

Bertinaley Care Limited

# Angel Lodge

## Inspection report

12 Mayfield Road  
South Croydon  
Surrey  
CR2 0BE

Tel: 02086579046

Date of inspection visit:  
16 March 2018

Date of publication:  
27 April 2018

### Ratings

Overall rating for this service

Good ●

Is the service effective?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

We inspected Angel Lodge on 16 March 2018. The inspection was unannounced. Angel Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Angel Lodge is registered to provide accommodation for a maximum of five adults. On the day of our inspection there were four adults living in the home with a mild learning disability and/or mental health conditions. Angel Lodge is located on a residential road in South Croydon close to local shops and good transport links.

Since our last inspection the provider had employed a new manager who had completed the CQC registration process. Like registered providers, registered managers 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.

At our last comprehensive inspection in September 2017, we found the provider was in breach of the regulations as there was a lack of staff training, a lack of person-centred care planning and ineffective systems to assess and monitor the quality of care people received.

After the inspection, the provider sent us their action plan for what they would do to meet legal requirements in relation to the breaches. We undertook this unannounced focused inspection to check that they had followed their action plan and to confirm that they now met legal requirements. We inspected the service against three of the five questions we ask about services: is the service effective, responsive and well-led. This report only covers our findings in relation to those questions. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Angel Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

At this inspection we found the provider had taken the necessary action and was now meeting the legal requirements. Staff had received annual refresher training in topics relevant to their role such as, safeguarding and infection control. People's care was now planned with their input and their care plans reflected their preferences for how they wished to be supported and spend their time. People were satisfied with the quality of care provided and the care they received met their needs.

People's care was designed and developed in line with the values that underpin the Registering the Right Support, Building the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with a learning disability using the service were supported to live as ordinary a life as any citizen.

People living in the home were independent and went out alone when they pleased. Staff encouraged

people to maintain good personal hygiene, supported people to take their medicines and helped people prepare their meals. People told us there were enough staff working at the home to meet their needs. Staff respected people's wishes and understood the importance of gaining their consent before providing support.

People were involved in planning their care. Care plans reflected their physical, mental, emotional and social needs, their personal history, individual preferences, interests and aspirations. Staff understood the information in people's care plans and used it in providing people choice. Staff adhered to the principles of the Mental Capacity Act 2005.

The registered manager and staff had a good understanding of their role and responsibilities. The provider and registered manager had introduced new systems and improved the systems in place to assess and monitor the quality of care people received. These systems were now effective in identifying areas which required improvement; where areas for improvement were identified action was taken promptly by the provider. The provider maintained detailed and accurate records in relation to people, staff and the management of the service.

Although the management of the service had improved since our last inspection in September 2017, we could not improve the rating for "well-led" to good. This is because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service effective?

Good ●

The service was effective..

Staff had received training relevant to their roles and responsibilities as well as supervision and an annual appraisal.

Staff sought people's consent to care and treatment. Staff showed a good understanding of the Mental capacity Act (MCA) 2005 and adhered to its principles.

People were supported to maintain a healthy, balanced diet.

People were supported to maintain their health, have access to healthcare services and receive on-going healthcare support.

### Is the service responsive?

Good ●

The service was responsive.

People were involved in planning their care. People's care plans were detailed and personalised. People received care which met their needs.

People were supported to express their views. There was an appropriate complaints procedure in place and people knew how to make a complaint.

### Is the service well-led?

Requires Improvement ●

The service was well-led.

Although the management of the service had improved since our last inspection in September 2017, we could not improve the rating for "well-led" to good. This is because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

The provider had systems in place to assess and monitor the quality of care people received. These systems were effective in identifying areas which required improvement. Where areas for improvement were identified, action was taken promptly by the provider.

People and staff understood the management structure and how to escalate any concerns.

---

# Angel 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 checked 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.

We undertook this unannounced focused inspection on 16 March 2018 to check the provider was now meeting the legal requirements because at our last inspection in September 2017, the provider was in breach of the regulations. The inspection was conducted by a single inspector.

Before the inspection we reviewed all the information we held about the service. This included statutory notifications sent by the provider of changes and events affecting people, the provider's action plan and the previous inspection report. We also obtained feedback from a representative of a local authority which commissions the service.

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually 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.

During the inspection we spoke with three people living in the home, one staff member and the registered manager. We looked at four people's care files and staff training, supervision and appraisal records. We reviewed records relating to maintenance and management of the home, as well as a variety of policies and procedures. After the inspection we spoke to one relative.

# Is the service effective?

## Our findings

At the previous inspection in September 2017, we found that staff were not appropriately supported by the provider to effectively meet people's needs through relevant training.

Since our last inspection, the registered manager had reviewed the outstanding staff training and staff had received refresher training in areas such as, safeguarding and infection control to bring their training up to date. A staff member told us, "I've done a lot of training since you were last here and it's been useful." People were confident that staff had the required skills to support them safely and effectively. One person commented, "Things are a lot better. [The registered manager] and the staff are more active. They know what they are doing. I could rely on them if I needed to but I don't."

Records indicated the registered manager had planned additional training for staff which would help them to better meet the specific needs of people such as, mental health awareness. The provider had resources and procedures in place to enable staff to receive further training relevant to their role if they chose to. One staff member was being supported by the provider to study for a nationally recognised qualification in health and social care.

Staff had received an induction, quarterly supervision for established staff and monthly supervision for new staff. Staff who had worked at the service for more than one year also attended an annual performance review. During supervision meetings a staff member's understanding of their training in a particular topic was checked by the registered manager. Records indicated that in the month prior to our inspection staff understanding of their role and responsibility in relation to health and safety was checked. The registered manager had introduced a new system whereby each staff member was given a competency map to chart their performance against the responsibilities of their role. The competency map was discussed at every supervision meeting. The supervision and appraisal system gave staff the opportunity to develop skills through reflecting on their practice and the exchange of information.

People's needs were assessed before they began to use the service with their and/ or their relatives input. The assessments considered people's physical, mental and social needs in line with national guidance such as the Department of Health guidance on care and support planning. People's pre-admission assessments formed the basis of their care plans. Staff had regular discussions about people's needs and effective handovers which meant that changes in people's needs were immediately communicated and met.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The registered manager knew when an application should be made and how to submit one.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Mental Capacity Act assessments had been conducted. Two people lacked capacity to make certain decisions for themselves. A framework and procedure was in place to deal with situations where people lacked capacity to make specific decisions. In these circumstances, family members who had the legal authority to do so were involved in making decisions in people's best interests. Staff had not received training in the MCA but had a good understanding and awareness of their role and responsibilities in respect of the MCA and DoLS. Staff training in the MCA was due to take place in April 2018.

People's diverse needs were respected as their bedrooms were personalised and reflected their age and interests. This helped people to feel comfortable in their surroundings. One person told us they loved collecting certain items; they proudly showed us their room which was full of the items they liked to collect.

The provider effectively supported people to maintain their health. People's healthcare needs were clearly recorded including evidence of staff interventions and the outcomes of healthcare appointments. Staff proactively engaged with external healthcare professionals and acted on their recommendations and guidance to maintain and improve people's physical and mental health. A relative told us, "[The person] has really improved recently."

People made their own breakfast and staff prepared their lunch and supper when they were at home. People were happy with the quality of the food and were protected from the risk of poor nutrition and dehydration. One person told us, "I've got a lot better recently. I was under-weight but I've put on quite a bit of weight. I feel much better."

# Is the service responsive?

## Our findings

At our previous inspection in September 2017, we found that people had not been involved in planning their care. Consequently, people did not receive personalised care which met their needs. We were also concerned that not enough was being done to help people avoid social isolation.

Since that inspection, the registered manager had consulted each person and re-assessed their needs. These assessments formed the basis of people's care plans. People had signed their assessments and care plans to indicate they had participated in developing them and agreed with their content. Care plans were personalised; they included information about the level of support people required to have their needs met, as well as how they preferred staff to provide their care. People's care plans reflected their physical, mental, emotional and social needs. Care plans contained details of people's personal history, individual preferences, interests and aspirations. Staff read each person's care plan and our discussions with staff showed they understood this information about people and used it in providing people with choice. People were involved in reviewing their care through individual monthly meetings with their keyworker. Keyworkers are staff who work closely with a person to ensure their care needs are met.

At our previous inspection we found that more could be done to engage those people who did not like to go out. During this inspection, we found that every person using the service was encouraged and supported to pursue their interests and spend their time in the way they preferred. People's care files included a key-working document which set out how they should be supported to overcome loneliness and avoid social isolation. One person who rarely left the home at the time of our previous inspection told us they now went out every day. They told us they enjoyed gardening and on the day of our inspection they were going out to buy gardening supplies before going to work in a relative's garden. Another person had expressed their desire to find a job and had been supported by staff to do so. People were supported to maintain and develop relationships to reduce social isolation. Relatives felt able to telephone and visit their loved ones at any time.

People were satisfied with the quality of care they received. One person told us, "It's much better here now. I'm as happy as I can be living in a home." Another person told us, "I haven't been here long but so far so good. I have a nice room and everybody here is helpful."

There continued to be an appropriate procedure in place to record, investigate and respond to complaints. Complaints made were acted upon and learnt from with care and support being adjusted accordingly. A relative told us they had made a complaint and that the registered manager had dealt with it quickly and to their satisfaction. Staff were aware of their responsibility to enable people using the service to make complaints or raise concerns. People told us they were aware of the complaints procedure and how to use it.

## Is the service well-led?

### Our findings

At our previous inspection, we found that some aspects of the service were not well managed. The provider had systems in place to assess and monitor the quality of care people received but when audits identified areas which required improvement these improvements were not always made or followed up.

Following our inspection, the provider and registered manager had developed new systems to assess, monitor and improve the quality and safety of the service provided. For example, the registered manager had improved the care planning process to ensure people were more involved in making decisions about their care and had greater control over how their care was provided. The manager had improved the keyworker system which gave people more opportunities to give feedback on the care they received. This also meant that people's care plans were more frequently reviewed and updated which helped staff meet people's current needs.

Audits included regular reviews of care records, medicines management, staff training, supervision and appraisal. There were also regular checks of the quality, safety and cleanliness of the home. The registered manager and provider had also acted on our feedback and feedback from a local authority to improve the quality of care people received. The provider monitored people's experience of their care and support through regular visits to the service.

There was a clear staff and management structure at the home which people living in the home and staff understood. People knew who to speak to if they needed to escalate any concerns. Staff knew their roles and responsibilities within the structure and what was expected of them by the management and people living in the home.

The registered manager understood her responsibilities to meet the Care Quality Commission's (CQC) requirements and to keep up to date with changes in legislation and best practice. People's personal information was kept confidentially and securely in line with national guidance. People's care records were well organised, accurate and up to date. The provider's policies and procedures were up to date and regularly reviewed and staff working practices were in accordance with the provider's policies and procedures.

The registered manager and staff worked effectively to make positive changes to the way they supported people and to understand the care and support they required. The registered manager had improved the links with local agencies and organisations. Records confirmed information was shared with other agencies and organisations when needed to ensure people's health and wellbeing was promoted. This was in accordance with nationally recognised evidence-based guidance (Building the Right Support).

Although the management of the service had improved since our last inspection in September 2017, we could not improve the rating for "well-led" to good. This is because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.