

Vermont Lodge Limited

Vermont Lodge

Inspection report

3 Vermont Road,
Upper Norwood
London
SE19 3SR
Tel: 02087716038
Website:

Date of inspection visit: 9 November 2015
Date of publication: 02/03/2016

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

The inspection took place on 9 November 2015 and was unannounced. This was the first inspection of the service with this provider.

Vermont Lodge provides personal care and support to adults with mental health needs or learning disabilities in a supported living environment. At the time of the inspection 11 people were using the service.

The service has a 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 at the service felt safe. Staff understood how to recognise and report abuse. People's needs were supported with relevant risk assessments. There were sufficient numbers of staff to meet people's needs. Safe recruitment procedures were followed when employing staff. Medicines were managed and administered safely.

Summary of findings

Although staff had obtained relevant qualifications and completed training there had been no refresher training since early 2014. Staff were aware of the provisions of the Mental Capacity Act. People were supported to have a healthy diet and to maintain good health.

People commented positively about the manager and staff. People were supported to express their views and preferences. They were involved in making decisions about care and support. Staff promoted independence and respected people's privacy and dignity. People were supported to maintain family links.

People received care that focussed on their individual needs. Care plans were person centred and covered a range of social and healthcare needs. Care plans reflected people's needs, goals and preferences. People were encouraged to take part in activities. The service had systems to listen and learn from people's experiences, concerns and complaints.

The service did not have a formal system of audits, reviews and checks to monitor and assess the quality of service they provided. Staff spoke positively about the manager who encouraged feedback and suggestions. Records relating to the care and support of each person using the service were fit for purpose.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to staff training and a formal quality assurance process. You can see what action we told the provider to take at the back of the full version of this report.

We have recommended that the provider considers the guidance contained within the Mental Capacity Act 2005 Code of Practice and refers to current guidance for good practice in relation to policies, procedures and record keeping.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. Staff understood how to recognise and report abuse. There were sufficient, suitable staff to meet people's needs. Medicines were managed safely.

Good



Is the service effective?

The service was not always effective. Refresher training was not up to date. We also made a recommendation about records relating to the Mental Capacity Act. People were supported to have a healthy diet and to maintain good health.

Requires improvement



Is the service caring?

The service was caring. People commented positively about the manager and staff. People were involved in decisions about care and support. Staff promoted independence and respected people's privacy and dignity.

Good



Is the service responsive?

The service was responsive. People received care that focussed on their individual needs. Care plans reflected people's needs, goals and preferences. People were encouraged to take part in activities. The service had systems to listen and learn from people's experiences.

Good



Is the service well-led?

The service was not always well-led. The service did not have a formal system of audits, reviews and checks to monitor and assess the quality of service they provided. Staff spoke positively about the manager. Records relating to the care and support of each person using the service were fit for purpose.

Requires improvement



Vermont 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 9 November 2015 and was announced. The provider was given 48 hours' notice of the inspection because the service provides supported living to people who are often out during the day. We needed to be sure somebody would be in.

The inspection was carried out by an inspector.

Before the inspection, the provider completed 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. We also reviewed information we held about the service. We spoke with three people using the service and three members of staff including the manager. We carried out general observations throughout the inspection. We looked at records about people's care and support which included three care records. We reviewed records about staff, policies and procedures, general risk assessments, and safety certificates, complaints and service audits. We consulted appropriate health and social care professionals for general feedback about the service.

Is the service safe?

Our findings

We spoke with people using the service who told us they felt happy and safe. One person said, “Yeah, I feel nice and safe here.” People were confident they could discuss any concerns with staff and would be supported. We also spoke with staff about safeguarding vulnerable adults from abuse. In our conversations it was apparent staff knew how to recognise the various types of abuse and the procedures for reporting abuse. They were aware of how to escalate concerns and whistle blowing procedures. Staff told us they would report any concerns. We saw there were processes to protect people from financial abuse and saw associated risk assessments in care plans where they were required. All members of staff had completed safeguarding training but two members of staff had not had recent refresher training.

The service provided a safe and comfortable environment for people, staff and visitors. The building was regularly maintained. There was a record of safety and maintenance certificates that covered facilities such as gas, electrics, fire safety. The service had general risk assessments in place for the building, fittings, equipment and outside spaces. Staff and residents had been fully briefed about what to do in case of a fire. This was reinforced through fire evacuation drills once a quarter. People confirmed they had completed fire drills.

We saw risk assessments had been completed as part of people’s care and support plans which identified a range of social and healthcare needs and risks. It was apparent people had been involved in the development of individual risk assessments and were aware of their personal responsibilities. Risk assessments covered areas such as medicines, finances, personal safety, cooking and specific risks relevant to individuals. The risk assessments included positive risks that were deemed appropriate and acceptable for the promotion of independence. We found staff were very knowledgeable about each individual and risks associated with them and where relevant recognised and identified triggers and signs of deteriorating well-being.

We found there were sufficient members of suitably qualified staff to meet people’s needs in a supported living environment. Although there were only three full time staff

they were positive about the close working relationship they had amongst themselves and with the residents. The staff we spoke with were happy with the staffing numbers. The service did not use agency staff. Short notice absences were covered by permanent and part time staff including the provider. Planned absences such as leave or training were accommodated within the staff rota. Members of staff were experienced and appropriately qualified in adult social care. Staff were also supported by a member of domestic staff five days a week to ensure communal areas were clean and tidy.

The service ensured only suitable staff were employed. We looked at the most recent staff record for recruitment. Staff were required to undergo a check with the Disclosure and Barring Service. We saw there were robust processes for appropriate recruitment. There was a candidate application with a full work history, identification documents, two references and records of qualifications and training.

Medicines were managed safely and stored securely. People using the service were encouraged to arrange, collect, safely store and administer their medicines. This was an important area where the service promoted people’s independence. A graded risk assessment was completed for each person that was relevant to their medicines. The risk assessments were sufficiently detailed and relevant to show the individual risks of people using the service.

People using the service were largely independent and were able to take responsibility for their medicines. One person told us, “I have a cabinet for my medicine. I get it myself, it’s only up the road. I have to sign for it.” Most people were assessed as only needing support, when requested, to help them order and collect medicines and to provide occasional reminders where appropriate. Two people were assessed as needing staff prompts to ensure they did not forget to take medicines.

Medicines were stored in a secure cupboard in each person’s room. People had the keys to their medicine’s cabinet. The service had a medicine’s policy and there were systems in place to ensure the accurate recording of medicines obtained, taken and returned. These included records completed by staff daily and a weekly audit.

Is the service effective?

Our findings

The service was not always effective. There was a low staff turnover which provided continuity of care for people. Staff were appropriately qualified. All staff had completed a National Vocational Qualification Level 2 in Health and Social Care. The manager was in the process of completing the equivalent of a Level 5 qualification. Although staff had these qualifications and had completed relevant training we found there had been little in the way of recent refresher training when we looked at training records. We saw there had been training in the early part of 2014 in a range of subjects. However, two members of staff had not completed training in safeguarding or the Mental Capacity Act since 2013. We were concerned that staff did not have appropriate and up to date training to support them to provide safe and appropriate support to people. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were no regular, formal supervision sessions as the staff team was so small. The manager worked with the two permanent members of staff most days of the week where there were regular informal observations and discussions about people using the service and how best to support them. The manager told us supervision took place on a day to day basis and would only become more formal if there was a need to address underperformance or inappropriate behaviour.

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. We checked whether the service was working within the principles of the MCA. We saw that people's consent was obtained in relation to care and support provided and it was evident people were involved in those decisions. We were told mental capacity

was assessed by social workers at placement reviews. At the time of the inspection we were told people had capacity to make decisions and people we spoke with appeared relatively independent.

The service did not have policies and procedures in relation to mental capacity. When asked what they would do if there was a deterioration in capacity the manager told us they would call in the care coordinator for a mental capacity assessment and where appropriate, a best interests meeting. They would not wait for a placement review. In their day to day actions and responses the service was practically adhering to the principles of the MCA but that was not clearly documented and recorded.

People had sufficient food to eat and liquids to drink. They were able to make drinks and snacks for themselves. They were responsible for making their own lunches but were supported by staff with evening meals. There was no organised menu as people decided amongst themselves what they were going to eat. We spoke with one person who was preparing fresh vegetables for the evening meal. Another person told us they sometimes helped with meals. One person did not like vegetables but said they did eat fruit to make up for it. We saw that diet was discussed in monthly one-to-ones with staff. Staff supported people to have a healthy diet. We saw reference to dietician's advice in one person's care records.

People were registered with a GP and visited a range of healthcare professionals such as the dentist, optician and chiropodist. We saw evidence of other healthcare professionals visiting the service when required and attendance at appointments elsewhere. People confirmed they were supported by staff with their healthcare. We looked at care records and saw the support plans and risk assessments identified the condition and how the service responded and provided support. We noticed there was a "My health" section in each person's care records and monthly one to ones addressed any healthcare issues. People were weighed every month. On the Provider Information Return (PIR) we were advised people attended healthy living classes which promoted a healthier lifestyle. The service was planning to encourage health improvements over the next 12 months through programmes targeting cessation of smoking; healthy eating; fitness and weight reduction.

Is the service effective?

We have recommended that the provider considers the guidance contained within the Mental Capacity Act 2005 Code of Practice and refers to current guidance for good practice in relation to policies, procedures and record keeping.

Is the service caring?

Our findings

We spoke with people using the service. One person told us, “The staff are good.” Another person said, “We are like a family here.” A member of staff told us people were, “...comfortable with staff, they are like extended family. They also said, “There is a lot of trust between people and staff because of the longevity of residence.” (The last person to move into the home did so seven years ago).

There was a calm, warm, homely atmosphere. We observed and listened to interactions between people and staff during the inspection. They were relaxed in each other’s company and on first name terms. We saw staff were respectful, attentive and knew people well. We saw staff taking time to chat with people. The positive body language and responses from people to staff reflected the comments made to us about staff. Staff were very knowledgeable about people’s needs. This was reflected in the detailed records of monthly one to one meetings between people and staff members.

These one to one meetings, which took place at least once a month, was one area that demonstrated how people were supported to express their views and be involved in decisions about their care and support. These discussions were recorded in detail and provided up to date information about how people were feeling, their health and welfare, daily living and any concerns or worries. People were shown the written report and if they did not agree with it they were entitled to question it and request changes. Staff told us two people were reluctant at times to engage in the one to one process but they kept trying until they were willing to engage.

We spoke with one person about their support plans and risk assessments. They agreed they had been involved and told us about one of their risk assessments. The records confirmed what they had told us. As we checked other support plans and risk assessments in the care records it was apparent people had been involved in the planning and consented to their care and support. They also reflected people’s choices and preferences.

People using the service were local and had family in the surrounding areas. The service encouraged people to maintain family links and families were welcomed as visitors and were free to discuss care and treatment where appropriate. A yearly barbecue was held so that families could get together with people and staff.

We found people were encouraged and supported to maintain their independence at a level which was comfortable for each individual. Support plans, goals and risk assessments showed how people were prompted and supported with daily living tasks including diverse areas such as budgeting, personal care, medicines, education, cleaning, laundry and personal safety in order to maintain and promote people’s independence. People’s privacy and dignity were respected. Staff did not enter people’s rooms without permission. People’s rooms were personalised with their belongings including furniture and electrical items. Conversations about care and support, such as one to ones, took place in private. We saw people were treated with respect by staff.

Is the service responsive?

Our findings

People received care that focussed on their individual needs. We looked at a selection of care records. Support plans identified and addressed a wide range of people's social and healthcare needs. Realistic goals were set with each person. Support plans were underpinned with clear assessments of risks. We saw people consented to and were involved with the planning of their care and support. The information contained in these records supported staff to deliver safe and appropriate care and support. For example, behaviour patterns or recurring signs that indicated deterioration in a person's mental or physical wellbeing were identified and clearly recorded. Guidance was provided to staff on how to respond enabling them to provide appropriate support at an early stage. We found staff were very knowledgeable about the people they supported. Monthly one to one discussions with people using the service were based on their support plans. A detailed written report of the one to one was shown to the individual. These reports kept staff informed about individuals and fed into support plans, goals and risk assessments.

We found people benefited from a range of activities which reduced the risk of people becoming isolated, frustrated, bored and unhappy and promoted independence. Care records showed the types of activities people preferred. Many activities took place quite naturally and informally on a daily basis such as watching TV, conversations, preparing and eating meals with other people and reading. There were also organised activities. People regularly attended day centres and drop in centres. One person was attending college. One person told us, "I do voluntary work twice a week in a charity shop. I can't do college anymore because of the funding cuts." People regularly visited local amenities and went out in the evenings to bars, bingo and the cinema. Six people were planning a holiday in Blackpool

for the following month. Although supported by staff to make the arrangements they were sufficiently independent and confident to go on holiday without staff as they had done the previous year. One person said, "No one wants to go abroad anymore, we used to go quite often."

The service had systems to listen and learn from people's experiences, concerns and complaints. There were regular house meetings where people were encouraged to discuss matters about the day to day running of the service, health and safety, complaints and future plans. People had lived at the service for so long they were comfortable discussing concerns with staff individually or in small groups. We were told by staff that these informal conversations were encouraged. There was also monthly one to ones where staff spent a long time in discussion with people about their health and welfare, care and support and any issues or concerns they wanted to raise.

The service had policies and procedures for dealing with complaints. Although people we spoke with knew how to complain they told us that they would rather raise any concerns with a member of staff. The manager confirmed this was the case and told us people were reluctant to be involved with formal complaints. People using the service were given a service user guide that contained a section on how to make a complaint. In order to support people to make complaints there was complaints and suggestion box and forms for people to complete. People were also asked during their one to ones if they had any concerns or complaints.

We looked at the record of complaints and saw there had only been one since the previous inspection. The complaint referred to another person using the service and was being dealt with appropriately. The service took into account people's experiences of care and support and was open to suggestions that might improve the service provided.

Is the service well-led?

Our findings

The service was not always well-led. We found there were only limited systems in place to assess and monitor service provision. There were some formal audits and checks. For example, medicines records were monitored every day and checked weekly. Maintenance certificates for facilities and equipment were updated at appropriate intervals. Informal checks and audits were carried out through the day to day operation of the service by the manager and staff. There was no clearly recorded, comprehensive, structured system of audits and checks to demonstrate that the service was regularly assessing and monitoring the quality and safety of the service. This meant there was a risk the service would not identify compromises of quality or safety. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People using the service and members of staff spoke positively about the manager. One member of staff told us, “I’m happy here, they are a good team to work with. I feel valued. The manager is good; always open to opinions and suggestions, always supportive and flexible.” Another member of staff referred to the manager as, “Very efficient and effective, a tremendous amount of experience. I don’t think you could replace her rapport with residents.” The manager was appropriately qualified and registered with the CQC.

Formal staff meetings to pass on information and receive staff feedback rarely took place. Due to the size of the service and small staff numbers the manager regularly carried out the same work as the staff. This enabled them to regularly observe and develop staff skills and competences whilst working. Staff were encouraged to express opinions and ideas about the service. One member of staff told us, “I feel valued.” Through these regular interactions with the manager staff were empowered to provide constructive feedback and ideas about how care and support was delivered. People using the service and staff told us they could speak to the manager at any time.

Records relating to the care and support of each person using the service were fit for purpose. We saw care records were accurate, legible and up to date. Although they were stored securely they were readily available to authorised persons when we inspected. They included accurate records of discussions and decisions taken in relation to the care and treatment of people. Other records relating to people employed and the management of the service were also appropriately stored and available. Staff were aware of their personal responsibilities in relation to the confidentiality of people using the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Staff did not have appropriate and up to date training to support them to provide safe and appropriate care and support to people. Regulation 18 (2) (a).

Regulated activity

Personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

There was no clearly recorded, comprehensive, structured system of audits and checks to demonstrate that the service was regularly assessing and monitoring the quality and safety of the service.

Regulation 17 (2) (a).