

Mrs P E Modile

Laglin Lodge

Inspection report

7 Eardley Road
Streatham
London
SW16 6DA
Tel: 020 8696 9046

Date of inspection visit: 2 July 2015 and 9 July 2015
Date of publication: 21/08/2015

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Inadequate



Is the service effective?

Requires improvement



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 2 and 9 July 2015. The first day of the inspection was unannounced; the provider knew that we would be returning for a second day. The provider met the requirements of the regulations we inspected when the service was last inspected on 3 February 2013.

Laglin Lodge provides accommodation for up to five people with a mental health diagnosis. It is located in Streatham and is close to local amenities and transport links. At the time of our inspection, there were three

people living at the service. The home is arranged over three floors. People live in single bedrooms, some of which are ensuite. There is a shared kitchen and lounge. A conservatory is available for people who smoke.

There was a registered manager at the service. 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.

Summary of findings

People told us that staff treated them kindly and they were happy with the food they received at the home. They told us they received their medicines on time.

We found that people led independent lives and were not restricted from leaving the service. Staff supported them to maintain their independence by offering them help with aspects of their daily living such as laundry, cooking and maintaining their bedrooms.

People told us that they did not have any complaints, however the provider had not taken steps to ensure people's voices were heard. For example, key worker meetings and residents meetings did not take place regularly.

We found that care plans were lacking in sufficient detail. Risk assessments did not always identify steps that staff could take to manage identified risks. Support plans were not always evaluated and there was a lack of goal monitoring.

Although staff told us they felt supported, they did not receive training or supervision to enable them to carry out their roles effectively. Training records were difficult to locate and the ones that we saw had expired.

We found breaches of regulations relating to safe care and treatment, medicines, staffing, person centred care, and good governance. You can see the action we have asked the provider to take at the back of the full version of this report.

We have made some recommendations about how people are supported to raise concerns.

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 safe in some aspects. Risks to individuals were not always managed appropriately.

Some people did not receive their medicines as prescribed and no reviews had taken place.

People told us they felt safe.

Inadequate



Is the service effective?

The service was not effective in some aspects. Staff training was out of date and staff did not receive formal supervision.

People's liberty was not restricted, but staff were not familiar with the Mental Capacity Act 2005 and their responsibilities.

People were able to see their GP or other health and social care professionals if needed.

Requires improvement



Is the service caring?

The service was caring. Staff spoke with people in a caring manner.

People led independent lives and had their privacy respected.

Good



Is the service responsive?

The service was not responsive in some aspects. Support plans were not always evaluated in a way that people's support needs could be monitored.

Although the complaints procedure was on display, methods of gathering minor, informal concerns were not explored.

Requires improvement



Is the service well-led?

The service was not well led in some aspects. Although there were some systems to monitor the quality of service, these were not effective in identifying issues.

Accurate records were not always kept.

Staff liked and respected the manager.

Requires improvement



Laglin 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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 2 and 9 July 2015. The first day of the inspection was unannounced; the provider knew that we would be returning for a second day. The inspection was carried out by a single inspector.

Before we visited the service we checked the information that we held about it, including notifications sent to us informing us of significant events that occurred at the service.

We spoke with two people using the service during our inspection. We also observed interactions between staff and people using the service during the inspection. We spoke with three staff including the manager. We looked at two care records, three staff files and other records related to the management of the service.

Is the service safe?

Our findings

We found that people's risk assessments did not always clearly identify the level of potential risk and did not give sufficient guidance for staff about how to manage the risks to keep people safe. It was also not clear how the service determined the level of risk.

For example, one person's care plan identified risks in areas such as suicide, self-harm, verbal and physical aggression as either low or medium but there were no indicators of what factors were considered when reaching this conclusion. In another record that we saw, a person's referral form identified a history of suicidal gestures, anti-social behaviour and physical violence. These were not considered as potential risks by the service when developing their risk assessments and care records. Although risk assessments were reviewed they did not consider how the risk level was calculated.

Risk assessments also lacked information about the steps staff should take to manage the risks to promote people's safety whilst balancing their rights to make their own choices. In addition we saw only one identified potential trigger for the assessed risks which was refusing medicines. Therefore there was insufficient detail to help ensure that people were protected from harm.

This related to a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We noted that one person was prescribed metformin for their diabetes three times a day. We checked their MAR chart going back to November 2014 and saw that they were

only being administered the medicine twice a day. We asked staff about this, they said the person was only given it twice because they were out all day so the lunchtime dose was not given. The manager told us they had advised the GP of this but there was no record of a medicines review to evidence that this had been discussed and that alternative solutions had been considered to ensure that the person's diabetes was managed appropriately.

We asked the person about this and they told us they knew they were only taking it twice rather than the prescribed three times a day. They said, "I'm managing my diabetes well. I don't need it."

This related to a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People using the service told us, "I get my medicines on time." Medicine Administration Record charts were signed and medicine stocks were checked daily. Medicines were stored appropriately.

One person said, "I feel safe." One staff member said, "Safeguarding is protecting people. People can be verbally or physically abused. If I had concerns I would contact the manager or social services." Another staff member said, "They are safe here." Safeguarding contact details were on display in the office for staff to refer to if required.

People using the service told us there was always someone available to help them if needed. There were two members of staff on duty at all times for three people. There was one waking and one sleep in staff member at night. The registered manager was also available throughout the day to provide support if required.

Is the service effective?

Our findings

Although staff told us, “I enjoy working here”, we could not be assured that staff received effective training and supervision. Staff were ambiguous when we asked them if they had received any training in the past year. We asked the registered manager what the arrangements were for training and supervision of staff. He told us “We have done training but I don’t have any records to show you” and “We do supervision but they are not always recorded.” There was no record available to show what training had been delivered to staff.

There was some evidence of training that had been delivered but the certificates were out of date. One staff member’s file showed they had attended food hygiene and safety and fire safety in 2009. These certificates were valid for three years. Their safeguarding training had expired in April 2014 and their mental health training had expired in June 2014. The last time they had attended medicines training was 2006.

Another staff member’s record only had evidence of medicines training received in 2012 and nothing else. A third staff member’s file showed that mandatory training had been given in March 2013 and had expired in March 2014. This meant that staff had not received sufficient training to ensure that they could carry out their roles effectively and meet people’s needs.

Although staff told us they felt supported, we saw no recorded evidence of any supervision sessions or staff appraisals that had taken place.

This related to a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that staff had obtained nationally recognised qualifications in health and social care.

People made their own choices about their care. One staff member said, “They are vocal, they have the freedom to do as they please.” We observed staff asking people what they would like for breakfast and people approached staff when their medicines were due. One staff member said, “We assist people with their laundry and advise them to tidy their rooms.”

Staff told us that people using the service were not restricted from leaving the service, which we observed to be the case during the inspection. People left the service throughout both days of the inspection and they were not stopped by staff. They told us they went out to the shops or to visit family. There was an expectation that people were back at the home by 11pm however this was done in agreement with people. People who we spoke with told us that this had been discussed with them. We did not see any other evidence to suggest that people’s freedom was restricted and therefore it had not been necessary for the provider to apply for any Deprivation of Liberty Safeguards (DoLS) authorisations.

There was no evidence that staff had received training in the Mental Capacity Act 2005 (MCA). They failed to demonstrate an understanding of the Act and its purpose. However, we did see evidence that the registered manager had attended best interests meetings where a decision needed to be taken with regards to somebody’s long term housing needs.

One person said, “They make potatoes, sausages, beans and rice.” Staff said they supported people when preparing meals. They told us that people made their own breakfast and sometimes helped out with preparing food for the evening meal.

There was food available in the kitchen for people to help themselves. The fridge in the kitchen was not working and food that needed to be refrigerated was being kept in a fridge in the staff room. However we saw that people were able to access this freely and without restriction.

Care records contained correspondence between the service and health and social care professionals, indicating that people’s needs were being met.

There was evidence that people had access to healthcare services for their ongoing health concerns for example, one person who was diabetic had an appointment with the diabetic eye screening programme. One person said, “I have seen a doctor.”

People attended Care Programme Approach (CPA) meetings for their mental health. The CPA is a way that services are assessed, planned, coordinated and reviewed for someone with mental health problems.

Is the service caring?

Our findings

People using the service told us, “I visit my family”, “Staff look after me” and “Staff are good.” People spoke with staff in a friendly manner and it was clear that trusting relationships had been built.

People told us they liked the other people at the home. Staff said “They all get along with each other, they sometimes watch films together.” People were supported to maintain family relationships and relatives were encouraged to visit people in the home.

Staff told us that people had the freedom to do what they wanted. They said, “We offer them choices and support them”, and “If they need help with anything, they will ask.”

People lived independent lives but were supported to maintain aspects of their daily living skills by staff. People had assigned laundry days and there was a rota in place for people to assist with preparing meals if they wanted.

Staff respected people’s privacy and people were given keys to their own rooms which they locked when they went out.

Although one person had specific dietary requirements due to their religion, they told us they never ate at the service and always went to their family home for meals. They told us that staff would prepare meals for them if they requested it.

Is the service responsive?

Our findings

One person said, “I like staying in my room, listening to music.” Staff said, “The residents don’t have any real interests. They normally stay indoors or just go out to the shops.”

We could not be assured that staff were providing support to people or encouraged to try activities or pursue interests. There was no indication of steps that were taken to engage with people and try and explore if they needed additional support.

Care plans did not always reflect progress towards identified goals and in some instances people using the service did not sign their care plans indicating that they were not consulted. For example, in one person’s care plan it said, “I would like to cut down smoking” and notes said that a discussion was to be held with the GP about this. However subsequent care plan reviews that were held six months later did not identify if any progress had been made towards this goal.

Some people’s personal care and daily living skills support plan highlighted that they ‘needed a lot of staff input to attend to their daily living skills.’ There were no evaluation records to monitor how staff were providing this support and if it was effective.

Care plans were not signed by people using the service. So it was not apparent if they agreed with them or not. However, this did not seem to matter to the people we spoke with. One person said, “I have not seen my care plan but it does not bother me...I don’t need to see it.” Another said, “I’m alright here” when we asked they if they knew what their care plan was and if they had contributed to it.

The above issues related to a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Appropriate referrals took place prior to people moving in. We saw a referral form for one person who had recently moved into the service. People’s current health, their mental health diagnosis, social history and behaviours were all taken into consideration before people came to live at the home. This enabled the provider to ascertain whether people were suitable to live at the home.

Care plans were reviewed every six months and covered a range of needs including social, mental health, physical health, personal care and daily living skills, culture and religion and social problems. Staff completed daily progress notes for people using the service, recording how they spent their day and what their mood was like. Staff told us that people did not have interests or activities that they enjoyed and they spent most of their day in their room or going to the local shops. No day trips or formal activities were planned for people. People who we spoke with did not state that this was of importance to them.

The complaints procedure was on display on a noticeboard, alerting people to how they could raise concerns if they were unhappy about anything. People told us, “I speak to staff if I’m not happy” and “I’m okay with everything. Staff told us that people were confident and would not hesitate to raise concerns with them. No formal complaints had been received by the service.

Despite this, we were not assured whether people were given sufficient opportunities to raise

minor concerns. Resident meetings were not held regularly and although staff were assigned as key workers to people, there were no record of key work meetings.

We recommend that the provider reviews the methods by which people are supported to raise concerns.

Is the service well-led?

Our findings

Some aspects of the service were quality assured however checks to monitor the quality of services provided were not comprehensive in scope. Fire equipment such as the fire extinguishers, emergency lighting and fire alarms were regularly tested.

Although a weekly medicines audit was carried out and checklist completed, these did not identify the concerns we found with medicines management at the home and were therefore not effective. Audits of care records, staff files and other records related to the management of the service were not carried out.

Record keeping at the home was not of an acceptable standard. The registered manager struggled to find training and supervision records and other records including staff and resident meeting minutes and health and safety records.

Feedback from people using the service was not sought either through regular key work sessions or resident meetings. Satisfaction surveys were not conducted, either with people using the service, relatives or health and social care professionals.

The above issues related to a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People said they could talk to the registered manager and said he was nice. Staff said the registered manager “Always helps and supports us” and he was “really good, a nice man.” They told us they would speak to him if they had any concerns.

Although staff said that meetings were held regularly, records that we saw suggested they were not. We saw minutes from a meeting that had been held in 2014 and the only other records were prior to that. Similarly, resident meetings were not held either. There was only one recorded meeting in the last year. Issues related to the environment, menu, activities, and housework were discussed.

Staff completed an incident book following any incidents of note at the service. They also completed a handover at every shift providing updates on people and how they had spent their day. This meant staff coming onto the shift were fully informed of any important information that needed to be passed on.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The provider did not always assess the risks to the health and safety of service users and mitigate against them in a timely manner.

Regulation 12 (2) (a) (b).

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Persons employed did not receive appropriate training or supervision.

Regulation 18 (2) (a).

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

The care and treatment of service users did not always meet their needs or reflected their preferences.

Regulation 9 (1) (b) (c).

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems or processes must be established and operated effectively to assess, monitor and improve the quality and safety of the service.

Other records in relation to persons employed and the management of the regulated activity were not maintained.

This section is primarily information for the provider

Action we have told the provider to take

The provider did not seek and act on feedback from relevant persons and other persons on the services provided, for the purposes of continually evaluating and improving the service.

Regulation 17 (2) (a) (d) (i) (ii) (e).

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Medicines management was not safe.

Regulation 12 (g).