

Harvey Stewart & Smith Limited

Stewart Lodge Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Stewart Lodge Care Home is a residential care home that accommodates up to three people in one adapted building. The service specialises in supporting people with mental health needs. There were three people using the service at the time of this inspection.

People's experience of using this service:

People said they were safe at the service. Staff had been trained to safeguard people from abuse and knew how to manage and minimise identified risks to people's safety. They followed good practice when providing personal care and when preparing and handling food which reduced hygiene risks.

People had a choice of comfortable spaces to spend time in when at home. The provider carried out health and safety checks of the premises and equipment to make sure they were safe. The premises was tidy, but some parts would have benefited from more thorough cleaning. The provider took action following this inspection to arrange for a deep clean of the specific areas identified during this inspection.

There were enough staff to support people. The provider made sure staff were suitable and fit to support people. Staff were provided relevant training to help them meet people's needs. The provider made sure staff were clear about their duties and responsibilities and encouraged them to continuously improve their working practices to help people achieve positive outcomes.

People were involved in planning their care and support. People received the care and support agreed with them from staff who were kind and caring. Staff knew people well and understood how their needs should be met. They made sure people were supported to undertake activities and pursue interests that were important to them. Staff were respectful and supported people in a dignified way which maintained their privacy and independence. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to stay healthy and well. Staff helped people eat and drink enough to meet their needs and to take their prescribed medicines. We found a minor issue with the way medicines records were maintained which meant it was not always clear if a person had received their medicine or not. The registered manager rectified this issue immediately during the inspection. When people became unwell, staff sought assistance from their GP promptly. Recommendations from healthcare professionals were acted on so that people received the relevant care and support they needed in relation to their healthcare needs.

People were satisfied with the quality of care and support they received. People knew how to make a complaint if needed. The provider had arrangements in place to make sure any accidents, incidents and complaints were fully investigated which included keeping people involved and informed of the outcome.

The registered manager encouraged people and staff to have their say about how the service could improve. They used this feedback along with other checks, to monitor, review and improve the quality and safety of the support provided. The provider worked proactively with other agencies and acted on recommendations to improve the quality and safety of the service for people.

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

Rating at last inspection:

At the last inspection the service was rated 'Good' (10/12/2016). The service continues to meet the characteristics of a 'Good' service.

Why we inspected:

This inspection was planned based on the previous rating of 'Good'.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned in line with our inspection schedule or in response to concerns.

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.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Stewart Lodge Care Home

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector carried out this inspection.

Service and service type:

Stewart Lodge Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection visit took place on 6 June 2019 and was unannounced.

What we did:

Before the inspection we reviewed the information we held about this service including notifications the provider is required by law to send us about events and incidents involving people. The provider was not able to complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection we spoke to the three people using the service. We also spoke to the registered manager and two care support workers. We looked at two people's care records, medicines administration records (MARs) for three people, three staff files and other records relating to the management of the service including policies and procedures.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People said they were safe at the service. They knew what to do if they did not feel safe. One person said, "I would certainly say something if I wasn't."
- Staff received training in how to safeguard people from abuse. The registered manager regularly checked with staff that they understood how to recognise signs to indicate potential abuse and what action they should take to report this.
- At the time of this inspection no safeguarding concerns had been raised about or by the provider since our last visit.

Assessing risk, safety monitoring and management

- People were involved in discussions about the risks posed to them and had a say about how these could be minimised.
- Where risks had been identified, there was guidance for staff on how to minimise these to reduce the risk of people being injured or harmed. Staff understood risks posed to people and how they could help people to stay safe.
- Staff were trained to support people to manage behaviour that might challenge them and/or others. Staff used the least restrictive methods to support people in these instances to reduce the risk of them or others getting hurt.
- The provider undertook regular health and safety checks of the premises and had arrangements in place for the premises and equipment to be maintained and serviced to make sure they remained in good order and safe for use.

Staffing and recruitment

- There were enough staff to meet people's needs. Staffing levels had been planned based on the level of support people required each day to keep them safe at home and in the community.
- Staff on each shift had been trained to deal with emergency situations and events to reduce the risk of harm to people and to themselves.
- Staff were present and accessible to people and responded promptly to any requests for help and support.
- The provider undertook appropriate checks on staff that applied to work at the service. Staff also completed health questionnaires prior to starting work. These checks helped the provider make sure staff were suitable and fit to support people.

Using medicines safely

- Staff had been trained to manage and administer medicines and made sure these were stored safely.
- There was current information on people's records about their medicines and how they should be

supported with these. Our checks of stocks and balances of medicines and medicines administration records (MARs) showed people consistently received their medicines as prescribed.

- We noted two staff signed people's MARs with just one initial. These matched codes used by staff to record when a person hadn't taken their prescribed medicine. This meant it was not immediately clear if a person had received their medicine or not. We discussed this with the registered manager who made arrangements during our inspection to change this to prevent any further confusion.
- The registered manager undertook regular medicines audits to check these had been managed and administered safely by staff.

Preventing and controlling infection

- Communal areas and people's rooms were tidy and clean. However, the kitchen and bathroom flooring would have benefited from additional cleaning. We discussed this with the registered manager who made arrangements after this inspection to have these areas deep cleaned.
- Staff were trained in infection control and had access to cleaning materials and equipment to help them reduce infection risks associated with poor cleanliness and hygiene.
- Guidance was displayed by sinks which encouraged people, staff and others to wash their hands to reduce cleanliness and hygiene risks.
- Staff followed appropriate safety procedures when preparing, serving and storing food to reduce risks to people of acquiring foodborne illnesses.

Learning lessons when things go wrong

- Records showed there had been no recent accidents or incidents involving people. However, the provider had arrangements in place to record and investigate these if they should occur and to share any learning with staff to help them improve the quality and safety of the support they provided.

Is the service effective?

Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People had been involved by the provider in assessments of their care and support needs prior to them using the service. These assessments took account of information provided by people and others involved in their care about their current health conditions, the care they required, and the outcomes people wished to achieve from the support provided.
- Information from these assessments was used to develop care plans for people. These set out clearly for staff, people's specific choices for how, when and from whom they received their support.

Staff support: induction, training, skills and experience

- Staff received relevant training to help them meet the range of people's needs. This included training to support people with specific needs including epilepsy, bi polar disorder and challenging behaviour.
- New staff had to complete a period of induction before they could work with people unsupervised.
- Staff had regular supervision (one to one meeting) at which they were encouraged to discuss their working practices and any issues or concerns they had about their role. They also had a yearly appraisal with the registered manager to help them identify any further training or learning they needed to help them provide effective ongoing support to people.

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

- People had a say in planning the meals they ate. Staff used this feedback to prepare meals that people liked which encouraged them to eat well.
- Menus were clearly displayed so people knew what they would be eating each day. People said they liked the meals that were prepared for them.
- There was detailed information about people's dietary needs on their records and staff took this into account when planning and preparing meals.
- Staff encouraged people to make healthy choices and to eat nutritious and well balanced meals. Staff monitored what people were eating and drinking and used this information along with other checks, such as people's weights, to look for any issues that people might be having with food and drink.

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

- Information about people's current health and wellbeing was shared and discussed by the staff team each day. This helped keep all staff consistently informed and updated about any specific concerns about a person and how these were being managed.
- People's records set out the support they needed to manage their health and medical conditions and access the services they needed to do this such as the GP, dentist, chiropodist and other healthcare

specialists involved in their care and treatment. Outcomes from healthcare and medical appointments were reviewed by the registered manager to check for any changes to the support people required.

- Staff reported any concerns they had about a person's health and wellbeing promptly so that people received appropriate support in these instances. When people needed to go to hospital, staff made sure information was sent with them about their current health, existing medical conditions and their medicines. This helped to inform ambulance and hospital staff about the person and their needs when they had to make decisions about the person's treatment.

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

- People's bedroom's had been decorated and furnished to their choice and preference and reflected their hobbies and interests.
- In addition to their own room, the premises offered people other spaces they could spend time in. This included a communal lounge, kitchen/diner and garden. There was equipment and activities for people to take up and enjoy, for example CD's, DVD's, books and games.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- The provider assessed people's capacity to make and consent to decisions about specific aspects of their care and support. If people lacked capacity to make specific decisions, the provider involved people's representatives and healthcare professionals, to ensure decisions would be made in people's best interests.
- Applications made to deprive people of their liberty had been properly made and authorised by the appropriate body. The provider was complying with the conditions applied to the DoLS authorisations. The registered manager reviewed authorisations regularly to check that they were still appropriate.

Is the service caring?

Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us staff were kind, looked after them and made sure they were safe and well. One person said, "They're very caring."
- People were relaxed and comfortable with staff and asked for their help without hesitation. Staff anticipated what people wanted and supported people to do tasks and activities in the way people preferred. Staff did not rush people and gave them time to make choices about what they wanted to do which staff respected.
- Conversations between people and staff were warm and friendly and indicated staff knew people well as they talked with people about things that were of interest or important to them.
- The provider took account of people's specific wishes in relation to how their social, cultural and spiritual needs should be met. These were recorded in people's care plans so that staff had access to information about how people should be supported with these.
- Staff received equality and diversity training as part of their role. This gave staff knowledge and understanding of what discriminatory behaviours and practices might look like to help them make sure people were always treated fairly.

Supporting people to express their views and be involved in making decisions about their care

- Records showed people were continuously involved in planning and making decisions about their care and support. People met with staff monthly to give feedback about the support they had received to help staff determine if this was helping people meet their care goals and objectives.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful when talking to people and listened to what people had to say.
- Staff respected people's privacy when they wanted to spend time alone in their rooms. Staff knocked on people's door and asked for permission before entering.
- People's records were stored securely so that information about them was kept private and confidential.
- People were supported to be as independent as they could be. Staff encouraged people to get washed and dressed each day, clean and tidy their room, do their laundry, their personal shopping and plan and prepare their meals and drinks.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us the support they received from staff had been agreed with them. People's records contained up to date information for staff about how their care and support should be provided. This included information about their likes and dislikes, their preferred routines and how they wished to spend their day.
- Staff understood people's care and support needs and how these should be met. Each person had a designated keyworker who was responsible for ensuring their needs were being met.
- Keyworkers reviewed the support provided to people on a monthly basis to check this was meeting their needs, choices and preferences. When changes were needed to the support people received, their records were updated promptly. This meant all staff had access to up to date and relevant information about people's needs to help them support people appropriately.
- People were encouraged to take part in activities and pursue interests that were important to them. People undertook regular trips and social outings into the community with staff's help.
- People's communication needs had been identified, recorded and highlighted so that staff had access to appropriate information about how they should be supported with these. Records about people such as their individual care plans used pictures and short sentences to help make them easier for people to read and understand.

Improving care quality in response to complaints or concerns

- People's feedback during this inspection indicated they had no issues or concerns about the quality of care and support provided by staff. One person said, "Staff are brilliant...They look after you very well and that's all you need."
- The provider had arrangements in place to deal with people's concerns or complaints if they were unhappy with any aspect of the support provided. People had been provided information about what to do if they wished to make a complaint and how this would be dealt with by the provider.
- The registered manager confirmed no formal complaints had been received about the service since our last inspection.

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

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager had clear expectations about the quality of care and support people should receive from the service. Records of staff supervision and team meetings showed staff were encouraged and supported to review their working practices to make sure this was helping people achieve positive outcomes in relation to their care and support needs.
- The provider had systems in place to record and investigate any accidents and incidents that occurred, which included keeping people involved and informed of the outcome.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A staff member told us they were happy in their role and said, "[Registered manager] is very good and supportive. It's one big happy family. She's always sharing with us any learning she gets from training she goes on."
- All staff had clearly defined roles, responsibilities and duties. A 'shift planner' was used to set out daily tasks for staff to ensure they undertook their duties in a consistent way. The registered manager used supervision and team meetings to make sure all staff were up to date in their knowledge of people's care and support needs and well informed about any changes to the service's policies and procedures.
- The registered manager understood their responsibilities with regard to the Health and Social Care Act 2008 and was aware of their legal obligation to send us notifications, without delay, of events or incidents involving people using the service.
- The provider had displayed their rating awarded from their last CQC inspection. This was important as this helped inform people and others about the quality and safety of the service.
- Records relating to people, staff and to the management of the service were up to date and well maintained.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People were provided regular opportunities to have their say about the service and how it could improve. People's views were sought through 'residents' meetings' and reviews of their care and support needs. Feedback from people had been used to improve aspects of their care and support for example, the meals people ate, and the activities people took part in.
- Staff's views about the service were sought through supervision and team meetings. Staff we spoke with said they felt listened to and the registered manager respected their feedback about how the service could

improve.

- The provider undertook regular safety and quality checks of the service. They acted to make improvements when any shortfalls or gaps were identified through these checks.
- The provider acted on recommendations made by other organisations to make improvements to the quality and safety of the service. Following a medicines audit by the dispensing pharmacy, the provider had implemented changes to the way medicines were managed to make sure these were in line with best practice.

Working in partnership with others

- We saw good relationships had been developed with a range of healthcare professionals involved in people's care and treatment. The provider made sure recommendations and advice from healthcare professionals was used to design the care and support provided to people. This helped to ensure that care and support was up to date with current best practice in relation to people's specific needs.