

Susash UK Limited

Barons Lodge

Inspection report

24 Barons Grove
Mitcham
Surrey
CR4 4EH
Tel: 020 8646 8280

Date of inspection visit: 10/10/14
Date of publication: 20/02/2015

Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

This inspection took place on 10 October 2014 and was unannounced. When we last visited the home on the 30 July 2014 we found the service was meeting the regulation we looked at.

Barons Lodge provides accommodation, nursing and personal care for 22 people with mental health needs. Many people were older adults and some also had physical disabilities. On the day of our visit the home was fully occupied.

The home had 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.

We found that people might not have been protected from abuse. This is because procedures to keep people who made repeated allegations safe were not always appropriate. However, staff had a good understanding of how to identify abuse or neglect.

Summary of findings

People's bedrooms were not always clean and tidy. This was because the provider did not ensure that people were supported appropriately to clean their bedrooms. This could put people at risk from the spread of infection. Other parts of the home were clean.

The premises were not always appropriately maintained. For example, a radiator cover had not been replaced which meant people were at risk of getting scalded if they came into prolonged contact with the exposed radiator. However, other parts of the premises were well maintained, such as the electric and fire detecting and fighting systems.

We found gaps in the planning to meet people's individual needs and to ensure people's welfare and safety. Planning of care in relation to falls prevention, promoting continence, prevention of pressure ulcers, mental health screening and therapy provision was not always documented or accurate.

The manager had not notified CQC of several incidents including allegations of abuse involving people using the service and incidents involving the police. This meant the CQC could not monitor how these incidents were being dealt with.

There were enough staff employed to meet people's needs and recruitment procedures were robust, ensuring that only people who were deemed suitable worked in the home. Staff were provided with support and training to help them carry out their roles.

We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that people are only deprived of their liberties in a safe and correct way, when it is in their best interests and there is no other way to look after them.

Staff had a good understanding of the Mental Capacity Act 2005 and their responsibilities under this. This helped to ensure that people's rights in relation to this were properly recognised, respected and promoted.

People were provided with a choice of food, and were supported to eat when required. Staff supported people who were at risk of malnutrition and those with specialist needs related to their diet. People were supported effectively with their health needs. Medicines were managed safely.

Staff treated people with kindness and compassion, dignity and respect. They responded to people's needs promptly. People were involved in decisions about their care, and had access to advocates to help them make some decisions. Staff had a good knowledge and understanding of people's individual needs and preferences.

People using the service, relatives and staff were encouraged to give feedback on the service. There was an accessible complaints policy which the manager followed when complaints were made to ensure they were investigated and responded to appropriately.

The manager carried out regular audits to monitor the quality and health and safety of the service and to plan improvements, although these audits had not identified the issues we found in relation to care planning and notifications.

At this inspection there were breaches of regulations in relation to safeguarding people from abuse, care and welfare of people, safety and suitability of the premises and notifying CQC of incidents. You can see what action we told the provider to take at the back of the full version of the report.

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 not always safe. Procedures to keep people who made repeated allegations safe were not always appropriate. However, staff had a good understanding of how to identify abuse or neglect.

Although most areas of the home were clean, people were not always supported appropriately to keep their bedrooms clean which could put them at risk of infections.

Some parts of the premises were not adequately maintained which meant people may have been at risk from unsafe premises.

People received their medicines safely and as prescribed.

Requires Improvement



Is the service effective?

The service was effective. Staff had access to training and support so they were equipped with the knowledge and skills needed to do their jobs.

Staff had a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and their responsibilities in relation to these to help protect people's rights in this respect.

People were provided with a choice of food, and were supported to eat when required. The service effectively supported people who were at risk of malnutrition and those with specialist needs related to their diet. People were supported effectively with their health needs.

Good



Is the service caring?

The service was caring. Staff treated people with kindness and compassion, dignity and respect.

Staff responded to people's needs promptly.

People were involved in decisions about their care, and had access to advocates to help them make some decisions.

Good



Is the service responsive?

The service was not always responsive. People's care was not always planned in response to their needs, such as for preventing falls, promoting continence, prevention of pressure ulcers and mental health screening and therapy.

People using the service and their relatives were encouraged to give feedback on the service and there was an effective complaints system in place.

Requires Improvement



Summary of findings

Is the service well-led?

The service was not always well-led. The manager had not notified CQC of several incidents including allegations of abuse involving people using the service and incidents involving the police.

Regular audits were carried out to monitor the quality and health and safety aspects of the service and to plan improvements. However, these audits had not identified the issues we found in relation to care planning and notifying CQC of incidents.

Requires Improvement



Barons 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, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 October 2014 and was unannounced. It was undertaken by an inspector and a specialist advisor, who was a clinical psychologist.

Before our inspection we asked the provider to complete a Provider Information Return (PIR). The PIR is a form we asked the provider to complete prior to our visit which

gives us some key information about the service, including what the service does well, what they could do better and improvements they plan to make. We reviewed this, as well as other information we held about the service and the provider. We also contacted the local authority commissioning and safeguarding teams and a nurse from a GP's practice who worked closely with the home, to consult with them about their experiences of the service provided to people.

During the inspection we observed how staff interacted with the people who used the service. We spoke with eight people who used the service. We also spoke with a director, the manager and seven members of staff. We looked at eight people's care records to see how their care was planned, five staff recruitment files and records relating to the management of the service including quality audits.

Is the service safe?

Our findings

People told us they felt safe. One person said, “I like it here, I feel safe.” Another person said, “Staff are ok. I feel safe here.” Despite people telling us they felt safe we identified four incidents where people had made allegations of abuse. The registered manager and staff had judged that they were unfounded and told us these people had histories of making unfounded allegations. However, it was not always clear how these judgements had been reached and whether the concerns had been verified before these were dismissed. Not all concerns had been discussed with the local authority safeguarding team, although some had been discussed with people’s care co-ordinator’s (members of staff from the local mental health team). Risk assessments to protect people, staff and others in relation to these allegations were not in place. Therefore the provider did not have effective arrangements in place to safeguard people. These issues were a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People were not always appropriately supported by staff to ensure their bedrooms were clean. Some people showed us their bedrooms which they chose to clean themselves. Staff confirmed part of their care package to promote independent living skills, although some people did not want support with this. Some rooms looked dirty and one person’s bed sheets and sink unit were visibly stained. This meant that people were living in unpleasant conditions which could put them at risk of the spread of infection through living in unclean conditions. We fed this back to the manager to enable them to take the necessary action. The other areas of the home were clean and domestic staff followed a schedule, cleaning the home daily.

Some parts of the home were not adequately maintained. For example, staff told us that around four months before our inspection a radiator cover had been damaged and removed during an incident. We saw that this cover had not been replaced, even though some people were at risk of sustaining burns from the radiator. The director informed us that this had been replaced soon after our inspection. Some bathrooms had missing tiles, floor skirting and grout. In some areas paint was chipped and peeling. There was some water staining on the ceiling in a lounge. Some carpets looked dirty and worn. Flooring was missing in some parts of a lounge floor. Items of furniture in some

people’s rooms were not in good condition. These included a bowing curtain rail and a broken wardrobe door which people told us had been damaged for several months. The director informed us these issues would all be rectified within the next year as some areas of the home were due to be renovated. These issues were a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We found that other equipment and systems in relation to the premises were maintained and checked. The central heating and electric wiring system had been tested to ensure they were safe. We checked two first floor bedrooms and saw they had restrictors on the windows to reduce the risk of people falling out of them. The temperature of hot water outlets was tested regularly to reduce the risk of people being scalded. There were smoke detectors and fire extinguishers on each floor. Fire alarms and evacuation procedures were checked to ensure they worked and people were aware of what to do in the event of a fire. An external asbestos risk assessment had also been carried out to reduce the risk of exposure to this mineral.

Assessments were undertaken to identify the risks presented to people who used the service and others when planning and delivering care and support to them. This included identifying whether people needed to be supervised by staff to ensure their health and safety and the safety of others, such as when visiting the local shops.

Items of equipment required for the care of people or for their individual use were also checked and maintained to ensure these were safe to use. Records showed that the hoists and slings, portable electrical appliances (PAT) and fire-fighting equipment were properly maintained, having been checked within the past year by external companies. Pressure relieving mattresses and cushions had been provided for people who required them.

People who used the service felt there were enough staff and that staff were available if they needed assistance. Staff told us there were enough of them to care for and support people. A daily staff plan was on display showing which staff were allocated to support which people. The manager told us staff were allocated according to people’s individual needs and the support they required.

Safe recruitment processes were in place, and the required checks were undertaken prior to staff starting work. This

Is the service safe?

included considering applicants' health conditions, obtaining suitable references and completing a criminal records check to help ensure staff were safe to work with people who used the service.

Medicines, including controlled drugs, were managed safely. There were no omissions in recording administration and when we checked stocks we were able to confirm medicines had been given as prescribed.

Is the service effective?

Our findings

One person said, “I make my own decisions. Staff don’t tell me what to do.” Staff had a good understanding of the principles of obtaining consent and the Mental Capacity Act 2005, having received training in this. People told us staff obtained consent before they provided care and support. They acted in people’s best interests when they did not have capacity to consent, consulting with their family and professionals where appropriate. The manager had a good understanding of their responsibilities in relation to the Deprivation of Liberty Safeguards (DoLS) and had applied for authorisation to deprive one person of their liberty as part of keeping that person safe.

Staff training needs had been considered for staff individually, and a training programme put in place. Staff undertook regular training in mental health awareness, safeguarding adults, food hygiene, mental capacity, first aid and understanding behaviour that may challenge others. Several care workers had completed vocational qualifications in health and social care. New staff were supported through an induction which included shadowing more experienced staff. This meant that staff had a suitable level of training to enable them to carry out their role. Our discussions with staff, and observations of their practices, also showed they had the necessary skills, knowledge and experience to support people appropriately.

Staff felt supported. One staff member said, “The manager is very good, the directors too. She makes us understand the job and how to treat [people].” Staff told us they had frequent one to one meetings (supervision) with their line manager and that these were useful in supporting them to carry out their role as they could discuss new things they had learnt and areas for development. The manager told us most staff members received supervision every six weeks, but they did not always keep records to confirm this. This meant there were not always accurate records to verify the support staff received. Staff told us and records confirmed, that staff performance appraisals took place annually.

Staff knew how to support people when they became distressed and challenged the service, and had received training in this. Effective techniques were documented in

care plans and we observed staff using some of these. Although staff had a good understating of triggers which caused distress for individuals, these were not always documented.

Charts to record incidents of behaviour which challenged the service had not been completed consistently. Because of this it was not clear how incidents of challenging behaviour or emotional distress were used to inform care planning to support people and to help ensure their safety.

We observed the lunchtime meal and saw that staff supported people who required assistance to eat and drink appropriately, taking time and encouraging them to finish their meal. People told us they enjoyed the food. One person said, “I had cod and chips. I liked it.”

People had a choice of suitable and nutritious food and drink. Each week people were invited to a meeting, facilitated by the activities officer, to plan the menu for the following week. People were supported to choose their meals daily, for the following day. They were provided with suitable alternatives when they changed their mind on the day.

People had an initial nutritional assessment completed on admission to the home and care plans in relation to malnutrition were in place according to people’s individual needs. People’s weight was monitored regularly, and specialist support was obtained to investigate weight loss when this was a concern. Several people had been prescribed supplements to support them with nutrition. Staff, including the cook, understood how to support people to eat healthily.

Some people were at risk of choking. They had received specialist input and had care plans in place in relation to this. Staff followed these care plans. For example, when people needed a thickening agent added to their drinks, staff knew how much thickener to add for each person. People’s food was mashed or pureed as necessary to enable them to eat their meals and people were supported to sit upright whilst eating to reduce the risk of choking.

People were supported to access health services such as the GP, dentist and optician according to their needs. People’s health was monitored and care records confirmed that, when there had been a need, referrals had been made to appropriate health professionals and their guidance had been followed.

Is the service caring?

Our findings

People told us staff treated them well. One person said, “Staff are kind, they help me.” A nurse from the local GP practice told us that staff knew people well and had a good understanding of people’s needs. They told us, about one staff member, “The care shown [to the person using the service] was lovely.” When a person became upset, a staff member went to them straight away and talked with them in a calm and quiet voice to provide reassurance. Staff spoke about people with empathy and had knowledge of their experiences and backgrounds. One staff member told us, “The best thing about this job is helping people, especially when you hear about their background and see how much they have improved.”

Staff treated people with compassion. When a person became distressed a staff member regularly provided comfort in their own language. We observed this and saw the person reacted positively. Staff would also regularly contact a family member to reassure the person further. One staff member described how they had developed a positive relationship with a person using the service by talking with them and how this helped them to support the person when they were distressed.

People told us staff responded to their needs promptly. One person told us, “They come when I need them [using the call bell].” We observed that when a person came to ask staff for pain relief medicine, staff immediately gave it to them.

People were involved in making decisions and planning their own care, and staff would support people to access an advocacy service if they wished to do so. One person said, “You do what you like, watch TV, walk about outside, you can go out if you want to...I make my own choices, staff don’t tell me what to do.” Another person told us how they could choose activities. They said, “I have just come back from holiday and I go to church.” Another person said, “I get choice about everything: meals, I go out when I want to.” One staff member said, “You always give choices. Ask what they prefer, tea or coffee...ask what clothes would you like to wear.”

People were treated with dignity and respect and had the privacy they needed, and one person told us, “I’m given privacy.” We observed that staff knocked on people’s doors and waited to be invited in before entering. When people said they did not want staff to come in, staff respected that. Where people required support to eat, staff covered people’s clothes with aprons. Staff removed the aprons as soon as people finished their meals to help maintain their dignity.

Is the service responsive?

Our findings

People's care was not always planned in response to their needs. For example, a person had been assessed at high risk of falling when walking in April 2014, but a care plan had not been put in place regarding this. This meant that care in relation to preventing them falling had not been clearly planned and recorded so the person received care in a consistent way.

Another person had a care plan in place regarding managing their continence. Staff told us they had successfully worked with this person to promote their continence through supporting them to go to the toilet regularly. However, their care plan had not been updated to reflect this change. This meant staff could not always refer to care plans to see how best to support people.

When a person's condition had rapidly deteriorated, their risk assessment in relation to developing pressure ulcers had not been reviewed. The manager told us they were now at a higher risk of developing pressure ulcers, although their risk assessment still stated they were at "low risk". They also did not have a care plan in place in relation to pressure ulcer prevention. Some support was provided to reduce the risk as they had been provided with a pressure-relieving mattress and cushion and they were regularly supported to turn in bed. However, this, and other types of support they required to reduce the risks, had not been documented in a care plan.

People's care plans did not contain realistic goals to ensure staff cared for and supported people safely due to staff skills. For example, one person's care plan identified staff should use cognitive behaviour therapy (CBT). CBT is a talking therapy used to treat a range of emotional and physical health conditions. However, this therapy should only be provided by people who are trained and competent to deliver it. Staff told us they were not qualified to provide this, and did not offer it to people. For another person, their care plan recommended staff use a particular tool to screen for cognitive difficulties, when it was not within their role to use such a tool.

These issues were a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People were supported to meet their religious and cultural needs and several people were supported to attend church. One person told us, "I practice [religion] in the home. Staff get me the things that I need... I don't eat [certain foods] because [of my religion]. I tell them and they listen."

People were supported to follow their interests. There was an activities officer working at the home full time who supported people to do various activities. They told us, "I ask what [people using the service] like to do, discuss it with them. They say what they used to do, what they like to do, and what they are interested in." People were supported to do activities such as bingo and other games, going to a weekly music session, and going to the pub, according to their individual needs.

The service held regular meetings with people who used the service in order to get their views on the service provided. However, these meetings were not always recorded which meant there was not always a clear record of people's views and agreed actions. Minutes from a meeting in June 2014 showed some people said they wanted to go on a trip to Brighton and this trip had taken place.

The service collected formal feedback from relatives through annual satisfaction surveys. Relatives were happy with the service. One relative had written, "Issues are usually resolved very quickly. Staff are always ready to make time for you and are always approachable."

There was a complaints procedure and this was displayed in a communal area so people using the service were aware of it. People told us they knew how to complain and would do so if necessary. Records showed that complaints had been investigated and responded to appropriately.

Is the service well-led?

Our findings

Staff were aware of incident reporting processes and escalated any concerns to the nurse in charge, the registered manager or directors. However, in the last year the service had encountered several incidents which had not been reported to the Care Quality Commission (CQC) as required by law so the CQC could not monitor how these incidents were being dealt with. These included allegations of abuse and incidents involving the police. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The registered manager undertook audits to check the quality of service provision and support given to people who used the service and staff. This included checking the quality of care records, environmental health and safety audits, medication audits and three monthly financial audits, which included residents' finances, carried out by external auditors. However, these audits had not identified the issues we identified in relation to safeguarding, care planning or notifications.

Staff told us the registered manager was open, accessible and approachable. They said they felt comfortable raising concerns with them and found them to be responsive in

dealing with any concerns raised. Staff told us there was good communication within the team and they worked well together. One staff member said, "It's very good, how we work together as a team."

Staff meetings were not scheduled to take place frequently, being scheduled every six months. However, meetings were called promptly if necessary. For example, recently a meeting had been called because of a medication error. This meeting was involved all staff who administered medicines, the manager and the directors. This error was discussed and staff were encouraged to share their ideas as to how to prevent errors from occurring in the future. Staff told us they felt well supported, despite having infrequent meetings.

Satisfaction questionnaires were given to staff to gather their views about the service. Responses showed staff felt they had the knowledge and skills to support people. Staff reported a high job satisfaction and good team working in the home.

People using the service were involved in developing the service, particularly concerning activities and menu planning. Regular meetings were held with people to get their views on the service provided, to plan activities and the menu.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services
Treatment of disease, disorder or injury	People who used the service were not protected against the risks of receiving care and treatment that was inappropriate or unsafe by means of the planning and delivery of care and, where appropriate, treatment in such a way as to meet people's individual needs and ensure their welfare and safety. Regulation 9(1)(a)(b)(i)(ii).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse
Treatment of disease, disorder or injury	People who used the service were not safeguarded against the risks of abuse by means of responding appropriately to any allegation of abuse. Regulation 11(1)(b).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises
Treatment of disease, disorder or injury	The registered person did not ensure adequate maintenance and operation of the premises. Regulation 15(1)(c)(i).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents
Treatment of disease, disorder or injury	

This section is primarily information for the provider

Action we have told the provider to take

The registered person did not notify the Commission in a timely manner of any abuse or allegation of abuse in relation to a service user and any incident which was reported to, or investigated by, the police. Regulation 18(1)(e)(f).