

Forest Residential Care Homes Limited

Carmen Lodge

Inspection report

13 Bushwood
Leytonstone
London
E11 3AY

Tel: 02085329789

Date of inspection visit:
17 August 2023
21 August 2023

Date of publication:
01 September 2023

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
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

Carmen Lodge is a 'residential care home'. The service provides accommodation and support with personal care for up to 11 adults with mental health conditions. At the time of our inspection, 11 people were using the service.

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

People were protected from the risk of abuse and neglect. Risks to people's health and safety were assessed appropriately for people who used the service. The provider ensured that there were enough, appropriately trained and skilled staff to keep people safe.

The home had a good system in place for managing people's medicines. The home was clean and tidy, and measures had been taken to reduce the risk of the spread of infections. The provider ensured that there were systems in place for learning from accidents and incidents to prevent recurrence.

People received care from staff in accordance with their needs assessments whilst protecting their rights and freedoms. Staff received training and were supervised appropriately. People received guidance and support to follow a balanced and healthy diet.

Staff supported people to receive external healthcare support when required. Staff followed advice and guidance from people's health and social care professionals.

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. We saw that people's care plans were person centred and audits were being completed by the service.

The registered manager was supported by a deputy manager as well as senior staff within the home to maintain safety and provide the right care and support for people within the home. The registered manager understood the regulatory requirements of their role.

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 inspection for this service was rated good (published 10 November 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Carmen Lodge on our website

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Carmen Lodge

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by 1 inspector.

Service and service type

Carmen Lodge Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Carmen Lodge Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We spoke with 3 people who used the service and 2 family members about their experience of the care provided. We also received feedback about the service from 6 members of staff including the registered manager and care staff. We reviewed a range of records. This included 6 people's care plans and risk assessments, 3 peoples medicines administration records (MAR charts), 6 recruitment records and 2 quality audits such as medicines and health and safety audits.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective systems to protect people from the risk of abuse and neglect. For example, the service had up to date policies and procedures in place, which provided staff with clear guidance of what actions were required if abuse was identified.
- People and relatives told us they felt safe when staff provided care and support to them. Comments included. "The staff are very supportive; I know I can ask for advice and support anytime." Before moving to this home, I lived in my own flat, which I found it hard to keep safe. Since I've been here I feel much safer and supported by the staff.
- Staff were clear who to report concerns to and how to work with other agencies such as the safeguarding team and police.
- Staff received appropriate training in safeguarding people from abuse, which gave them the knowledge and skills to help protect people who used the service.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider ensured that people's care plans and risk assessments were up to date and that people were provided with safe care and support. This was due to risk assessments and care plans that were in place to help reduce risk. For example, there were risk assessments that covered, medicines, managing people's finances, risk of falls, the home environment, nutrition, and hydration.
- People and their relatives told us they felt staff provided safe care and knew how to reduce risks relating to people's needs. one person said, "Staff are here to help me with risks, they never stop me from doing things they just talk to me [about] how to keep safe."
- The registered manager reviewed the system and processes to ensure that people received high quality care and support. For example, the provider has recently introduced a new care planning system, which also identifies people's risks and when people's care documents needed reviewing or updating. This helped improved the quality of care.
- The provider 's new system also helped analyse information about accidents and incidents and identified areas of concern and the learning from the incidents.
 - The management team held staff meetings to discuss lessons learnt and the actions that had been taken to help manage this risk
- Staff confirmed that they received regular updates from and meetings with the registered manager on any changes as part of lessons being learnt.

Staffing and recruitment

- The provider ensured that there were enough staff in place to provide safe care and support to people.

- People and relatives told us, that staff were available when needed and that they were involved in staff recruitment. One person told us, "The manager has trained me in interviewing new staff, I ask staff different questions that I have put together with the manager. I enjoy meeting the new staff and making sure they will be able to support us."
- The provider carried out checks on all staff before they were able to care for people. This practice helped ensure that staff were recruited safely and that staff had the right skills and experience to meet people's needs. The checks consisted of a pre-employment check, employment references, proof of identification and right to work in the UK.
- The service also completed background checks with the Disclosure and Barring Service (DBS). A DBS check is a way for employers to check staff criminal records, this helps to decide whether they are a suitable person to work with vulnerable adults.

Using medicines safely

- People's medicines were managed safely. People were supported by staff who followed systems and processes to order, administer, record and store medicines correctly and safely. One person told us, "I don't like taking my [medicines] but I know that if I don't then I will become unwell. Staff are very patient with me and if I am not having a good day, the staff will sit with me and remind me why I need my [medicines]."
- We reviewed people's medicine administration records (MAR), which were completed correctly.
- The provider's medicines policy was in place and up to date and staff were trained and assessed before they administered medicines to people.

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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.
- The provider's infection prevention and control policy was up to date.

Visiting in care homes

- There were no restrictions on friends and family visiting people at the home.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider had a comprehensive system in place to assess people's support needs prior to them moving into the service. The assessments covered a range of areas, for example, the persons physical and mental health needs as well as people's choices and goals.
- People and their relatives told us they were involved in this process. One person told us, "The manager visited me before I moved in to get to know me and my needs."
- The provider ensured that people's protected characteristics under the Equality Act were supported. For example, the staff supported people with their spiritual and cultural needs. People's care plans were personalised and tailored to the individual person.

Staff support: induction, training, skills and experience

- The provider ensured that staff received appropriate training to help carry out their role effectively. Training records showed that staff received training in assessing risk, health and safety, medicines administration, first aid, food safety and infection control and supporting people with mental health needs.
- People told us they felt staff had the skills and knowledge needed to provide appropriate care and support for them. A person told us, "Staff know the things I like and don't like." Another person commented, "I have known the staff for a long time, they are good at their job."
- Staff told us that they received regular supervision and annual appraisals. Comments included, "The manager is very supportive, I have regular meetings with them to discuss my personal development." "The reason I have worked at the home for so long is due to the support I receive, and the appreciation I get from the manager."

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

- People were supported to eat and drink enough to maintain a balanced diet.
- People told us that they were given a choice of different meals and drinks and they chose what to have. The food menus confirmed this. During our inspection, we saw that staff were supporting people to make their lunch.
- Training records confirmed that staff received training to support people to avoid malnutrition and dehydration. Comments included, "I now [people] well and their like and dislikes." "I know the signs to look out for if a [person] was not eating well." The staff team supported a person to eat healthier, which had a positive impact on their quality of life.
- Staff supported people to eat and drink in line with their cultural preferences and beliefs. People's support plans confirmed this.

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

- The service worked in partnership with a range of health and social care professionals when required. We saw that staff recorded the advice given from health professionals and actions were completed.
- People told us that staff supported them to contact their health professionals when required. One person said, "If I was unwell the staff would help me to call my doctor."
- People were supported by staff to attend annual health checks. The service had a system in place to record when people's health appointments were due.
- Staff supported people to have an individual hospital plan, in the event the person required a hospital stay or visit. This included a list of the person's medicines, their communication needs and dietary requirements. This practice supported people to receive consistent care and support needed when in hospital.

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

- The property was well maintained and met people's support needs. The communal bathrooms and toilets were easily accessible for all.
- People's bedrooms were personalised to their own taste. Communal areas were bright, homely and uncluttered. The kitchen was clean, and people were able to access the kitchen independently.
- At the time of our inspection, the service was having new flooring fitted.
- The registered manager showed us the maintenance and redecoration schedule that was in place, which was identified from their completed environmental audits.

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 MCA 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 decisions made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental capacity assessments (MCA).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service empowered people to make their own decisions about their care and support and operated within the legal framework of MCA.
- People told us that staff always gained their consent before care was delivered. One person said, "Staff are very respectful, they will always ask me what support I require and when I want it."
- Mental capacity assessments were in place where required. Best interest documentation had been completed, which included people's views and support from families and professionals.
- Where people had a DoLS in place, these had been appropriately completed and conditions were followed by staff.

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 our last inspection, we rated this key question good. At this inspection, the rating for this key question has remained good. 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

- We saw that people were relaxed and engaged well with staff. One person told us, "Staff are kind and helpful."
- Staff understood people's support needs well, as we saw positive interaction between both staff and people being supported.
- All staff had completed equality and diversity training and people's spiritual and cultural needs were respected. People's care plans described how the person wanted to be supported to meet their cultural needs.

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

- During our inspection, we observed that staff respected and supported people to express their views.
- People felt listened to and valued by staff. One person told us, "I meet with my staff to talk about the things I want to achieve and places I would like to go on holiday too."
- People were empowered to make choices for themselves, and staff ensured they had the right information they needed. For example, one staff said, "I have key worker meeting with the [person] I support. We review their care plan and set new goals for the [person] to achieve and help get the best outcome as possible."
- Care plans reflected people's views on how their care is to be given.

Respecting and promoting people's privacy, dignity and independence

- People's care plans identified people's goals and aspirations and promoted their independence.
- People told us they felt that staff respected their privacy and dignity when providing care and support. One person said, "Staff will always knock and wait for me to tell them to come into my room."
- Staff respected and understood when people needed their space and privacy. One staff told us, "In my view everyone has the right to privacy and showing [people] respect is very important."
- People's personal data were kept secure, and the provider understood the importance of keeping people's documents secure to ensure confidentiality was maintained.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. 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's care plans were person centred and included information on how they should be supported, which covered areas such as personal care, nutrition and activities. Plans included people's daily routine, likes and dislikes.
- People told us they were involved in reviewing care plans to ensure that they were up to date.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's preferred communicate style was recorded in their care plans to help ensure their communication needs were met.
- People had individual communication plans that detailed their preferred methods of communication and held information of certain words that staff should not use that could upset the person. This gave staff clear guidance on how to effectively communicate and support people.
- The service had an up-to-date Accessible Information Standard policy for staff to follow.

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 participate in their chosen social and leisure interests. Each person had an activity plan Also daily notes were in place for staff to record people's outcomes.
- People were encouraged and motivated to develop and maintain relationships that were important to them. One person said, "I have the freedom to meet with friends and family when I want."
- The registered manager told us how the staff team supported people to achieve their goals and aspirations and become a part of the wider community. For example, the registered manager said, "People have been supported to go on an aeroplane, as this was one of the areas they wanted to achieve. We have supported people to visit different places abroad."

Improving care quality in response to complaints or concerns

- The provider had systems in place to manage complaints. There was a comments box for people to put their concerns or suggestion into for staff to review and make improvement to the service.

- At the time of our inspection there was no complaints had been received since our last inspection.
- The provider had a complaints policy and procedure in place, which was accessible in both written and pictorial format.
- The service was committed in supporting people and relatives to provide feedback on a regular basis, so they could ensure the service functioned well.

End of life care and support

- At the time of inspection, no one at the service was being supported with end of life care.
- The provider had an end of life care policy, which gave guidance to staff about how to provide this type of care sensitively.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff told us that they felt respected, supported and valued by the management team as they created a positive culture within the service that valued learning, improvement and reflection.
- People told us the service was well-led. One person told us, "The manager and staff will always take the time to listen to me and it's a nice place to live. I have become more confident since I've been here."
- The registered manager, the nominated individual and staff team showed they put people's needs and wishes at the heart of everything they did. The management team exhibited a strong knowledge of the sector and a clear understanding of the needs of the people living at the service.

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 provider was clear of their registration requirements under CQC and duty of candour and apologised to people, and those important to them, when things went wrong.
- People we spoke with told us they felt valued and listened to when they raised any concerns. One person said, "I know actions will be dealt with by the manager if I went to them with issues, as they run a tight ship."
- The provider's policies and procedures had up to date information and staff discussed them at their team meetings.

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

- The registered manager understood and demonstrated compliance with regulatory and legislative requirements. The management team carried out a range of checks such as on medicines management, IPC and care plan audits.
- The provider's communication was effective and ensured staff and people were kept up to date.
- Staff told us they received regular team meetings and the registered manager kept them up to date with any changes to the service. One staff member told us, "Staff meetings are very useful, our views are respected, and the manager always values our importance."
- The service had a governance system to help analyse any learning and make improvements where identified.

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

characteristics; Continuous learning and improving care; Working in partnership with others

- The provider requested feedback from people and those important to them and used the feedback to share with staff to learn lessons and develop the service.
- Staff encouraged people to be involved in making decisions about their service. This was done by asking people if they wanted their care and support to be delivered at different times or given in a different way.
- As part of the provider's monitoring processes they carried out audits and spot checks. This helped improve and develop the running of the service.
- The service kept up to date with best practice guidance, which helped to improve the service and keep up with any new changes within social care.
- The service worked well in partnership with other agencies such as health and social care organisations and they were aware how to access advocacy services if people needed this support.