

UK Care Service Limited

Princes Lodge

Inspection report

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London
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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

Princes Lodge 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. Princes Lodge is a residential care home for five people with mental health needs. The home is located in the London Borough of Brent close to public transport and other amenities. The home is used as a step down facility with the aim of people moving to their own flat.

At the last inspection in December 2015, the service was rated Good.

At this inspection we found the service remained Good.

The provider had robust systems, processes and practices to protect and safeguard people who used the service from abuse. Risks to people who used the service were assessed and monitored and management plans ensured and supported people to staff safe and live an independent life. Robust recruitment practices ensured that only staff suitable to support people to stay safe and meet their needs were employed. People were supported to administer their medicines with a view to self-administer safely in the future. The home was clean and free of offensive smells and staff followed safe infection control procedures. Accidents and incidents were recorded, monitored and assessed to ensure lessons were learned and improvements can be made when things go wrong.

People's needs were assessed to ensure the home was able to meet people's needs. The assessment and admission included an extended trial period for people and the service to decide if Princes Lodge was the right place. Staff were offered the opportunity to attend various training courses and were encouraged to gain further qualifications in Health and Social Care. People were mainly responsible for preparing their own meals, with some staff support as and when required. The service had excellent relationships with local mental health teams, which ensured people's mental health improved and people gained the skill to move to more independent living. People lived in a well maintained and decorated home. People were supported to have maximum choice and control of their lives and staff did support them in the least restrictive way possible; the policies and systems in the service did support this practice.

The registered manager and staff demonstrated genuine interest and concern in people's well-being and daily life. They treated people with kindness and respect and offered support when people needed it. People who used the service were a central part of the service and were included in decisions made about their accommodation, care and treatment they received.

Care plans were person centred and were reviewed regularly with full input and participation of people who used the service. People who used the service knew how to raise concerns and felt supported by the registered manager in resolving any issues. The home did not provide end of life care.

The registered manager was part of the team and was hands on. Staff demonstrated a clear understanding of promoting people's independence and empowering people to live a full life. People and staff spoke highly of the registered manager and told us that he was very supportive, caring and easy to talk to. The service had effective quality assurance systems in place, which ensured the quality of service was continuously improved.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Princes 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 14 December 2017 and was unannounced.

The inspection was carried out by one inspector.

Before our inspection we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affected the health, safety and welfare of people the service supported. We asked the provider to complete a 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.

During our inspection we spoke with four people who used the service, one care worker, the registered manager and one visiting healthcare professional. We also reviewed written feedback from two relatives.

We looked at the care records for three people, recruitment records of three staff members, training records and other documents relating to the management of the service.

Is the service safe?

Our findings

People who used the service told us that they felt 'safe' at Princes Lodge. They told us, "If I have any problems [manager's name] will sort it out." The registered manager told us, "I have explored the local area and went to cafés service users told me they visited. It is important to make sure that service users are safe and are not bullied or abused in any way when they are out on their own." One relative told us, "[Person's name] feels secure and supported by the staff and is on a friendly basis with his housemates, just as they are with each other. In his own words he says that Princes Lodge is kept clean, is run smoothly and is the best home of its kind in London."

Staff told us that they would report any allegations of abuse to the registered manager. One of the care staff said, "I would always tell [managers name], but I can also ring the local authority, the police or you [Care Quality Commission]." The service had robust safeguarding policies and protocols, contact details for the local safeguarding team were displayed in this office.

Peoples care records contained detailed risk assessments, these had been formulated together with people who used the service and people told us, "They [risk assessments] are there to protect me." Risk assessments also included information on people being randomly searched and tested for drug abuse. People who used the service were aware of this and one person told us, "Princes Lodge is much better than where I lived before, they never checked anybody, I didn't feel safe."

Staffing numbers were based on people's needs and dependencies. The registered manager told us, "I am around most days and if staff tell me or I see that we can't cope, I will use extra staff." One person told us, "There are enough staff around, if I need help I get it." We observed staff spending time with people. For example, we saw staff helping people to decide what to do over the Christmas holidays and what presents to buy.

The provider followed safe recruitment practices, this meant that all required checks such as references, proof of the right to work in the United Kingdom, proof of address and identification and a disclosure and barring check were taken prior to offering employment. This meant that sufficient staff were deployed, which were appropriately vetted to meet people's needs.

Staff had received training in the administration of medicines. Medication administration records (MARs) had no omissions and were completed correctly. Medicines were stored safely and appropriate checks had been carried out to ensure medicines stock levels were correct. Some people administered their medicines semi-independent, this was agreed by the mental health team and clear guidance was in place for staff and people who used the service to follow. Currently three people administered their medicines independent and two required help with the administration of medicines.

We found the home to be clean and free of unpleasant smells, care staff told us, and training records confirmed that they received infection control training. People who used the service told us they were involved in cleaning communal areas.

Accidents and incidents had been recorded. The last notifiable incident was also reported under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013. We saw that the registered manager followed up the incident and appropriate action had been taken to minimise a similar incident from happening again.

Is the service effective?

Our findings

We asked people and relatives if they had an assessment prior to moving and how they felt the move to Princes Lodge was facilitated. One relative told us, "Besides the four face-to-face assessments of my relatives case provided to me by [managers name], on several occasions I accompanied my relative and [managers name] to meet my relatives psychiatrist and social worker for further assessment." The relative further told us, "I was able to meet a few staff members; they appeared professional, committed and friendly." People who used the service were similarly positive about the staff working in the home. One person told us, "They [staff] really know what they are doing here, they helped me so much to get better."

All new prospective people had been assessed by the registered manager prior to commencing the transition period. The transition period included a number of visits during the day, an overnight stay and a weekend stay. This gave people who used the service time to see if they liked to move in and staff time to assess if the service was suitably equipped to meet people's needs.

Staff had access to a range of training, this included safeguarding, medicines, infection control, Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DoLS), food hygiene and mental health training. All staff without prior experience in care and new to the service had undergone induction training and was awarded the care certificate. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. Staff were also encouraged to gain further qualifications in care, which included the Diploma in Health & Social Care (Adults) Level 3 or above. Staff told us that they had received regular formal one to one supervisions every two months, which they told us were very useful.

People mainly cooked for themselves. They told us that they told staff what they wanted to cook and got the money from petty cash to purchase locally. The registered manager contacted a nutritionist to provide training to people on healthy eating and a dietician was involved helping people to manage weight.

The registered manager told us that the home had built excellent relationships with mental health (FOSH) teams responsible for people who used the service. A member of staff from one of the FOSH teams told, "Our team works very well for the benefit of patients with staff at Princes Lodge. Once I find out that one of my patients is a Princes Lodge I know that they are well looked after." People were registered with a local GP practice and were encouraged to see the dentist or optician; however most people chose not to make use of these facilities.

Princes Lodge was a well maintained and decorated home. Since our last inspection the provider built an annexe, which was equipped with gym equipment, a small library and was also used as a space for people to have care programme approach (CPA), (for people under a community treatment order), and care plan review meetings.

People using the service had full capacity and were able to make decisions on their own.

Is the service caring?

Our findings

People who used the service told us, "The staff here are very good, they spent time with me, listen to my concerns" and, "I feel my opinion matters." One relative told us, "My relative himself is full of praise for all the staff and the manager" and, "Words fail me to express my gratitude for all the support the manager and his staff have demonstrated towards my relative."

During our inspection visit we saw staff communicating with people in a positive and compassionate manner. The atmosphere in the home was friendly and inclusive. People and staff watched TV together, wrapped Christmas presents together or talked about plans for Christmas. Visitors were made welcome and staff spoke with them about how people made improvements.

People spent time in the lounge or in their rooms. People said the staff supported them to remain independent. One person told us, "I attend health appointment by myself, but if I need any help I will ask staff to come with me." Another person said, "I am quite independent and I can get on with my life, but get help when I need it."

Records showed people were invited to agree to and sign their care plans twice a year. Staff told us that the care plans were discussed with people before they signed them. Relatives told us they had had meetings with staff when their family members first came to the service to discuss their likes, dislikes, and preferred routines. One relative said, "I find the manager and staff very approachable and welcoming and are always willing to assist me with my queries, If they didn't have the answer to my query they always go away and return with an answer promptly instead of giving me a generic answer."

People choices and decisions about their care were recorded so staff could provide them with support in the way they wanted. For example, one person's care plan stated, '[Person] likes to have a lay in in the morning.' This type of information helped to ensure people received personalised care in line with their wishes. We also saw that the registered manager and staff communicated with one person in Gujarati.

The registered manager was the dignity champion at Princes Lodge and had completed specific dignity in care training, which he discussed with staff during team meetings and supervisions. We saw that staff knocked on bedroom doors before entering and asked people for permission before providing them with care and support.

We discussed with staff how they felt if people were from the Lesbian Bi Gay or Transgender (LBGT) community. Staff said that this would make no difference to how they cared for people. One staff member said, "I don't mind about peoples believe, I treat them as an individual." The registered manager told us that he was in the plan of opening another service in the future, which could be used by women or transgender people.

Is the service responsive?

Our findings

People who used the service told us that they were involved in the planning of their care and activities. One person said, "I meet with [staff members name] regularly to discuss my progress. Everybody knows I struggle with certain things and they have helped me to access specialist support to deal with this." Another person said, "I have a CPA every six months, but I regularly talk to staff and [managers name] about anything I need to do helping me to achieve my goal of living on my own." One relative said, "I am deeply impressed by the managers professionalism, by his detailed understanding of the psychological issues involved concerning my relative and by his proposals towards improving his well-being. This has really helped my relative to get better, though I know there is still a long way to go."

Care plans were of good standard, meaningful and related to the persons assessed needs. Care plans had been regularly reviewed, with input from people who used the service, their relatives, health care professionals and staff working at Princes Lodge. This holistic approach helped people to achieve their goals. For example two people moved into independent accommodation since our last inspection. One person received help from a specialist team to deal with a specific disorder. The person's relative told us, "[Managers name] volunteered to accompany my son to specialist meetings in the evenings which I find remarkable."

People had access to their own gym, which provided excellent equipment to use. The service purchased bicycles for people to use if they wanted to. Staff arranged regular cinema trips together with people. People accessed the community independently and were known to local shop keepers and café owners. Some people undertook some voluntary work as part of their therapeutic pathway and had access to an occupational support worker provided by the FOSH team, who helped people to update their curriculum vitae, find and access suitable college courses or find permanent employment.

People who used the service, relative or staff raised no concerns or complaints with us. Since our last inspection the service did not receive any complaints. People who used the service were given a copy of the complaints procedure on admission. One person told us, "I can talk to [manager's name] about anything, he will listen and will sort it out for me, if I can't do it on my own."

The service does not provide end of life care.

Is the service well-led?

Our findings

People who used the service, staff, relatives and health care professionals spoke highly about the registered manager. 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 who used the service told us, "I can talk to [manager's name] about anything and they will sort it out. The staff and management are great." Another person said, "Top marks to the manager and staff, it's a great home to live in." One relative said, "My relative himself is full of praise for all the staff and the manager." One visiting professional told us, "The team and management are very helpful and are one of the best I have contact with."

The registered manager was clearly visible in the home and promoted a strong ethos of homely care in line with people's needs. They communicated in an open and transparent way, encouraging others to do the same. This promoted an environment where people who lived in the home, their relatives and staff felt able to express any concerns they had and know they would be dealt with fairly and promptly.

The registered manager prided themselves in being visible and available in the home for people and their relatives to speak with, whenever they chose, to provide feedback and raise any matters of concern with them. One relative commented in the most recent annual surveys, "The manager is very professional and goes above and beyond their duties and so does the staff." People who used the service met every two months to plan ahead for the next two months. All staff had regular staff meeting, which were used to update them on any changes, but also allows them to comment on the service and the care provided.

The registered provider sought annual feedback from people and their relatives through the use of quality surveys. Responses to the most recent survey had shown people were very happy with the care provided. The registered manager told us of various audits and checks that were carried out on the environment, health and safety and care plans. We saw records of audits undertaken.

Staff at the home had a good working relationship with health and social care professionals from the local authority, GP surgery and FOSH teams. They held regular multidisciplinary meetings to review people's care needs and explored different ways of working to ensure people received the care they needed. The registered manager was very proud of the working relationships they had with other professionals. Feedback we received from professionals showed this respect was mutual and professionals regularly recommended the home to others to support people who experienced complex challenges to meeting their needs.