Arthur Lodge Limited

Arthur Lodge Residential Care Home

Inspection report

16-18 Arthur Road
Edmonton
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

This inspection took place on 28 March 2017 and was unannounced. At our last inspection in April 2015 the service was rated 'Good'. At this inspection we found the service remained 'Good'.

Arthur Lodge is a care home for adults with learning disabilities, including those with a dual diagnosis of a mental health condition. The maximum number of people the service can accommodate is 11.

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

People told us they were well treated at the home and risks to their safety had been identified and ways to mitigate these risks had been recorded in people's care plans.

Relatives were positive about the family who ran the home and the domestic nature of the accommodation. Everyone we spoke with told us the service was very homely and relaxed. Staff turnover was low and everyone knew each other very well.

Staff were aware that the people they supported were vulnerable and they understood their responsibilities to keep people safe from potential abuse.

There were systems in place to ensure medicines were handled and stored securely and administered to people safely and appropriately.

Staff turnover was low and staff were positive about working at the home and told us they appreciated the support and encouragement they received from the registered manager.

Staff understood the principles of the Mental Capacity Act (MCA 2005) and knew that they must offer as much choice to people as possible in making day to day decisions about their care. This included making sure people who had difficulty communicating verbally were as involved in their care and decision making as everyone else.

People told us they enjoyed the food provided and that they were offered choices of what they wanted to eat.

People had regular access to healthcare professionals such as doctors, dentists, chiropodists and opticians.

Staff treated people as unique individuals who had different likes, dislikes, needs and preferences.

People told us that the management and staff listened to them and acted on their suggestions and wishes.

Both people using the service and their relatives told us they were happy to raise any concerns they had with any of the staff and management of the home.

People were included in monitoring the quality of the service and we saw that their suggestions for improvements and preferences about how they wanted to live their lives were respected and acted on.

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 continued to be safe.	**Good**
Is the service effective? The service continued to be effective.	**Good**
Is the service caring? The service continued to be caring.	**Good**
Is the service responsive? The service continued to be responsive.	**Good**
Is the service well-led? The service continued to be well-led.	**Good**

Arthur Lodge Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection was undertaken on 28 March 2017 and was carried out by one inspector.

Before the inspection, 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. We reviewed the completed PIR and previous inspection reports before the inspection.

We also reviewed information we had about the provider, including notifications of any safeguarding or other incidents affecting the safety and well-being of people using the service.

We met eight people who used the service and spoke with four people who gave us their views about what the home was like. As a number of people did not communicate verbally, we observed how staff interacted and treated people throughout the day of our inspection. We wanted to see if the way that staff communicated and supported people had a positive effect on their well-being. We spoke with two relatives of people using the service.

We spoke with four staff, the registered manager and the registered provider of the organisation.

We looked at four people's care plans and other documents relating to their care including risk assessments and medicines records. We looked at other records held at the home including meeting minutes as well as health and safety documents and quality audits.

Good

Is the service safe?

Our findings

We saw that people who used the service were relaxed and at ease with staff. Staff were interacting and responding to people in a calm and friendly manner. We saw that these interactions had a positive effect on people's well-being.

One person told us, "I'm fine. I like it here. I've been here ten years; no trouble; I'm happy." A relative commented, "Staff are extremely kind. If there was a problem [my relative] would tell me."

Staff understood that the people they supported were at risk of abuse because their disabilities made them more vulnerable. Staff knew how to recognise potential abuse and that they should always report any concerns they had to the registered manager. They showed us a flow chart on display at the home which included information about who else they could report any concerns to including the local authority and the CQC.

Staff understood the potential risks to people in relation to their everyday care and treatment. These matched the risks recorded in people's care plans. Care plans identified the potential risks to people in connection with their care. These risks included falls and inadequate nutrition and hydration.

Where risks had been identified the registered manager had recorded how these risks were to be reduced. For example, where someone was unsteady on their feet, they had been provided with a walking frame. The person told us this had been discussed with them and they understood that using this frame helped to reduce the risk of them falling.

Environmental risk assessments, including a fire risk assessment had been completed and were accessible to staff. Everyone had a personal evacuation plan which gave staff advice about the most appropriate and safe way individuals should be evacuated for the home. Records of regular fire drills showed that people were able to evacuate the home in good time.

We checked medicines and saw satisfactory and accurate records in relation to the receipt, storage, administration and disposal of medicines at the home. The registered manager was auditing medicine records regularly to ensure any potential errors were identified and acted upon. However, we noted that one medicine was out of date. This medicine was rarely given as it was not always required (PRN). The registered manager told us he would now record all the expiry dates of PRN medicines to avoid this happening again.

People using the service did not express any concerns about staffing levels. There had been no change to staffing levels since our last inspection and the registered manager confirmed that there had been no increase in people's levels of dependency.

In the two years since our last inspection only two new staff had been recruited at the home. We checked these two staff files to see if the registered manager was continuing to follow appropriate recruitment procedures and to make sure that only suitable staff were being employed. Staff files contained recruitment

documentation including references, criminal record checks and information about the experience and skills of the individual.

Good

Is the service effective?

Our findings

People's responses about the staff were positive and one person commented, "I like it here; I like the staff."

Staff were positive about the support they received in relation to supervision and training. Staff told us and records showed that they were provided with training in 10 mandatory areas they needed in order to support people effectively. This included first aid, infection control, food hygiene and safeguarding. A staff member, who had been working at the home for a number of years told us they enjoyed the training, which was refreshed each year and commented, "I'm still learning."

In addition to this mandatory training, all staff had completed nationally recognised vocational training such as the National Vocational Qualification (NVQ) and the more recent Qualifications and Credit Framework (CQF). These are recognised qualifications for care workers and senior care workers working in health and social care. The registered manager told us that having one of these recognised qualifications was a prerequisite for all staff working at the home.

We saw an up to date training matrix which detailed the date of training undertaken and the date that the training expired. Records showed that staff were up to date with their refresher training.

Staff confirmed they received regular supervision and yearly appraisals and we saw up to date records of staff appraisals. The registered manager told us that, although staff supervisions took place on a regular basis these were not always recorded. He acknowledged that this was not satisfactory and that he would be recording all staff supervisions from now on. Despite this, staff told us that supervision was a positive experience for them and that they felt supported by the registered manager. One staff member told us, "He is a supportive manager. He keeps me updated about what's been happening."

Staff were positive about their induction and we spoke with a staff member who was newly employed and going through the induction process. They told us this process was useful and had given them a good understanding of the needs of the people at the home as well as the aims and objectives of the service.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf for 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.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff understood the principles of the Mental Capacity Act and told us it was important not to take people's rights away and that they must offer as much choice to people as they could. Staff told us that, just because a person may not be able to communicate verbally, they were not to be disadvantaged in any way. Staff were able to tell us how people communicated non-verbally and how they ensured their choices and

decisions were respected and acted on. One person told us, "I choose my clothes myself."

The registered manager told us that everyone at the home had capacity to make day to day choices and decisions about their care and he also gave us examples of when 'best interest' meetings had been undertaken when major decisions had to be made. The registered manager understood the relevant policies and procedures in relation to the Deprivation of Liberty Safeguards (DoLS).

We observed staff asking people for permission before carrying out any required tasks for them. We noted staff waited for the person's consent before they went ahead. People told us that the staff did not do anything they did not want them to do.

One person had made the following comment in the most recent quality survey, "Staff always ask me. They always listen to me."

People told us they liked the food provided at the home. One person told us, "The food is very nice; yes enough; big dinner. They ask me [what I want] and I can change my mind." Another person commented, "My favourite is chicken."

All the staff were responsible for cooking the meals and they were aware of the people that needed a special diet because of particular health requirements such as diabetes of if someone needed a soft diet. The kitchen had recently been inspected by the environmental health department and had received the top score of five 'scores on the doors'.

People were appropriately supported to access health and other services when they needed to. Each person's personal records contained documentation of health appointments, letters from specialists and records of visits. The registered manager had also developed a matrix to ensure people were up to date with healthcare appointments to dentists, opticians and the GP for the flu jab. People told us and records we saw confirmed that they had regular access to health and social care professionals. One person we spoke with said, "I went to the dentist yesterday. The optician is nice; I got these glasses there."

Relatives said that the registered manager was very good at monitoring people's health and getting the appropriate healthcare professionals to visit them if required. A relative told us, "They always inform me about appointments." The registered manager told us that all the current residents of the home were all registered at the same GP surgery and that they have a good relationship with this GP.

Good

Is the service caring?

Our findings

People and their relatives told us they liked the staff who supported them and that they were treated kindly and with respect. One person we spoke with said, "Everyone is friendly." A relative commented, "It's a home; it's like a family home. Staff treat people with kindness."

We saw that people were very relaxed with staff and it was clear from the calm and friendly interactions between staff and people using the service that positive and supportive relationships had developed between everyone. Staff turnover had been low and staff had a good understanding of people's likes, dislikes and life histories.

We saw that people were able to express their views and make choices about their care on a daily basis. Throughout the day we observed staff offering choices and asking people what they wanted to do. Staff told us that people communicated in different ways and they understood people's responses, for example through their facial expressions and body language. People and their relatives told us that staff communicated effectively with them. We saw records of regular residents' meetings and that people had made suggestions about the menu, activities, outings and holidays.

Staff understood and responded to each person's diverse cultural, gender and spiritual needs in a caring and compassionate way. Staff knew which individuals wanted to attend places of worship and organised this on a regular basis.

We spoke with the registered manager about how they would ensure that people with 'protected characteristics' would be welcomed, protected and encouraged at the home. The registered manager told us that equality and diversity was discussed in staff induction as well as within staff training sessions. The registered manager and staff understood about issues relating to equality and diversity told us that they made sure no one would be disadvantaged because of, for example, their age, sexuality, gender, disability or culture. The Equality Act 2010 introduced the term 'protected characteristics' to refer to groups that are protected under the Act and must not be discriminated against.

People had access to an independent advocate and the registered manager gave us examples where people had used advocacy services when they needed someone to act on their behalf and speak up for their rights.

Staff gave us examples of how they maintained and respected people's privacy. These examples included keeping people's personal information secure as well as ensuring people's personal space was respected.

People and their relatives confirmed that the staff were respectful and thought about their privacy.

Good

Is the service responsive?

Our findings

Staff we spoke with understood the current needs and preferences of people living at the home and this matched information detailed in their individual care plans.

Care plans were centred on the individual and gave staff clear and detailed information about people's needs, goals and aspirations whilst being mindful of identified risks to their safety. We saw that care plans had been reviewed and updated where required and with the involvement of the individual where possible.

Where people's needs had changed, the registered manager had made the necessary changes to the person's care plan so all staff were aware of and had the most up to date information about people's needs. For example, after being referred to an occupational therapist and after being given the appropriate mobility aids, one person's mobility had improved and they were now able to walk unaided. Although staff no longer had to help this person they still observed them to make sure they were using the walking aid properly.

We saw that people had commented and had input in planning their care and support where possible and if they wanted to. People told us that they were happy with their care and that they were involved in making decisions about how they were being looked after. One person commented, "He's a good manager; he's taking care of me."

Where people were only able to have limited input into their care planning the staff had used various other methods to make sure people were being supported properly and safely. This included speaking with relatives and looking at people's life histories as well as observations and monitoring people's well-being.

People who used the service and staff told us about the various opportunities to take part in meaningful activities and work opportunities both in the home and outside. One person we spoke with told us, "Sometimes I work on a Friday in a day centre." They also told us they helped out in the home. They said, "I help with the laundry. I help them. I keep myself busy." Another person told us, "I like drawing and I go out to the shops."

On the day of our inspection a number of people were visiting someone who used to live at the home but had moved. People were very happy to be seeing this person. We also saw that people were writing and drawing or watching television with staff.

People told us they had no complaints about the service but said they felt able to raise any concerns without worry. Everyone said they would speak to any of the staff or the registered manager and we saw information about how to make a complaint on a notice board in the home.

One person commented, "I don't worry about anything. I'd talk to manager; he's friendly." Another person told us, "I'd talk to the boss." Relatives told us they had no concerns or complaints about the home. They said that any concerns they had raised in the past had been dealt with appropriately. One relative told us, "It was always dealt with straight away."

There had been no complaints recorded in the last 12 months. We saw records that showed people were asked on a regular basis if they had any concerns or complaints both in group meetings and in one to one reviews of their care.

Good

Is the service well-led?

Our findings

Staff were positive about working at Arthur Lodge and told us they really appreciated the homely atmosphere and the guidance and support they received from the registered manager. One staff member said, "I love what I do." Another staff member, commenting about the registered manager, said, "He is very good; he notices everything."

People who used the service and their relatives were also very positive about the registered manager and the way he managed the service. One person told us, "He's good; he's my son."

People who used the service and their relatives told us the registered manager asked how they were and if there was anything they needed or if they had any suggestions for improvements.

We saw records of regular meetings organised for people who used the service. We saw that people were able to comment on the service and asked if they had any concerns or suggestions for improvements.

There were a number of different systems that the registered manager used to monitor and improve the quality of care at the home. These included a yearly pictorial survey for people using the service, a survey for relatives and one for outside professionals. We saw the results of these surveys were very positive.

The registered manager and provider also carried out regular audits including health and safety, staff training, cleaning, and care records.

We spoke with the registered manager about developing an overall and continuous service improvement plan that could be linked to all of these quality assurance systems already in use at the home. They agreed to look into this as a potential quality assurance tool.

We saw that risk assessments and checks regarding the safety and security of the premises were taking place on a regular basis and records of maintenance and servicing of the building that we saw were satisfactory.