

Baring Lodge Residential Home Limited

Baring Lodge Residential Home

Inspection report

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London
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Baring Lodge Residential Home is a residential care home. At the time of the inspection the service was providing personal care and support to five people, living with mental health needs. The service can support up to six people. The accommodation has been adapted to meet people's needs.

People's experience of using this service

People's feedback showed they enjoyed living at the service. One person said, "Staff are really helpful, they're nice."

Staff understood their responsibility to implement the provider's safeguarding procedures and to report an allegation of abuse to keep people safe from harm.

Staff were scheduled daily work at the service. The registered manager assessed the level of staff needed to ensure people's individual needs were met safely.

Medicines were managed so people had them as required. There were systems in place to ensure medicines were ordered, stored and administered using best practice guidance.

There were suitable measures to protect people from COVID-19, including the use of personal protective equipment (PPE), testing and vaccination. The service was clean and hygienic throughout, with enhanced cleaning of frequently touched surfaces to protect people from cross infection. The service had a designated infection prevention and control (IPC) lead who had been trained and was knowledgeable about the current guidance. The service's IPC and COVID-19 policies were up to date. Managers contacted their local health protection team in a timely way when they suspected a COVID-19 outbreak.

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.

People, relatives and social care professionals gave positive feedback about the quality of care and the service.

Rating at last inspection

The last rating for this service was good (published on 8 November 2018).

Why we inspected

The inspection was prompted in part due to concerns received about 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 found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe

and Well-Led sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We reviewed 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 those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained good. This is based on the findings at this inspection. We have made a recommendation about the submission of notifications.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Baring Lodge Residential Home on our website at www.cqc.org.uk.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below

Baring Lodge Residential Home

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one inspector and an inspection manager.

Service and service type

Baring Lodge Care Home 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 Care Quality Commission. 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

We spoke with three members of staff, we also 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. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager and one care worker. We reviewed a range of records. This included three people's care records. We reviewed a variety of records relating to the management of the service, including medicine administration, quality audits and policies.

After the inspection

We received feedback from one person. We were unable to speak with more people for their views due to their ability to give us their consent. We continued to seek clarification from the provider to validate evidence found.

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.

Assessing risk, safety monitoring and management

- Staff assessed and monitored risks to people. Each person had a risk assessment in place, which identified risks to their health and well-being. Risks assessed included mental health relapse, physical aggression, not complying with taking their medicines and deterioration of physical health.
- We saw an example where it was identified a person was at risk of self-neglect. Their risk management plan detailed the support the person would need with managing their personal hygiene and personal care needs.
- An example we looked at showed staff had identified a person's risk from smoking. The risk assessment identified the effects of smoking on the person's health and fire safety and included guidance for staff on how to support the person to smoke in the designated smoking spaces safely. The risk management plan included action staff should take to reduce risks such as regular staff checks of the smoking area when in use and an updated personal evacuation emergency plan to mitigate those risks.
- The provider had systems in place to assess risks to people in the event of an emergency. The provider had fire safety equipment in place and had a fire safety assessment from the London Fire Brigade with recommendations for improved fire safety. Each person had a personal plan for evacuating the service in the event of a fire or emergency.

Staffing and recruitment

- There were enough staff available to meet people's support needs. One person said, "Staff help me when I need them." The registered manager assessed staffing levels that considered people's needs, staff skills, leadership and an appropriate staffing ratio.
- Staff confirmed there were enough staff to support people. Staff told us, "There is no problems with staffing" and "We support each other if there is a problem with short staffing but usually things are ok." The registered manager confirmed any shortness of staff was covered where possible by permanent staff who knew people's individual needs well.
- Pre-employment checks on new staff were completed and returned before they were employed. All staff had provided job references, proof of the right to work in the UK and had a criminal record check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working in care services.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Using medicines safely

- Staff supported people with their medicines to help them maintain their health. All staff completed a yearly refresher training on medicines administration and had a minimum of three medicines administration competency assessments annually prior to being assessed as safe to administer medicines to people.
- The registered provider had a medicines policy in place that gave staff guidance on safe administration. Staff were provided with additional guidance on when medicines were not given as prescribed. For example, there was a clear staff protocol including the actions they should take to support people who refused to take their medicines.
- Medicines were kept and stored safely. All medicines were kept in locked cupboard which remained locked when not in use. There were facilities for medicines including controlled drugs to be checked and ordered in line with best practice guidance. All medicine was dispensed in multicompartment packs and these were prepared and delivered to the service by a local pharmacy.
- Staff kept records of when they administered medicines. People had medicines administration records (MARs) in place. These were reviewed and audited to ensure they were completed accurately, any errors were detected and managed promptly.

Systems and processes to safeguard people from the risk of abuse

- The provider had robust safeguarding systems in place to monitor and manage allegations and these were shared with the local authority for their safeguarding investigation. People said they felt safe living at the service and receiving care and support from staff. One person said, "Staff are good and they do a good job, I am safe here."
- Staff understood how to reduce the risks of abuse and harm. Staff completed safeguarding training and had refresher training each year. This helped them to identify and manage potential abuse.
- Staff we spoke with understood what abuse was and they were confident to report any safeguarding concerns both inside and outside the organisation.

Learning lessons when things go wrong.

- The provider had systems in place to identify, monitor and manage incidents and accidents that occurred

at the service. This enabled the registered manager to share any concerns and take action to mitigate them.

- The registered manager identified additional learning for staff from incidents that occurred at the service. An example showed a person raised a complaint about being refused access to the kitchen by one member of staff. A staff action plan was developed that included discussion with the staff team about the incident and staff training including respect and dignity, behaviour and conduct and attitude towards service users and how to respect service users' choices and opinions. This helped people receive safe and effective care.

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 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

- We received some information of concern about the way the service was managed. We looked into these specific concerns but did not find any evidence to support the allegations made.
- Weekly and monthly audit checks took place at the service. The registered manager arranged for checks to be completed on the quality of care records, medicine management, supplies of personal protective equipment (PPE), cleaning and the home environment.
- The monitoring systems were completed so any concerns could be identified. Audit checks also included a record of actions taken to resolve any issues or concerns found.
- We found the records we looked at were well organised and completed accurately.
- The registered manager evaluated staff through onsite direct observations to ensure they were providing people with safe and compassionate care.

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

- There were systems in place for the provider to engage with people, their relatives and staff. People attended regular residents' meetings to discuss and become involved with meal planning, social activities and the health and safety of the service.
- The provider sought feedback from people and their relatives through surveys. Results from the most recent surveys showed people were satisfied with the quality of care.
- Feedback was sought from professionals about the service and the quality of care. A professional said, "The care you and your staff provided helped to improve [person's] mental health to a degree it was the best it has been for many years."
- The registered manager arranged regular staff meetings to discuss, people's individual needs, COVID-19 guidance, the people and staff vaccination programme and quality assurance. Staff also used these meetings to discuss any concerns they had and to share information with colleagues.

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 registered manager had not always notified the Care Quality Commission (CQC) of incidents that occurred at the service. They had identified a potential safeguarding incident but had not reported this

incident to CQC. The registered manager had understood their responsibilities regarding the duty of candour but acknowledged that on one occasion this had not occurred.

We recommend the provider reviews their process for submitting notifications to ensure they notify CQC of all relevant changes, events and incidents in a timely manner.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager took action to ensure people achieved good care outcomes. Appropriate care and support were sought for people. We saw an example of when a person displayed behaviours that challenged others, support for the person was sought promptly. Changes in the person's care needs and support were recorded and shared with staff.
- People said they liked the staff and said the registered manager led the team well. Staff told us, "The company is running well", "I have no issues and I enjoy working here" and "Happy with manager."
- Staff attended a handover meeting each day. During these meetings, staff provided an update on the home and any information to be shared with the staff. This included the home's cleaning schedules, reminders about social distancing and visitors to the service.

Continuous learning and improving care

- The provider had a commitment to continuous learning and development at the service. The registered manager had identified areas for improvement in the management of the service and in the delivery of care. This included providing people with consistent daily key working support from staff. A key working session involves a dedicated member of staff who takes a key role in co-ordinating the care of the person while offering information and advice. Key working session included health and safety checks, informal talks with people, ensuring people attended appointments and social activities of their choice.

Working in partnership with others

- The provider worked in partnership with a range of health, social care and mental health professionals and services who supported people. Staff had developed good working relationships when required which helped them to seek advice from specialist services.
- Records showed that staff frequently contacted health and social care services when required during the COVID-19 pandemic for support.