of.
- Feedback received from people, relatives and professionals regarding the management of the service was positive. A person said, "I presume it is [well managed], can always go to [registered manager] with any queries." A relative said, "I know who the manager is, the manager and the staff are very approachable. The home seems to be well managed."
- A health professional said, "Overall, I feel that the care home is well managed with the emphasis on holistic care and maintaining a homely atmosphere."

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

- People and their relatives told us there was good communication with the service. A relative said, "They communicate by phone calls, texts, and face to face."
- Records showed the service sought the views of people and their relatives via satisfaction surveys, however most relatives we spoke to told us they had not received a survey. The registered manager informed us the latest annual survey was due to be sent out this month.
- People and their relatives told us they were satisfied with the service. A relative said, "I am happy with the service, nothing to change, no problems."
- The service had systems to support communication between management and staff such as daily handover meetings and updates from managers. The registered manager told us staff meetings had not yet resumed following the pandemic, however there was a date scheduled for this to happen.
- Staff told us the communication systems in place were effective. A staff member said, "Communication is

very good here, we are kept up to date with everything that has changed."

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

- The management team promoted a positive culture, which supported the delivery of person centred care and support.
- There was a homely and friendly atmosphere within the service, we observed positive interactions between people and staff. A person said, "Very nice indeed. It's lovely." A relative said, "The home has a happy relaxed atmosphere." Another relative said, "There is an open culture there, particularly effective communication, I feel comfortable discussing anything with staff."
- Staff spoke positively of the support they received from the registered manager and wider management team. Records shows the service facilitated staff access to external support for their wellbeing. A staff member said, "Yes, [registered manager] is really approachable, always asking if we have any feedback."
- Staff told us morale within the staff team was good. A staff member said, "It's good, it's happy, friendly."

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; Working in partnership with others

- The registered manager understood their responsibilities under the duty of candour legislation, to be open and honest when things had gone wrong.
- The provider worked with health and social care professionals such as district nurses and the community mental health team to ensure people had the support they needed to maintain their health and wellbeing.
- Feedback received from professionals about the service was positive. A health professional said, "Communication is very good. The staff are friendly and approachable. There is always a member of staff to talk with when I visit, and they contact the team when they need input or advice."