

Susash UK Ltd

Barons Lodge

Inspection report

24 Baron Grove
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Inspected but not rated

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Barons Lodge is a 'care home' and provides personal care with nursing for up to 34 people with mental health needs and/or physical disabilities in one adapted building. At the time of our inspection, there were 33 people living at the home.

People's experience of using this service

People using the service and their relatives were happy with the care and support they received. They all said the provider kept them, or their family members safe. They told us the registered manager was approachable and was always available to speak with. Staff also told said they felt well supported by the registered manager.

Despite the positive feedback, we found the governance procedures within the service were not always effective in identifying some issues we found during the inspection. It was also not always clear whether improvements had been made where concerns had been found. We found some health and safety issues in relation to the premises and some gaps in the training provision for staff.

There were enough staff employed within the service and recruitment procedures were robust. People were supported to remain as safe as possible through effective risk management procedures. Staff had received training in positive behaviour support and knew how to support people and keep them safe from harm. People were supported to take their medicines from staff who were trained and competent to do so.

The premises were kept free of obstacles and hazards which enabled people to move freely around the care home. The interior was furnished to a reasonable standard, however we identified some areas that needed addressing and attention which hadn't been acted upon.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service was managed well in some aspects. The registered manager was approachable and encouraged feedback from people and staff. The provider worked with local partners to ensure peoples received the appropriate support.

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

Rating at last inspection and update.

The last rating for this service was good (published 4 April 2018).

Why we inspected

We received some concerns in relation to the management of the service. As a result, we undertook a

focused inspection to review the key questions of Safe and Well-led only.

We also used a targeted approach to look at specific concerns we had about the premises and the Mental Capacity Act under the Key Question of Effective. As we only looked at part of Effective, we have not changed the rating from the previous inspection for this Key Question.

We reviewed all the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for the key questions of Effective, Caring and Responsive were used in calculating the overall rating at this inspection.

Follow up

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Inspected but not rated

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in well-led safe findings below.

Barons Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by three inspectors.

Service and service type

Barons Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke in-person with seven people who lived at the care home and various managers and staff who worked there including, the registered manager, deputy manager, a team leader, three support workers, an

activities coordinator and a domestic.

We looked at a range of records, including four care plans, three staff files, infection prevention and control risk assessments, maintenance books, stakeholder satisfaction feedback surveys and audits.

After the inspection

We contacted relatives of two people using the service. We requested additional evidence to be sent to us after our inspection. This included training records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People told us they received their prescribed medicines as and when they should. One person told us, "Staff always make sure I take my medicines on time, which is great because sometimes I forget."
- Medicines support was assessed during admission and there were medicines support plans in place which included details of people's medicines needs.
- We checked a sample of medicine administration records (MAR).
- There were protocols in place for people who were prescribed medicines as and when needed (PRN). We saw one example where PRN medicines were counted incorrectly and the number of tablets seen were not correct according to the medicines count that had been completed. We raised this with the deputy manager and the nurse on the day of the inspection who acknowledged this should have been picked up in the provider's medicines audits. All other medicines were counted correctly.

Assessing risk, safety monitoring and management

- The provider used standard monitoring tools for assessing and monitoring risks. These included Waterlow to assess for the risk of pressure sores, nutritional risk assessments, moving and handling, bedrails and behavioural pain.
- Where people had been assessed as being at high risk, there were associated care plans and support documents to guide staff on reducing the risk and how to support people. Risk assessments were reviewed every month which helped to ensure these were current and monitored for any changing risk.
- Where people had behaviour that challenged, behaviour support guidelines which included potential triggers, how to manage the triggers and important considerations were in place. The registered manager was clear that staff were told not to use physical restraint which was reflected in the behavioural support plans we saw.
- Checks of the building and equipment safety were completed; however, they had failed to pick up and/or act upon some health and safety issues we identified during our inspection. We have reported on this in the 'Is the service well-led?' section.

Staffing and recruitment

- The provider had robust recruitment checks in place which meant that staff were safe to work with people using the service.
- These included completed application forms/CVs, references, right to work in the United Kingdom and Disclosure Barring Service (DBS) checks. A DBS is a criminal records check employers undertake to make safer recruitment decisions.
- Staff were visibly present throughout the care home during our inspection. We observed staff on

numerous occasions respond quickly to people's requests for assistance or to answer their questions.

- This was confirmed by people and their relatives who said the service was adequately staffed. Comments included, "When I use my call bell if I need any help the staff come as quickly as they can", "There always seems to be plenty of staff around" and "I do believe there are enough staff and I like that they don't have a high turnover of staff."
- The service had not used any temporary agency staff recently, which meant people received continuity of care and support from staff who were familiar with their needs, wishes and daily routines. This approach of not using agency staff had also helped minimise the risk of COVID-19 spreading in the care home.

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of safeguarding responsibilities and had confidence in managers to address any concerns. One member of staff told us, "I would tell the managers straight away if I saw or heard about anyone being abused here and I know for a fact they would take the allegation seriously and do the right thing to get to the bottom of it."
- People told us they felt safe living at the care home. One person said, "I feel very safe living here with the staff who know how to look after us." Relatives were also reassured and said, "Oh yes, yes, they keep my [relative] safe. I do feel she's very safe" and "Yes I think [my relative] is quite safe."
- There was evidence that the provider worked with the local authority where concerns were raised and engaged in the safeguarding process.

Preventing and controlling infection

- We were assured the service was following safe infection prevention and control (IPC) procedures, including those associated with COVID-19. Feedback we received from people about how the provider had managed the COVID-19 crisis was positive.
- Staff used personal protective equipment (PPE) correctly and in accordance with current IPC guidance. Managers and nursing staff routinely checked staff were wearing their PPE safely during regular walkabout tours of the building. People told us staff always wore their PPE. One person said, "The staff are so good at wearing their face masks. It can't be easy for them, but they know that's what they've got to do to keep us safe."
- Staff received ongoing IPC training and demonstrated a good understanding of their IPC roles and responsibilities.
- The premises was kept hygienically clean. Managers told us they had recruited additional cleaners to ensure high touch surfaces, such as light switches, grab rails and door handles, were routinely cleaned to minimise the risk of COVID-19 spreading. One person told us, "I think one of the best things I like about living here is the staff who keep the place so clean."
- A 'whole home testing' regime was in operation at the care home, which meant everyone who lived or worked at there was routinely tested for COVID-19.

Learning lessons when things go wrong

- Staff understood their responsibilities to raise concerns and report incidents and near misses. The provider promoted openness and transparency.
- When something goes wrong, appropriate investigations involving all relevant staff, partner organisations and people who use the service took place.

Is the service effective?

Our findings

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

At the last inspection this Key Question was rated as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

We have not changed the rating of this Key Question, as we have only looked at the part about the training and support staff received, application of the Mental Capacity Act and the premises which we had specific concerns about. We will assess all of the Key Question at the next inspection of the service.

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

- The homes interior was furnished and decorated to a reasonable standard. However, the providers audit systems had failed to identify or act upon to address a number of maintenance issues we found during our inspection. We have reported on this in the 'Is the service well-led?' section.
- We saw the premises were kept free of obstacles and hazards which enabled people to move freely around the care home. Although most people said Baron's Lodge was a "comfortable" and "homely" place to live, one person told us, "The homes environment is substandard and poorly maintained." Relatives were satisfied with the décor, "Its converted houses into a home and I know they have made improvements. I think all in all it's quite good really" and "The home décor does seem to be maintained and they are always doing some decorating."

Staff support: induction, training, skills and experience

- People told us they received care and support from staff who knew what they were doing and how to meet their needs. One person said, "All the staff seem to know what they're doing and do a good job looking after us."
- Staff demonstrated good awareness of their working roles and responsibilities. Staff confirmed in the last 12 months they had completed online training in various topics.
- New staff received an induction which included an introduction to the service and the provider's policies and procedures. They were also supported to complete the Care Certificate if they had no previous relevant experience. This is an identified set of standards that health and social support workers adhere to in their daily working life. It is the minimum standard that should be covered as part of induction training of new support workers.
- The provider had recently transitioned to a new training provider for ongoing training. This was an e-learning platform which included online based competency checks in topics the provider considered mandatory such as medicines, dignity, infection prevention and control, moving and handling and safeguarding. Training was refreshed at certain intervals and staff were alerted when their training was due to expire.
- Staff received regular supervision as part of their ongoing development and support needs.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People consented to the care and support they received from staff at the service. Relatives told us where their relatives were not able to give informed consent, best interests decisions were made. Comments included, "They do ask for her consent and they also let me know", "I don't believe my relative has the mental capacity. The staff help my relative make decisions."
- Staff were aware of their duties and responsibilities in relation to the MCA and Deprivation of Liberty Safeguards (DoLS).
- Mental capacity assessments had been completed for people to assess whether they were able to make decisions for themselves.
- People had communication care plans which included information about their capacity to consent and how people made decisions related to their care and treatment. In addition, consent to care and treatment records were signed by people where they were able to make decisions for themselves.
- The provider submitted DoLS applications where people were being deprived of their liberty to receive care and treatment.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this Key Question was rated as good. At this inspection this Key Question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

- Despite the positive feedback from people, relatives and staff, we found governance and performance management were not always reliable and effective. Systems were not regularly reviewed and risks were not always identified or managed.

- The registered manager was aware of her regulatory responsibilities. She was supported by a deputy manager and wider staff team of nurses and care workers who understood their roles. People, their relatives and staff all spoke positively about the way the service was led by the managers. One person said, "The managers are easy to talk to and always around." This was reflected in the comments we received from relatives, "The manager runs a very good home and is very approachable. I can raise any concerns and she will sort them out to the best of her ability and that's really reassuring" and "She [registered manager] seems good and knows her stuff. I think the service is generally pretty good."

- We identified some health and safety issues relating to the home's physical environment and maintenance in general including, fire safety equipment. For example, several fire resistant doors were inappropriately held open and fitted with faulty fire door release mechanisms. This meant these doors would not automatically close in the event of the fire alarm being activated, contrary to best fire safety practice and the provider's own fire safety policy.

- One person could not switch their main light on and off because their light switch was damaged, another person had doors missing on their wardrobe and we found a broken chair in a communal lounge. In addition, although most radiators were safely covered and windows fitted with suitable restrictors to limit how wide they could be opened; we found one bathroom radiator without a cover and several windows screwed shut which rendered them not fit for purpose. Furthermore, access to the rear garden via two patio doors was uneven because of a small step people with physical disabilities had to negotiate, which represented a potential trip hazard.

- Although the provider had recently transitioned to a new online training provider and was still in the process of reviewing staff training provision, we found there were some gaps in the training records for staff. According to the records seen, eight out of 21 care or nursing staff were yet to complete their refresher safeguarding training, 10 out of 21 had not completed Mental Capacity Act training and 13 out of 21 staff had not completed refresher training in fluids and nutrition.

- Although the provider carried out a number of comprehensive audits, including medicines, infection prevention and control, care plans and dining room/mealtime audits these were not always effective in

either identifying some of the issues we found during the inspection or for following up and resolving the issues. For example, a dining room audit in September 2020 identified some issues that needed resolving and it was not clear if these had been acted upon. One of the issues was that some of the chairs needed replacing which we found during the inspection.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We saw the service's previous CQC inspection report and ratings were clearly displayed in the care home and were easy to access on the provider's website. The display of the ratings is a legal requirement to inform people, those seeking information about the service and visitors of our judgments.
- The provider fulfilled their regulatory responsibilities and submitted statutory notifications to the CQC about certain incidents such as safeguarding and other incidents affecting the health and well-being of people using the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider promoted an open and inclusive culture which sought the views of people living in the care home, their relatives, community mental health and social care professionals and staff working at Baron's Lodge.
- The provider used a range of methods to gather people's views about their experiences of using this service including regular care plan reviews, resident's meetings and stakeholder satisfaction surveys. For example, people routinely participated in weekly house meetings where they could help staff plan the up and coming mealtime menus and activities schedule. People, their relatives and community health and social care professionals were regularly invited to complete satisfaction surveys about the care home. Feedback the service had received in the last 12 months from various stakeholders was positive about their experiences of living in or working with the care home.
- Relatives told us their views were sought, "I have filled in a lot of questionnaires, it covers my opinions on the staff, the food and the home. I try to complete them with my relative when I can" and "I have been given questionnaires to see if I'm happy with the service. I also have a general chat with the manager and staff, there is good communication between us all."
- The provider also valued and listened to the views of staff. Staff were encouraged to contribute their ideas about the care home during regular individual and group meetings with their line managers and co-workers. One member of staff told us, "I feel the home is an excellent place to work. We work well as a team and I get all the support I need from the managers who do listen to what we have to say."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; and how the provider understands and acts on duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Managers were aware of their responsibilities under the Duty of Candour. The provider and registered manager acknowledged when something went wrong, accepting responsibility and putting steps in place to try and ensure these would not be repeated.

Working in partnership with others

- The provider worked with partner agencies, such as safeguarding and commissioning teams to support people using the service.

- Healthcare professionals contact details such as GPs, community nursing teams were included in people's care plans.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems to assess, monitor and improve the quality, safety and risks relating to the service were not operated effectively. Regulation 17 (2) (a) (b).