

London Borough of Greenwich

167 Lodge Hill

Inspection report

Abbey Wood
London
SE2 0AS

Tel: 02083109534

Date of inspection visit:
25 July 2019

Date of publication:
15 October 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

About the service

167 Lodge Hill is a residential care home providing personal care and support to five people with physical and learning disabilities with complex communication and visual impairment needs. The home is a purpose-built bungalow with six bedrooms all set on the same floor. The service can support up to six people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

Relatives were complimentary about the service and told us their loved one's care needs were met. However, the home environment required improvement to ensure the safety and cleanliness was brought up to the required standards.

Relatives told us people were safe using the service. Staff understood their responsibility to protect people in their care from abuse and report any concerns they had. People were supported to take their medicines safely. There were enough staff available to support people's needs.

Before people started using the service, their needs were assessed to ensure they could be met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People received care and support from staff that had the knowledge and skills to meet their individual needs. People were supported to eat healthily, and they had access healthcare services when required.

People were supported by staff that were kind and caring towards them, respected their privacy and dignity and where capable, promoted their independence. Staff were caring towards people's diverse needs and supported people without discrimination. People's communication needs had been assessed and met. People were supported to participate in activities that interested them, and relatives knew how to complain if they were unhappy.

The service had an effective system in place to assess and monitor the quality of the care delivery and had worked in partnership with key organisations to plan and deliver an effective service. People and their relatives' views had been sought and their feedback had been used to improve the quality of care and support provided.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection - The last rating for this service was Good (Published 25 January 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

167 Lodge Hill

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 one inspector.

Service and service type

167 Lodge Hill 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. There was no registered manager in post, the service was being managed by an experienced registered manager of another of the providers services.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with two relatives about their experience of the care provided. We spoke with four members of staff including a home manager, deputy manager and two support workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records, including risk management plans and medicines records. We reviewed a summary of staff recruitment records and staff training and supervision records. We also reviewed a variety of records relating for the management of the service, including policies and procedures.

After the inspection –

We received feedback from two healthcare professionals we contacted for their views about the service.

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 now deteriorated to requires improvement.

Assessing risk, safety monitoring and management

- People were not always protected from the risk of avoidable harm. At the time of this inspection, the home had experienced a water leakage in the living room. Unused furniture was used to blocked away the area where the leak occurred. A manager informed us work was in progress to get the ceiling fixed. A relative told us, "The accommodation will benefit from refurbishment."
- Also, a radiator in the hallway was unsafe and had sharp edges and loose metal rods which could be of harm to people and staff. The manager removed the loose metal rods immediately and showed us evidence of regular reports they had made to the maintenance team to get the radiator fixed. The manager informed us the home was part of a housing strategy to get it refurbished and to improve the safety of the environment.
- Other health and safety checks included fire tests and drills, legionella risk assessment, gas safety, portable electrical appliance tests, security alarms and emergency lighting had been carried out to ensure the environment and equipment was safe.
- Potential risks to each person had been identified, assessed and had appropriate risk management plans to prevent or reduce the risk occurring. This was in areas including personal care, eating and drinking, medicines and moving and handling.

Prevention and controlling infection

- Not all areas of the home appeared clean. The home was free from unpleasant odours; however, there were stains on the floor and walls. A cleaning schedule showed that cleaning had been completed. The manager told us the stains were caused by one person's medicines and there were plans to replace the flooring and redecorate the home as part of a housing strategy. We will check on this at our next inspection.
- All staff had completed infection control training and followed appropriate protocols including the use of personal protective equipment such as gloves and aprons where required to prevent the spread of infectious diseases
- Staff had completed food safety training and told us they washed their hands when supporting people cook and eat their meals. Food in the fridge had also been labelled to help ensure they were safe for eating.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Relatives told us their loved ones were safe living at the home and they did not have any concerns of abuse or discrimination.
- All staff had completed safeguarding adults training and knew of their responsibility to protect people from abuse or neglect.
- Staff told us they would report any concerns of abuse to their manager and would escalate any poor

practices in line with the provider's whistleblowing policy.

- The management team knew of their responsibility to protect people in their care from abuse and to report any concerns of abuse to the local authority safeguarding team and the CQC. There had not been any allegations or concerns of abuse since our last inspection in December 2016.

Staffing and recruitment

- There were enough staff available to support people's needs. The home manager informed us staffing levels were planned to meet individual assessed needs.
- The number of staff on shift did not match the number of staff planned for. Despite this, staff told us there was sufficient staff to meet people's needs. During our inspection we observed that people were attended to promptly and were not rushed when being supported by staff.
- The manager told us that the staffing numbers had recently been increased from three to four care workers and the deputy manager was also available to provide additional support when this was required.
- Safe recruitment practices had been followed and pre-employment checks had been completed satisfactorily for all staff working at the home.

Using medicines safely

- People were supported with their medicines safely. Medicines were received, stored, administered and, where necessary, disposed of safely.
- Staff recorded daily room temperatures to ensure medicines were stored safely and remained effective when used.
- The support people received with their medicines was recorded on a medicines administration record (MAR) and this was completed without any gaps. The number of medicines in stock matched with the numbers recorded. This showed people were supported to have their medicines as prescribed by healthcare professionals.
- All staff who supported people to take their medicines had completed medicines training and had their practical skills assessed to ensure they could support people safely.

Learning lessons when things go wrong

- Lessons were learnt from accidents and incidents. The provider had policies and procedures about dealing with accidents and incidents which provided staff guidance on how to report and record.
- Where things went wrong, for example, in relation to a medicines error, action was taken to ensure people's medicines were managed safely. Staffing levels were increased and information was shared with staff teams to prevent reoccurrence.

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. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and relative's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Before people started using the service, their needs were assessed to ensure the service was suitable and could meet their needs. People, with support from their relatives and social care professionals viewed the home so they could make informed choices.
- Initial assessments included people's physical, mental and social care needs and these were kept under review to ensure people's needs were met.
- Where required, appropriate health and social care professionals such as occupational therapists, speech and language therapists (SALT) and social workers were involved to ensure people received appropriate care and support.

Staff support: induction, training, skills and experience

- All new staff had completed a comprehensive induction programme which included the Care Certificate which is the national induction standard for new care workers. New staff shadowed experience members of staff and were placed on a three-month probationary period where their performance was found competent for the role.
- Staff training, supervision and appraisals had all been completed in line with the provider's requirements.
- Staff told us they felt supported in their role and were satisfied with the level of training and professional development they received.
- Relatives and professionals told us staff had the knowledge and skills to support people's needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink sufficient amounts for their health and wellbeing. People's nutritional needs had been assessed and their support plans included guidance on the level of support staff should provide.
- The service had a menu in place to promote choice and the menu was available in formats such as pictures and words that met people's needs.
- Where people required their food prepared differently due to a medical reason staff knew of the support to provide. The service involved people's relatives and worked in partnership with professionals including dietitians and SALT teams to ensure people's dietary needs were met safely.
- Where people required their nutrition through a percutaneous endoscopic gastrostomy (PEG) tube, staff had the knowledge and skills to safely support with their nutritional needs.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access healthcare services and had been cared for and treated by healthcare professionals including GPs, dentists, psychologists, physiotherapists, SALT and district nurses.
- Staff booked and supported people to attend healthcare appointments including annual health checks. Where required, healthcare professionals treated people at their home.
- Healthcare professionals told us they did not have any concerns relating to the care and support people received.
- Each person had a hospital passport which provided hospital staff and emergency services important information about them to ensure they received safe care and treatment.

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

- The home had been designed and decorated to meet people's needs. The home had been adapted to promote people's mobility. The entrance and back doors were accessible for people who used wheelchairs. There were handrails on corridors and bathrooms. Ceiling hoists in communal areas and individual bedrooms.
- However, the home looked tired and required refurbishment. The manager informed us the home had been placed on the providers housing strategy for refurbishment. We will check on this at our next inspection.

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's rights were protected because staff sought their consent before supporting them. Relatives confirmed staff asked for consent.
- All staff we spoke with understood and worked within the principles of MCA. A staff member told, "We seek people's consent before we support them, we just have to."
- Where people could not make specific decisions for themselves, for example about their finance or medicines; appropriate mental capacity assessments and best interest decisions were in place.
- Where people living at the home had been deprived of their liberty for their own safety, DoLS authorisations were in place and any conditions placed on them were being met and kept under review.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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 supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff that were kind and caring towards them. A relative told us, "My [loved one] has been there for [many] years and the staff are lovely."
- People using the service could not communicate their needs verbally. Throughout our inspection, we observed positive interactions between people and staff that supported them. We observed that people appeared relaxed in the communal areas whilst listening to music.
- People received care and support from staff that were attentive and understood their individual care needs. Staff told us they related to people according to their personality. For example, a staff member told us they sang songs with one person who liked music and discussed children with another person who liked babies.
- Staff understood people's diverse needs relating to disability, race, gender, religion and cultural backgrounds and supported them in a caring way. Staff supported one person to their preferred place of worship, so they could practice their faith.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives had been consulted and involved in making decision about their care and support needs. A relative told us, "I am involved in everything, I have no concerns about the care."
- Monthly key worker sessions and resident's meetings gave people opportunities to express their views about their care and support needs. A key worker is a named staff member responsible for coordinating a person's care and providing regular reports on their needs and progress.
- People were provided with choice and staff respected their choices. A staff member told us, "People may not be verbal, but they are able to choose with body language. Like one person will push away the food if they don't like it and that is their choice."
- People and their relatives were provided with appropriate information in formats that met their communication needs to help them make informed decisions where required.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected; their rights were upheld, and they were not discriminated against. Relatives confirmed people's privacy and dignity was promoted.
- Staff promoted people's privacy and dignity. A staff member told us, "Doors are shut, curtains are drawn, and we tell people what we are about to do." Staff told us they also took people to their rooms when healthcare professionals treated them to promote privacy.
- Information about people was kept confidential. People's records were kept securely in a locked cabinet

and computers were password protected. A staff member told us, "Sharing information should be on a need to know basis and not discussed out of work environment."

- Staff supported people to maintain their independence. For example, one person was supported with picture cards to complete chores they were capable of such as tidying up and washing their own dishes.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support that met their needs. Each person had a care plan which provided staff with guidance on how their needs should be met. The care plans included the level of support people required with their physical, mental and social care needs. It also included their health conditions, preferences, like and dislikes and their communication needs.
- Staff knew people well and told us of signs they looked out for to identify what support a person required. Relatives confirmed people's needs were being met.
- People were provided with choice. Staff told us they offered people for example two options of clothing for them to choose their preference.
- People's care and support plans were kept under review and updated when their needs changed. Daily care notes showed people were supported in line with the care and support which had been planned for them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service worked within the principles of AIS. People's communication needs had been assessed and met. Each person had a communication passport which provided staff guidance on how to communicate with them effectively. Staff told us for a person with vision impairment they communicate verbally with them and also offered them objects such as clothing to feel textures, so they could make informed decisions and a choice.
- Information was available to people in easy read and pictorial formats. Staff told us they used words, pictures, objects and body language to communicate with people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People were supported to maintain relationship with those that were important to them. Everyone living at the home had their relatives involved in planning their care and support needs.
- Relatives told us they could visit people at the home without any restrictions and people were supported to visit their relatives where this had been planned for.
- People were supported to follow their interests and participated in activities which were socially relevant and suitable to them. Activities people participated in included music sessions, storytelling, discos, bowling,

aromatherapy and puzzles.

- People had access to the local community and its facilities. On the day of our inspection we observed staff supporting people to access the local community. People had access to theatres, cinemas, shops and cafés and parks. People also attended various day centres to engage in activities that stimulated them.

Improving care quality in response to complaints or concerns

- There were effective systems in place to handle complaints. The provider had a complaints policy and procedure which provided guidance on how complaints would be dealt with and timescales for responding.
- Relatives told us they knew how to make a complaint if they were unhappy; however, they had nothing to complain about. A relative said, "We have no concerns, we are pleased and our [loved one is happy where they are."
- The service had not received any complaints since our last inspection in January 2017. The manager told us they would follow their complaints policy to ensure people and their relatives were satisfied with the support delivered.

End of life care and support

- People and their relatives had been consulted about their end of life care needs. People who did not wish to be resuscitated had a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) order in place which had been agreed with them, their relatives where appropriate, staff and had been completed by their GP.
- People were supported with advanced care plans including purchasing funeral bonds which contained information about their end of life care wishes.
- Where a person had been assessed and placed on end of life care support, their relatives and appropriate healthcare professionals were involved to ensure their end of life care needs were met.

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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the time of this inspection, there was no registered manager in place. However, the service was being managed by an experienced registered manager from another home owned by the provider. Following our inspection, we received an application for them to become the registered manager of the home.
- There was an organisational structure in place and staff understood their individual roles and responsibilities. Staff knew of the provider's values which included dignity, compassion and independence, Staff upheld these values when performing their roles.
- Staff told us they felt supported by their managers and were happy working at the service. A staff member told us, "The managers are supportive, they are good managers, they support us both at work and also with our personal lives."
- Various audits are being carried out in areas including medicines, health and safety and care files. Where issues were identified for example with the management of medicines, action was taken to improve the quality of the service.

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

- The management team demonstrated a commitment and willingness to provide meaningful, high quality and person-centred care.
- The management team empowered people and their relatives to be involved in making decisions about their support needs.
- The management team understood their responsibility under the duty of candour. They told us it was about being open, honest and transparent when things go wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People's views were sought to develop the service. The service gathered feedback from people and their relatives through surveys and meetings.
- At the time of this inspection, the manager told us a recent survey had been carried out, but people's feedback had not yet been analysed. The result of a survey carried out in 2018 was positive and showed relatives were happy with the level of support their loved ones were receiving.
- Resident's meetings were held to support people make decisions about their day-to-day lives and to make

their preferences for example about the food they ate and activities they participated in known to staff.

- Staff views were sought through team meetings and these meetings were also used to promote best practices. A staff member told us, "Staff meetings are informative, they give us chance to have our say and we can raise concerns and these things are followed-up on."

Working in partnership with others

- The service worked in partnership with health and social care professionals to plan and deliver an effective service. The management team contacted healthcare professionals where they had concerns to ensure people's healthcare needs were met.