Centrust Care Homes Limited

Haydons Lodge

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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

We undertook this unannounced inspection on 15 January 2016. At our previous inspection on 20 November 2014 the service was in breach of legal requirements relating to good governance and the submission of notifications. At this inspection we checked whether the service had taken the necessary action to meet these breaches.

Hayden's Lodge provides accommodation, care and support to up to six adults with mental health needs and/or learning disabilities. The service is delivered from two residential homes in South London. People are free to access both homes and they share communal areas and gardens. At the time of our inspection five people were using the service.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were involved in decisions about their care and chose how they spent their time. A key worker system was in place to provide people with one to one support, and to have regular discussion with people about working towards the goals in their recovery plan. People were supported to develop some of their daily living skills. However, staff were not adequately supporting people to develop independent living skills and were not motivating and stimulating people to engage in meaningful activities.

People received the support they required to stay safe and well. Staff were aware of the risks to people's safety and to the safety of others. Staff worked with people to manage and minimise those risks. Risk management plans were in place and regularly reviewed.

Staff supported people with their mental and physical health needs. Staff liaised with the healthcare professionals involved in people's care and the community mental health team to identify people's health needs. Staff discussed with them any changes in people's behaviour. Recovery and support plans were in place which identified what support people required and how this was to be delivered.

People received the care they required with their health and were supported to access the GP when they needed them. Staff discussed with people how their health could be promoted, including informing them about foods appropriate to their dietary requirements.

People received their medicines as prescribed, and safe medicines management processes were followed. Clinical waste was stored and disposed of safely.

Staff had the knowledge and skills to support people, and this was regularly updated through the completion of training sessions. Staff's competency was reviewed during supervision and appraisal

processes. The registered manager supported staff to develop, including supporting them to complete additional relevant qualifications.

Staff were aware of the procedures to follow if they had concerns about a person's health, witnessed an incident or had concerns a person was being harmed. The registered manager reviewed any concerns identified and liaised with health and social care professionals when appropriate to ensure people received the support they required.

People, their relatives and staff were able to express their views and opinions about the service. There was open communication amongst the staff team and with the people using the service. Meetings were held with people and staff to obtain their feedback about the service. The registered manager investigated any complaints received and took the necessary action to address the concerns.

The registered manager regularly reviewed the quality of service provision. This included reviewing the quality of the support provided to people, the support staff received, and ensuring a safe and secure environment was provided.

The registered manager took the necessary action to address the previous breaches of legal requirements. Statutory notifications were submitted of significant events that occurred at the service, and they provided information we requested in a timely manner.

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 sufficient staff to provide people with the support they required on a daily basis. Staff responded promptly to people's requests for assistance and were able to provide people with one to one support when they required it.

Staff, in discussion with the community mental health team, identified the risks to people's safety. Management plans were developed to identify what support people required to minimise the risks to their safety and the safety of others.

Safe medicines management processes were followed. People received their medicines as prescribed.

Is the service effective?

Good

The service was effective. Staff had the knowledge and skills to support people. Staff's competency was regularly reviewed during supervision sessions, and the registered manager supported staff to attend training to update them on good practice guidance.

Staff were aware of their responsibilities under the Mental Capacity Act 2005 and supported people in line with the Act.

People received the support they required with their nutritional needs. Staff spoke with them about what food was appropriate for their needs in line with their clinical diagnoses.

Staff supported people to access healthcare services, and liaised with the healthcare professionals involved in people's care to ensure people received the support they required.

Is the service caring?

Good

The service was caring. Staff were knowledgeable about the people they supported. They had built trusting relationships with them. Staff used the knowledge they had gained about people to understand the behaviour people exhibited and how this related to their mood, so that staff could support them appropriately.

People were free to use the communal areas of the service, but staff respected people's decisions if they preferred the privacy of their bedroom. People were involved in decisions about their care, and how they spent their time.

People were supported to maintain contact with their families and we observed one person's relative visiting on the day of our inspection.

Is the service responsive?

Requires Improvement

The service was not always responsive. Staff were not adequately supporting people to develop independent living skills and were not motivating and stimulating people to engage in meaningful activities.

People received the support they required. People's care records outlined what support people required with their health, social and financial needs. Recovery plans were developed identifying how staff were to support people to develop their independent living skills. Crisis and contingency plans were in place to ensure people received the support they required if their mental health deteriorated.

People and their relatives, were able to express their opinions about the service. A process was in place to investigate and manage any complaints received.

Is the service well-led?

Good

The service was well-led. The registered manager had taken the necessary action to address the previous breaches of legal requirements. They were aware of the requirements of their registration with the Care Quality Commission and adhered to these.

There was open communication amongst the staff team. Staff were aware to express their views and opinions. The staff team worked together to share good practice and identify improvements to the support provided to people.

The registered manager checked the quality of care provided to people, the support provided to staff and to ensure a safe environment was provided. Where improvements were required they undertook the necessary action to address them.

Haydons 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 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.

This inspection took place on 15 January 2016 and was unannounced. One inspector undertook this inspection.

Prior to the inspection we reviewed information contained in the provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the statutory notifications received. These notifications give us information about key events that took place at the service.

During the inspection we spoke with three people, one person's relative and three staff, including the registered manager. We reviewed three people's care records and three staff records. We undertook general observations throughout the day. We reviewed medicines management processes. We asked the registered manager to send us information relating to the management of the service after the inspection, as they were having IT difficulties and were unable to access the information at the time of the inspection. We received this information as requested.

After the inspection we spoke with two healthcare professionals involved in the care provided to people living at the service.

Good

Is the service safe?

Our findings

One person told us, "I'm happy living here." Another person said, "I feel safe living here. I have no worries."

There were sufficient staff deployed to meet people's needs. We observed staff offering people support and responding promptly to their requests. We observed staff spending time with people if they were frustrated or needed to speak to staff privately. Staff were able to provide people with one to one time when staff identified that they would benefit from it or when people requested it. People were able to access the community safely on their own. However, some people preferred staff to accompany them to healthcare appointments and we observed additional staff being rostered to accommodate these appointments.

Staff had attended safeguarding adults training and were aware of the procedures to follow if they had concerns a person was being harmed. The registered manager liaised with the healthcare professionals from the community mental health team and the local authority's safeguarding team if they had concerns a person was being harmed. They also involved the police as and when necessary. The registered manager reviewed all incidents that occurred to identify any trends and ensure appropriate action was taken to support the person and other people using the service.

The registered manager, in discussion with the healthcare professionals involved in people's care, identified risks to people's safety. People's care records included management plans about how staff were to support people to manage those risks. It was identified whether people were at risk of displaying behaviour that challenged staff, not complying with their medicines, self-neglect and any environmental risks. People were aware of the risks associated with smoking, and told us staff had informed them about how to stay safe and reduce the fire risks associated with smoking. People were aware to not leave lighters unattended and to always smoke outside. Staff were aware of the risks to people's safety, including any self-harming behaviour they exhibited. Staff checked people's bedrooms, with their permission, to ensure they did not have any items they could harm themselves with. A healthcare professional felt the staff had worked with people to enable them to understand the risks to their safety and help people to manage their own behaviour. For example, discussing with some people how misusing substances had an impact on them and their behaviour, including the possibility of displaying behaviour that challenged.

Staff looked after some people's money for them. Staff followed the service's procedures to ensure people's finances stored by staff were kept safe and secure. Records were kept of all transactions, and we saw that people signed the records to agree that the amount stored at the service was correct. We checked the balance for two people's finances and saw these were as expected.

People received their medicines as prescribed. Staff followed good practice guidance to ensure medicines were managed, stored and administered safely. We saw that medicines were stored securely. All medicines administered were recorded on a medicine administration record (MAR). We reviewed three people's MAR and saw these were completed correctly. The majority of medicines were delivered in dosette boxes. A small number of medicines were delivered separately. We checked the stocks of these medicines and they were as expected. Some people required regular bloods tests due to the medicines they were taking in order to

maintain their safety, and we saw these were maintained. Staff were aware of diabetes management, and supported a person at the service with diabetes to test their blood sugar levels and administer their insulin.

Some people had medicines prescribed to be taken 'when needed'. However, we saw that for one person a detailed protocol to inform staff when and what dose of this medicine should be taken was not in place. We informed the registered manager of this and they said they would ensure a protocol was developed in discussion with the prescribing clinician.

At our previous inspection there were concerns about how clinical waste was stored and disposed of. At this inspection this had been addressed and clinical waste was stored and disposed of safely.

The registered manager ensured a safe environment was provided. They were working with the local fire officer from London Fire Brigade to ensure good practice was followed in regards to fire safety. This included reviewing fire risk assessments and fire safety checks. Gas safety and water safety checks were completed by external contractors. People had keys to their bedrooms so they were able to keep their belongings safe and secure.

Good

Is the service effective?

Our findings

One person said the staff helped and supported them. Staff were encouraged to undertake training relevant to their role to ensure they had the skills and knowledge to provide people with the support they required. Staff were required and we saw from the staff records we viewed that staff had completed training mandatory to their role, including, fire safety, first aid, health and safety, medicines administration, safeguarding adults, effective communication and managing behaviour that challenges. One staff member said, "[The management team] would support us to do extra qualifications if we wanted to." We saw from the staff records we looked at and from discussions with staff that the majority of staff had completed additional qualifications in health and social care, including National Vocational Qualifications at level 2 and 3.

Staff were supported by the registered manager through the completion of regular supervision sessions and annual appraisals. One staff member told us they found the supervision process useful and it gave them the opportunity to discuss with their manager how they could improve the support they provided people. Another staff member said if there was anything they did not understand about their role or the support people required, the registered manager spent time discussing and explaining this to them. They also said, "I'd contact [the registered manager] if I was not sure what to do." The registered manager used the supervision process as a means of checking people's knowledge and understanding of their role, and provided them with any support they required to improve their performance.

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. Staff had received training on the Mental Capacity Act 2005 and were aware of the principles of the Act. People had consented to the care they received and were involved in decisions about their care and support. Staff respected people's decisions and supported them in line with those decisions. Staff were aware of who had nominated appointees to make decisions on their behalf, for example with management of their finances and liaised with them to ensure the person had access to their money. People were free to come and go from the service. Staff were aware of the procedures to follow if they felt it was necessary to deprive a person of their liberty to maintain their safety, but at the time of the inspection this was not required.

Staff supported people with their nutritional needs. One person told us they were happy for the staff to cook

for them and they liked the meals provided. The registered manager gathered information from people about their dietary requirements, and also information about what food they liked and disliked. Staff used this information to develop a weekly menu plan. This also took into account people's preferences in line with their religious beliefs and their cultural heritage. Staff prepared and cooked the three main meals of the day. People bought they own snacks and we saw that people had fridges in their room to store their food and drinks. Staff were aware of people's dietary requirements in regards to their health. Staff supported and educated people about what food were suitable for them to have to maintain their health. For example, discussing with people what food they should avoid if they have diabetes or high blood pressure.

People's health needs were met. People told us who the different healthcare professionals were who were involved in their care. They said they were able to access them when they needed, and staff supported them as required. Staff worked with the community mental health team and people's GPs to support people to manage their mental and physical health. Some people were able to manage their own health, and made their own appointments with their GP if they were feeling unwell. Staff were available to support people at healthcare appointments if that was what people wished.

Some people received support from the community mental health team (CMHT) to manage their mental health needs. Staff liaised with CMHT professionals to discuss how they were to support the person with their health needs, and to inform them of any changes in people's health or behaviour. People attended, with support from staff, appointments to review the treatment they were receiving for their mental health and to discuss their progress towards self-management of their mental health.

Good

Is the service caring?

Our findings

One person said they liked living at the service and they liked the staff. Another person's relative told us, "The staff are very pleasant." The staff we spoke to told us the most enjoyable aspect of their role was the interactions they had with people using the service. One staff member described one of the people as, "a joy to be around." A healthcare professional said they felt the person they supported had built "strong therapeutic relationships" with the staff.

Staff were knowledgeable about the people they supported. They were aware of their likes, interests and their daily routines. They were aware of the behaviour people exhibited and how this related to their moods. They were available to spend time with people, but also gave people the space they needed. We observed staff were quick to support people when they were frustrated and gave them the space away from the rest of the people living at the service to calm down.

People were involved in decisions about their care. One person told us they spent the day doing what they liked. We observed people spending their time as they wished. People accessed the local community when they wished. We observed people coming and going from the service. People were able to access both houses the service operated across, and we saw people accessing the communal lounges in both houses. Some people spent their time in the communal lounge engaging in conversations with staff and watching TV, whereas, other people preferred to spend time in their bedrooms.

People's privacy was respected. Staff respected a person's decision to spend time on their own in the privacy of their bedroom. They asked people's permission before entering their room. The registered manager told us the only time they would enter a person's room without their permission was if there were any safety concerns, and they would inform the person why it was necessary for them to enter. Staff were aware of who preferred to spend time on their own and supported that person to have the space they wanted.

People were supported by a key worker. A key worker is a member of staff dedicated to lead on the support provided to people. The registered manager allocated staff as people's key worker based on shared experiences or interests. For example, we saw one person was allocated a key worker who had the same cultural heritage as them. The key worker system enabled people to develop relationships with staff. We saw people spending time with their key worker, and staff told us key workers often supported people if they needed additional one to one support.

Staff supported people to maintain contact with their family. We observed one person's family member visiting on the day of the inspection. Another person had visits to their family included in their weekly plan.

Requires Improvement

Is the service responsive?

Our findings

One person's relative told us, "[The person] is very well looked after." They also said the person's mental health and behaviour had "much improved" since being at the service and they had grown in confidence.

Part of people's support included staff supporting them towards independent living. We found that in a few cases staff were not fully supporting people to develop independent living skills in accordance with the goals identified in their recovery plans. For example some people's care plans stated they should be encouraged to undertake their own domestic duties including cleaning their bedrooms, their bathrooms and doing their own laundry. However, we did not observe this on the day of our inspection and staff told us they had to assist some people to clean their rooms and undertake domestic duties as they did not do this independently.. We also observed a few things that people did to build independent living skills such as clearing up after their lunch and washing the dishes, however, this did not extend to all activities of daily living and staff currently cooked meals for people.

We saw that people's recovery plans and information from their referring healthcare service included the goal of people engaging in meaningful activities but we found that people were not being adequately motivated and stimulated to engage in activities. Staff had offered people options of different activities available in the community, but at the time of the inspection people had not found many activities that they wished to engage in on a regular basis. One person's relative told us, "[The person] doesn't want to do any groups in the community." We informed the registered manager about our concerns that people were not engaging in many meaningful activities and they told us the staff team continued to discuss with people how they would like to spend their time, but that people were reluctant to engage in activities. The staff had developed some activities at the service, including games nights and movie nights but there was not enough of these types of activities to motivate and stimulate them and to meet the goals set in their recovery plans.

We saw from the care records we viewed that the referring healthcare service provided detailed information to staff about people's current and historical mental health needs, and any risks. The staff used this information to develop support and recovery plans. These plans identified what support people required with their mental and physical health, their social needs and financial needs. People's support plans contained information about the signs and symptoms that staff should observe to identify if a person's mental health was deteriorating, and any triggers to this deterioration. Crisis and contingency plans were developed which informed staff about how to support the person if their mental health deteriorated and who to contact for assistance, to ensure people received the support they required.

Information was contained in people's records about what could trigger incidents of behaviour that challenged staff. For example, when people had difficulties with managing their money. Staff were working with some of the people at the service to help with their budgeting skills to support them to manage their finances. One person told us the staff supported them to attend the job centre and supported them to apply for their benefits.

Staff told us since people had been at the service the number of incidents when people displayed

behaviours that challenged staff had decreased and their mental health had stabilised. They told us they continued to provide people with the support they required to stay safe and well. A healthcare professional also confirmed that for the person whose care they were involved in, their mental health had stabilised and they did not have any current concerns about the support staff were providing to the person with their mental and physical health needs. Review meetings were held by the community mental health team to review people's progress. People, their relatives and staff were involved in these discussions so they could contribute to the ongoing plans to support the person and help them to progress with their goals. During key worker meetings, people met with staff to discuss items on their recovery plan and to identify any further support they required to progress towards independent living.

Staff supported people to understand the risks to their health. For example, staff spoke with people about maintaining relationships and they gave people information about maintaining their health if engaging in sexual relationships. Staff gave people information about safe sex and supported people to visit their GP if they had any concerns or wanted further information.

During key worker meetings and individual sessions with staff people were encouraged and supported to raise any questions or concerns they had. One staff member said they spent time with people and listened to anything they wanted to raise. A person's relative told us if they had any concerns they would raise it with the registered manager. They felt confident that they would deal with any concerns raised. At the time of the inspection they had not needed to raise any complaints. They also told us the people living at the service attended regular meetings and this enabled people "to voice their opinions." We saw the minutes from the previous meeting and noted that people were able to raise any concerns or suggestions they had. The discussions had at these meetings were reviewed during the staff meetings so that any suggestions made could be shared with the staff team and implemented.

There was a process in place to manage complaints received. People said they felt comfortable speaking with the registered manager and the staff if they had concerns or wanted to raise a complaint. We saw that complaints received were investigated and dealt with to the satisfaction of the complainant. Where improvements were required to the support provided to people or service delivered this was implemented.

Good

Is the service well-led?

Our findings

One person said, "[The registered manager] is a wonderful person." A healthcare professional told us they found the service to be well managed and the staff were "open and honest" about the service provided.

At our previous inspection we found that the registered manager was not submitting notifications of significant incidents that occurred at the service. Following that inspection the registered manager had submitted notifications of significant events as legally required by their registration with the Care Quality Commission, and was now meeting that legal requirement.

At our previous inspection the registered manager had not submitted information when they were requested to do so. At this inspection the registered manager completed and submitted their provider information return as requested. They also submitted additional information after the inspection as requested. They were now meeting the legal requirements relating to good governance.

Staff felt well supported by the registered manager. They told us there was open communication amongst the team and everyone's views and ideas were listened to. One staff member said, in regards to the registered manager, "She listens to what you say." They also told us, "There's a team approach. We work as a team [when supporting people]." This was confirmed by the other staff we spoke with. They told us during team meetings they discussed what support people required and shared ideas with each other about how to meet people's needs. For example, how to support a person with their oral health. The registered manager told us the staff meeting had an "open spot for staff to discuss what they want." We saw the minutes from the last meeting and saw staff used this as an opportunity to discuss people's needs and to identify any further support staff could provide to people. The staff meetings were also used to share information from healthcare professionals about changes in people's care and treatment. For example, one person had recently been discharged from the care of the community mental health team.

The registered manager undertook checks on the quality of the service, and also to review staff were following the service's policies and procedures. We saw from the weekly management checks that the manager had reviewed processes to support people, including reviewing their care records, attendance at appointments, medicines management and management of people's finances. The registered manager used this process to identify any upcoming appointments people had and to reminder staff of these, for example, one person needed support to attend a healthcare appointment related to their prescribed medicine. The weekly checks also reviewed the support provided to staff, including completion of training, supervision and staff meetings. The registered manager checked health and safety processes, and safety of the environment. Where improvements were required the registered manager liaised with the required person to ensure these were undertaken. For example, the registered manager was currently working with the local fire brigade to improve their fire safety processes.

The registered manager attended the local authority's forum for residential care home managers. This enabled the registered manager to obtain information about best practice guidance and to share experiences and learning with other social care service managers, with the aim of sharing good practice and

improving the quality of care provision.