

Imperial Lodge

# Imperial Lodge

## Inspection report

268 Lansbury Drive  
Hayes  
Middlesex  
UB4 8SN

Tel: 02085812510

Date of inspection visit:  
07 January 2016  
08 January 2016

Date of publication:  
26 January 2016

### 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

This inspection took place on 7 and 8 January 2016. The first day was unannounced.

The last focused inspection was the 20 and 25 August 2015 where we followed up on previous breaches in the Regulations which had been made during the provider's first rated inspection in October 2014 using the new methodology. We found that these breaches had been met. However, we made a new breach of a regulation at this focused inspection relating to the provider not notifying the Care Quality Commission (CQC) of significant events. Since the August 2015 inspection improvements had been made and CQC had been receiving notifications in a timely way.

Imperial Lodge provides accommodation for up to ten people who have mental health and/or substance misuse needs. The service offered different levels of support depending on people's individual needs. There were eight people living in the service at the time of the inspection.

There was 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.

People told us that they were happy living in the service. They said the staff were good and the registered manager approachable. Most people were independent but required different levels of support and encouragement. Staff understood people's individual needs.

Staff supported people in a caring and professional way, respecting their privacy and dignity. We observed staff interacting in a positive way with people offering them daily choices and encouraging them to take part in activities.

People's choices and wishes were respected by staff and people had been involved in reviewing their care. Care plans outlined people's needs and the support they required.

People had a range of individualised risk assessments in place to help them maintain their independence and to guide staff in how to support them.

People consistently received their medicines safely and as prescribed. Some people were supported to manage their own medicines and this was monitored by staff.

The staff members we spoke with and records we saw confirmed recruitment procedures were being followed.

The provider had acted in accordance with their legal requirements under the Mental Capacity Act 2005 and

the Deprivation of Liberties Safeguards. They ensured people were given choices and the opportunities to make decisions. People we spoke with confirmed that they had choices in their everyday lives and had consented to the support they received.

Staff told us they were supported through regular meetings with the registered or deputy manager. They received ongoing training and met as a staff team to talk through any issues and to receive updates.

People could choose what they ate and staff were available to provide support and assistance with meals.

The health needs of people were being met. Staff had received support from healthcare professionals and worked together with them to ensure people's individual needs were being monitored and met.

People felt confident to express any concerns and make a complaint, so that these could be addressed. The provider asked people for their views about the service.

There were systems in place to monitor the quality of the care being provided and to make improvements as and when necessary.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe. There were appropriate procedures for safeguarding people and the staff were aware of these.

The risks people experienced had been assessed and there were plans in place to minimise the likelihood of harm and risk to people and others.

There were enough staff employed to keep people safe and meet their needs.

There were recruitment procedures in place to ensure staff were suitable to work with people using the service.

People were given the support they needed with their medicines.

### Is the service effective?

Good ●

The service was effective. Staff received an induction to the service and had the training they needed to support people safely.

People told us they enjoyed the food they cooked or that was provided and we saw staff offered people choices.

People had access to health care services and staff supported them, if necessary, to attend appointments.

The registered manager understood their responsibilities under the Deprivation of Liberty Safeguards, where required. People were supported to give their consent to the care and support they received.

### Is the service caring?

Good ●

The service was caring. People had positive relationships with the staff.

The registered manager and staff we spoke with knew people's needs well and we observed caring interactions between staff and people.

People were able to choose where they spent their time and people's privacy and dignity was respected.

### **Is the service responsive?**

The service was responsive. People's needs had been assessed and care plans informed told the staff how they should support people.

People took part in a range of different activities which they chose. Some people were very independent and saw friends and family without needing the support of staff.

There was an appropriate complaints procedure and people knew how to make a complaint.

**Good** ●

### **Is the service well-led?**

The service was well-led. Throughout the inspection, the atmosphere in the service was open, welcoming and inclusive. Staff spoke with people in a friendly way and gave people choices about their everyday lives.

There were opportunities for people and staff to give their views to the registered manager about the service.

The registered manager had various checks and audits in place that effectively monitored the quality of the service.

**Good** ●

# Imperial Lodge

## **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 checked 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.

This inspection took place on 7 and 8 January 2016 and the first day was unannounced.

The inspection was carried out by one inspector.

Before the inspection we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide.

We spoke with the registered and deputy manager, three staff and five people living in the service.

We looked at the care records for two people living in the service, two staff employment files, viewed a sample of training completed by staff, checked two people's medicines and viewed records relating to the management of the service, including audits carried out on different areas of the service.

We received feedback from the local authority and from two healthcare professionals.

# Is the service safe?

## Our findings

People told us they felt safe living in the service. One person said they were satisfied that they had staff available to support them and felt they needed this to ensure they were "safe and well."

Staff we spoke with told us they would take action if they suspected someone was abusing a person using the service. They knew to report concerns to the registered manager and were aware of contacting external agencies such as the police and local authority. We saw from records that staff received training on safeguarding adults, which staff also confirmed. The service also had a safeguarding policy and procedure in place for staff to refer to.

The registered manager assessed risks to people using the service and gave staff guidance on managing identified risks. We saw in two people's records that various risks had been identified and were rated between high and low so staff were aware of how to support people safely. Risk assessments covered areas such as self-neglect, physical harm and suicidal thoughts. There was information on ways to minimise and manage the risks. The registered manager told us they would make this even clearer as information was across different documents and was not all in one document which could mean information was not always easy to locate.

Incidents had been recorded and staff had recorded what had occurred. We saw the registered manager then analysed incidents and put plans in place to support the person and minimise this occurring again.

The registered manager took steps to make the building and the equipment within it safe. We saw various checks on fire safety were in place. Fire drills were held at least twice a year, the fire equipment was checked and serviced at the appropriate intervals and a fire risk assessment had been completed. Other servicing checks were in place on the equipment people used on a daily basis, such as the portable appliance tests, which was due in January 2016. Gas safety checks had also been carried out in November 2015.

There were sufficient staffing levels to meet people's needs. One person said there were "enough staff around to talk with." A healthcare professional told us that there "appears to be enough staff and I like the fact that they are highly visible." During the inspection we saw staff responding promptly to requests for assistance. Staff did not appear rushed and had time to sit and talk with people or engage in a one to one activity with them. The minimum staffing levels for each shift were two members of staff and the registered manager confirmed once service was full then they would review staffing levels. The service did not use agency staff and shifts were covered by permanent staff and by the registered and deputy manager to ensure people were supported by consistent staff who knew their needs.

The service followed safe recruitment practices. Staff confirmed they had been interviewed and had completed the relevant paperwork prior to working in the service. Staff files included application forms and identity checks. A record of the interview was on one file and only notes were on the second staff member's file. The registered manager confirmed they had interviewed this staff member and that in future they would ensure they recorded this more clearly.

Appropriate references were also obtained and verified to ensure they were genuine where necessary. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. One new staff member who had had a criminal check carried out via another care provider just before they started working in the service had another one requested by the registered manager. In the meantime whilst waiting for the results to return they worked supervised and not alone. The registered manager told us they would be following good practice in requesting criminal checks on staff every three years to check on the staff member's suitability to continue to work with people.

At the previous focused inspection in August 2015 we recommended for the registered manager to review their medicine policies to include current legislation and to consider how over the counter homely remedies were stored and recorded. Improvements had been made and there was now a homely remedy policy and guidance and the medicines policy had been reviewed and updated. Records were now kept if people bought over the counter medicines. There were none in the service at the time of the inspection.

Two people told us they looked after their own medicines. They said this had been discussed and assessed to ensure they were happy and well enough to carry out this task independent of staff. All the people we spoke with said they understood what medicines they were prescribed and what the potential side effects were. One person said, "If I don't take my medicines I could become unwell." Another person said, "yes staff ask me every day if I have taken my medicines." We saw that staff checked the medicines for people who managed their own medicines every week to ensure these were being taken each day. Staff carried out risk assessments prior to supporting people to manage this task so that they were confident the risk was low.

Staff kept up-to-date and fully completed records of medicines received, administered and disposed of. These records provided evidence that people were consistently receiving their medicines as prescribed. We checked two people's medicines. The counts we carried out matched what had been administered when checking the medicine administration records (MARS). A record was completed if a person went on social leave so that staff knew how much medicine had been given to the person or their relatives whilst they were not in the service.

Staff received training to carry out the safe administration of medicines. The deputy manager confirmed staff members were assessed in between attending refresher training, which we saw a sample of, to ensure they continued to be competent to carry out this task appropriately

## Is the service effective?

### Our findings

People were supported by staff who had the knowledge and skills they needed to provide effective care. New staff undertook induction training and spent time shadowing experienced members of staff. The registered manager was aware of the Care Certificate which was for new staff who did not have a qualification in health and social care. They confirmed this would be used for new staff if appropriate. This detailed induction provided staff new to care work with information on what they needed to be aware of and work on to ensure they worked safely in the service and in people's best interests.

Staff training records showed that staff were up to date with training the registered manager considered essential. This included first aid; fire safety; manual handling and mental health awareness. Where staff needed to complete certain training courses, or attend refresher training, we saw this had been arranged and planned for them by the registered manager. Staff told us they found the training helpful. One staff member said the staff team were more skilled since completing various training courses. Many staff had also obtained a qualification in health and social care and one staff member informed us that they were studying a management qualification.

Staff confirmed they received one to one supervision. One staff member said they felt, "supported" and could go to the registered or deputy manager anytime. Another staff member told us, "the supervision is a two way conversation." The records confirmed staff had received regular group and one to one supervision since the last inspection. Supervision gave staff the opportunity to discuss areas of practice. Any issues were discussed and actions were set and followed up at subsequent supervisions. Staff were given the opportunity to discuss areas of development and identify training needs. Staff also received an annual appraisal of their work to look at what they had achieved and to set goals for the forthcoming year.

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. The application procedures for this in care homes and hospitals are 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 were being met. The registered manager was aware of their responsibilities in ensuring the MCA and DoLS legislation were being followed. We saw they had made the necessary DoLS application for a person in October 2014 and that the local authority had not yet carried out any formal assessment to ensure this was a lawful restriction. There was evidence that the registered manager had made several attempts for this to be actioned but so far this assessment had not occurred. We were satisfied that the registered manager had considered what was in the person's best interest and that

they had completed the necessary application form asking for the assessment to take place. The registered manager said they would ask for this to be prioritised as a matter of urgency. They were aware of the need to inform the Care Quality Commission of the outcome of any DoLS applications.

In addition, the registered manager was recording any best interest decisions made to show that they involved the person using the service, their next of kin and relevant professionals when making important decisions about people's lives. This showed that people had a say in their lives and that where there were any concerns other options were considered.

People said they had "freedom" and staff gave them "space" to live their lives. Four out of the five people confirmed they had a key to get out of the building and that any overnight stays away from the service were agreed with the relevant professional's and authorities before they did this. The staff informed us they supported people to make daily choices and that some people's ability to make informed choices varied each day and depending on the decision being made.

Most people were given a budget each week and went out to shop for the food they would want to cook. One person told us, "I can cook what I like, staff are just around to check all is ok." Each person had their own food cupboard and could decide each day what they wanted to cook. We saw one staff member supporting a person with their food shopping to help them choose a variety of food for the week.

Staff understood people's nutritional needs and supported people to have adequate nutrition and hydration. Staff explained that most people required minimal guidance and support to maintain a healthy balanced diet. We observed staff assisting people to make choices in what they would like to eat and drink. Where some people were at risk of not eating and drinking enough staff closely monitored this, planned a menu with those people and recorded what they had seen people eat and drink each day.

People at the service were supported to maintain good health and had access to healthcare professionals, such as the GP, opticians and dentists. People told us they mainly went alone to health appointments and were then expected to give feedback to the staff. Appointments were recorded so that staff could monitor when people were seeing the relevant professionals and if any additional support or treatment was required. People's mental health was reviewed along with their medicines on a regular basis. Most meetings took place in the service and people said they felt able to attend and take part in these meetings.

During the inspection we observed a healthcare professional giving feedback to the registered manager. Following the inspection the professional confirmed that the registered manager listened to them and followed any guidance they gave. They also said they received updates on the person's well-being.

## Is the service caring?

### Our findings

People were positive about the staff. One confirmed staff were "kind", whilst another said they were "respectful." The atmosphere in the service was calm and pleasant. There was chatting and appropriate use of humour throughout the day. People were able to choose where they spent their time. We saw people spent time in their rooms when they wanted privacy or when they had a friend to visit and spent time in the lounge and dining area when they wanted to be with other people.

During the inspection, we saw staff treated people with patience. They gave people the support they needed promptly and efficiently and individuals did not have to wait for staff to help them.

The registered manager and staff we spoke with knew people's needs very well. They were able to tell us about significant events and people's individual daily routines and preferences. A healthcare professional told us "The manager/staff have also been supportive and have tried other methods in supporting X." They also confirmed that the registered manager and staff were "knowledgeable and had been very supportive" when working with a person using the service.

People confirmed they were involved in the support and care they received. Staff worked actively and positively with people and met with them on a regular basis. Each person had a named member of staff who was known as a keyworker. We saw a sample of these keyworker meetings and where people agreed to attend these meetings, they took place once a week. The meetings supported people to look at any issues they might have and to discuss their needs. People confirmed they saw what had been talked about and signed if they agreed to the contents.

Staff recorded people's religious needs, and one person said they attended their preferred place of worship. Staff also described how they could meet people's cultural and religious needs in relation to food. People had separate plates, cutlery and pots to cook their food in, which for some people ensured their religious needs were being met.

One person told us that staff had talked with them about their end of life wishes. They confirmed they had been happy to discuss this and where agreed this was recorded in people's care records.

## Is the service responsive?

### Our findings

People described the different things they did every day. One person said they were a volunteer at their place of worship, whilst others said they saw family and friends. We saw one person have a friend visit them during the inspection. Overall people were positive about what they could do both in the service and out in the community. Comments included, "I go to the local shops," and "I can pop out to different places."

The service had a dedicated activity co-ordinator who provided people with information about the activities in the local community. They acknowledged that some people's interest was low but that they continued to explore different opportunities for people to engage in meaningful activities. We observed staff playing dominoes with people and assisting people with tasks in the kitchen. People spent time chatting with each other, in particular when smoking out in the garden where they could socialise. There was also a pool table and various games available for people.

People were assessed prior to moving into the service. The people we asked all confirmed they had met with the registered manager before visiting the service and that they had had overnight visits before making a decision about whether they agreed to move in.

We saw information from the professionals who had worked with people, such as a discharge summary along with the registered manager's pre admission assessment. This looked at the person's needs and the support they would require from the staff team.

Care plans, known as support plans in the service, were thereafter developed. Some people said they had been involved in the development of these and had seen what had been written about them. One person had recorded their own views about what they would do if they felt unwell. The support plans focused on the person's main needs and how these should be met, for example their health and medical needs. It also included information if the person needed help with budgeting their money and what to do if the person went missing. We talked with the registered and deputy manager about also including people's individual routines and preferences to ensure the information was person centred and informative. They said this would be actioned immediately and that the documents used currently would be reviewed and amended if necessary.

People's support plans were reviewed at various intervals, usually every three to six months. People also had regular reviews with the community mental health professionals. A healthcare professional told us that staff, "always listen to our team's advice." This can help when staff were supporting people to maintain stability. They also confirmed that there were "clear lines of communication" between staff in the service and community based staff when people needed to return to hospital. They also said that staff in the service acted quickly when people's needs changed.

All the people we spoke with told us they knew what to do if they were unhappy about anything. They told us they would speak with the registered manager and that they felt they would be listened to and their issues addressed. No-one said they had any complaints about the service. There was an appropriate

procedure for complaints which was visible in the communal area of the service. We saw one informal complaint had been recorded and dealt with.

We observed a community meeting during the inspection. These were held every fortnight and enabled people to give feedback on the service to the staff team. With encouragement some people spoke during the meeting and had questions for the registered manager which they responded to. This also gave them the chance to hear news about the service, such as, hearing news about a new computer for people to use.

## Is the service well-led?

### Our findings

At our previous focused inspection of Imperial Lodge on the 20 and 25 August 2015 we found that staff had not been aware to notify the Care Quality Commission (CQC) of any significant events. At that inspection the registered and deputy manager were on holiday and staff did not have access to complete the necessary notification forms. Since the previous inspection improvements had been made and the CQC were receiving information on notifiable events.

People using the service were complimentary about the registered and deputy managers. Staff were positive about working in the service and said there was an "open" culture within the service. They said the registered manager listened to their views and was available to talk with. Staff confirmed the team worked well together and that there was "good communication" between staff members. One staff member told us they felt able to give their "input" into how they met people's needs. We saw staff recorded messages in a book and provided a handover of anything of importance to the next staff members working. Staff described the aims of the service were to "encourage people to be independent and to move out, if they were able to."

The registered manager obtained feedback from people about the service in a range of ways, including meeting people on a one to one basis, in the community meetings and through giving them satisfaction surveys to complete. We saw a sample of these from 2015 where feedback overall was positive. Professionals had also given their views on the service and this was also positive. One healthcare professional had highlighted that the "care" and "responsiveness" to people's needs was good. The registered manager had analysed the results to ensure they could make improvements if needed.

The registered manager was a qualified registered mental health nurse and had considerable experience in working with people who have mental health needs. They, along with the deputy manager, ensured they attended the training provided to the staff team to ensure they were keeping their skills and knowledge up to date. The registered manager told us they received updates from care organisations, such as Skills for Care and the CQC to keep informed of current good practice. They had also introduced meetings with the senior staff members to share information and support them. The last meeting had been held in October 2015.

Improvements had been made to the audits and monitoring processes that were now in place. We saw that medicines were checked in detail. Once a year a full audit was carried out which had been completed on the 6 January 2016. This looked at the whole medicine systems and processes to ensure they were fit for purpose. Monthly and weekly medicine audits were also completed so that if any errors were identified then these could be quickly addressed with an action plan in place to minimise this happening again.

Other audits took place to ensure the registered manager and staff were checking the care being provided and how the service was operating. Regular health and safety checks and infection control checks of the environment took place and these were recorded. An external consultant had visited the service in July 2015 and they had assessed different areas of the service and reported on where improvements could be made. We saw an action plan where the registered manager had addressed the majority of the points raised.

The registered manager had checked all the 2014 incidents that occurred with people using the service. This was to look for trends and enabled them to take action if required. They confirmed they would be looking at the 2015 incidents shortly after the inspection.

Furthermore the registered manager had produced an annual report which considered various areas of the service, including, staffing, outcomes from audits and future aims for the forthcoming year. This demonstrated that the registered manager and staff team reviewed how they worked with people and assessed if the systems and processes were appropriate and suitable to meet people's needs.