

Susash London Limited

Barons Lodge Sutton

Inspection report

2 Cumnor Road
Sutton
Surrey
SM2 5DW

Tel: 02086421884

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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

This inspection took place on 22 March 2017 and was unannounced. At the previous inspection on 7 April 2016 the service was rated 'requires improvement' in the key questions we asked of providers, 'Is the service safe?' and 'Is the service effective?'. As a result the service was overall rated 'requires improvement' although there were no breaches of regulations. This was because the provider did not always carry out suitable checks of criminal records prior to staff starting work. In addition, mental capacity assessments were not always carried out in relation to specific decisions people needed to make. This meant the provider may have incorrectly assessed that some people lacked capacity to make some decisions and made decisions for them inappropriately.

Barons Lodge Sutton provides personal care and support for up to 17 people with mental health needs within a care home setting. There were 15 people using the service at the time of our inspection.

There was a registered manager in post. 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.

At this inspection we found the provider had improved their recruitment processes and checked staff suitability, including criminal records, more thoroughly. In addition, the provider had reviewed their procedures for supporting people in line with the Mental Capacity Act 2005 (MCA).

The registered manager made applications to the local authority for authorisations to deprive people of their liberty appropriately and staff were aware of the conditions attached to the authorisations which they followed as part of caring for them in line with the MCA legislation.

There were enough staff on shifts to support people. Staff managed people's medicines safely, storing, administering and recording medicines in line with best practice. Staff understood how to respond if they suspected people were being abused to keep them safe and had received training in safeguarding adults at risk. The registered manager managed risks to people and the premises well, ensuring people had accurate risk assessments in place with risk management plans to guide staff in caring for people safely.

The registered manager supported staff well through an effective programme of training, supervision and appraisal. People had access to the healthcare services they required to maintain their health. People enjoyed the food and drink they received and were provided food and drink of their preference. However, staff did not always follow professional guidance in preparing a person's food to be mashed with a fork, 'fork-mashable'. Instead they sometimes mixed their food altogether as a liquid in a blender which meant the person missed out on the textures and different flavours of the components of their meal. The registered manager told us they would ensure staff followed the professional guidance at all times when we reported our findings to them.

Staff knew the people they were supporting including how to respond when they became anxious or presented behaviours which challenged the service. Staff treated people with dignity and respect and encouraged and catered for people's ethnic and cultural needs and preferences. People were supported to be as independent as they wanted to be. The registered manager received regular support from a specialist provider in relation to helping people plan how they would like to receive their end of life care.

A complaints procedure was in place and people knew how to complain. People received appropriate care because the provider planned people's care in response to their needs and this was reflected in their care plans. People were involved in planning their own care and people were supported to do activities they were interested in.

A registered manager was in place who had a good understanding of their role and responsibilities, as did staff. The provider had a range of audits in place to assess, monitor and improve the service. The registered manager involved people and staff in the running of the service. The provider was meeting their statutory responsibility to submit notifications to the CQC such as of allegations of abuse.

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. The provider carried out suitable recruitment checks to make sure staff were suitable to work with people. There were enough staff deployed to work with people. Staff managed people's medicine safely.

People were supported by staff who understood signs people may be being abused and how to respond to keep them safe. Risks to people were managed well with risk assessments and risk management plans in place for staff to follow in keeping people safe. The premises were maintained safely.

Is the service effective?

Good ●

The service was effective. The registered manager followed the Mental Capacity Act 2005 in assessing whether people had capacity to make particular decisions. The provider was meeting their requirements in relation to the Deprivation of Liberty Safeguards (DoLS).

An effective programme of training, supervision and appraisal was in place to support staff. People had access to the healthcare services they required. People enjoyed the food they received and they received food according to their preferences.

Is the service caring?

Good ●

The service was caring. Staff knew the people they supported well including how to support people when they became anxious or displayed behaviours which challenged the service.

Staff treated people with dignity and respect and respected their ethnic and cultural needs. People were supported to be as independent as they wanted to be. People received support from staff in planning how they would like to receive support at the end of their lives.

Is the service responsive?

Good ●

The service was responsive. People were encouraged to complain and complaints were responded to appropriately.

People's care was planned in response to their needs and people were involved in planning and reviewing their care. People were supported to do activities they were interested in.

Is the service well-led?

Good ●

The service was well-led. A registered manager was in post who understood their responsibilities well, as did staff, and leadership was visible across the service. A range of audits was in place to assess, monitor and improve the service.

People and staff were involved in running the service. The provider was aware of their legal responsibilities including submitting statutory notifications to the CQC as required by law, such as allegations of abuse.

Barons Lodge Sutton

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 22 March 2017 and was unannounced. It was undertaken by a single inspector. Before our inspection we reviewed information we held about the service and the provider such as statutory notifications of events such as allegations of abuse.

During the inspection we spoke with four people who used the service. We also spoke with two directors from the provider organisation, the registered manager, a nurse, an activity coordinator, a chef and a care worker. We spoke with a visiting Independent Mental Capacity Assessor (IMCA). We looked at five people's care records to see how their care was planned and delivered, four staff recruitment files, medicines records and records relating to the management of the service including quality audits.

Is the service safe?

Our findings

At our last inspection we found the registered manager did not always recruit staff using robust procedures to check their criminal records. After the inspection the provider contacted us to tell us they had reviewed their procedure and would obtain fresh criminal records checks for all new staff before they worked with people. At this inspection we viewed recruitment records for two new staff and confirmed the provider was now checking criminal records thoroughly to confirm potential staff were suitable to work with people. Other aspects of recruitment which we found to be robust at our last inspection remained robust. The provider continued to check applicants' identification and right to work in the UK, employment history including references from previous employers and health conditions.

People told us there were enough staff to support them. The registered manager and staff also told us they found staffing levels were sufficient to meet people's needs. The rotas showed staff numbers were flexible as the registered manager took account of the level of support people needed each day. Some people required high levels of individual support from staff and so additional staff worked each day to support them. This meant people's needs and requirements were met by staff because there were enough staff to support people appropriately. We observed staff were visible across the communal areas of the service at all times supporting people or engaging with people in activities or discussions.

People received the necessary support from staff to take their prescribed medicines when they needed them. We checked medicines records and carried out stock checks of medicines and our findings indicated people received their medicines as prescribed. Medicines were stored safely and the temperature of the medicines room was checked daily to ensure this was within appropriate limits. Stocks of medicines were appropriate so people did not run out of the medicines they needed and there was not excess supply. When people's prescriptions were altered due to the results of blood tests, for example, the registered manager ensured staff were aware and followed the new prescription.

When we asked people if they felt safe in the home they confirmed they did. The providers continued to have suitable arrangements in place to help safeguard people from abuse. Staff received training in safeguarding adults at risk each year and it was clear from our discussions with staff they understood how, when and to whom they should report concerns. The registered manager understood their responsibilities in safeguarding people and they continued to report concerns appropriately to the local authority.

The registered manager continued to manage specific risks to people well, such as those relating to their mental health conditions or physical health. Risk assessments were regularly carried out and the registered manager implemented risk management plans based on these to help maintain people's mental and physical health. Sufficient guidance was available to staff regarding how to support people with risks specific to them, and staff were aware of this information as to the best ways to support people.

The registered manager also continued to manage risks to the premises and equipment well. The contracts with external professionals to periodically service and maintain systems such as those relating to fire, gas appliances, water safety, portable electrical appliances and call bells remained in place. The provider had

installed a chair lift since our last inspection to assist people with reduced mobility to access the first floor and we saw a contract was in place to service and maintain this. Staff also continued to carry out regular health and safety checks of the premises and equipment, including environmental health and safety across the home, hot water temperatures to reduce the risk of scalding and fire safety. Since our last inspection all communal areas had been repainted and new flooring had been provided in some areas. The directors told us redecoration across the home would continue as necessary to maintain the appearance of the home and to improve the environment for people who live there.

Is the service effective?

Our findings

At our last inspection we found people's rights were not upheld because the registered manager did not always ensure they assessed people's capacity in relation to making specific decisions in accordance with the code of practice of the Mental Capacity Act 2005 (MCA). The 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.

At this inspection we found the provider had reviewed their procedures for assessing capacity to ensure they only assessed capacity in relation to specific decisions. Our discussions with staff showed they understood their responsibilities in relation to the MCA, such as obtaining consent before providing personal care to people.

Staff also understood their responsibilities in relation to Deprivation of liberty safeguards (DoLS). 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager continued to meet their responsibilities in relation to DoLS in assessing whether people required authorisations under DoLS and making the applications to the appropriate body as necessary. People's care plans clearly set out whether authorisations to deprive people of their liberty were in place and the conditions of these. We asked the registered manager how they ensured staff were upholding conditions attached to authorisations to deprive people of their liberty. They confirmed they monitored the situation carefully and gave us an example where they had taken action to ensure the conditions on a person's authorisation were respected and met.

People were cared for by staff who were supported through training and supervision. Training provided was relevant to the needs of the people living in the home, including mental health awareness, the MCA and DoLS and safeguarding adults at risk. The registered manager supported new staff to complete the Care Certificate. The Care Certificate is a national induction programme designed to give all new care workers the same knowledge, skills and behaviours when they begin their roles. It covers the basic range of topics all care workers should know as part of their role. Staff told us they received regular supervision and annual appraisal. We viewed records which confirmed this. Records showed during supervision staff received guidance from their supervisor in the best ways to care for people and staff personal development and training were reviewed. The registered manager continued to hold monthly staff meetings which acted as a further opportunity for staff to receive support and guidance.

The registered manager supported people with their healthcare needs appropriately. They made referrals to healthcare professionals when necessary, such as various mental health professionals, a dietician when a person rapidly put on weight and a speech and language therapist when a person experienced difficulty with swallowing. However, we observed the chef did not follow the guidance from a speech and language therapist when preparing a person's food, liquidising it instead of mashing it with a fork as advised by the

therapist. This meant the person was missing the experience of the different flavours and textures of the components of the meals they were being served. When we informed the registered manager they immediately dealt with it to ensure all staff who prepared food followed the guidelines in place.

People made positive comments about the food they were served. One person said, "It's delicious." Other people said of the food, "It's delicious!" and, "It's lovely." We observed lunchtime and saw people were provided with food according to their preferences. One person told us, "I asked for what I wanted, they gave it to me." Food was served hot and looked appetising.

Is the service caring?

Our findings

People made positive comments to us about the service and staff. One person told us, "Staff are nice, fine." Another person said, "Staff seem to be ok." A third person told us, "Staff are kind." A fourth person said, "Staff are lovely. I like it here it's home"

When we asked people if staff knew them well people confirmed staff did. One person told us, "I'm vegetarian, they know that." Our discussions with staff showed they knew the people they were supporting and were able to tell us about people's preferences, daily routines, mental health and physical health conditions and their backgrounds. Some staff, including the registered manager, had worked at Barons Lodge Sutton for many year and had developed good relationships with people in that time, getting to know people well.

Staff also understood when people required reassurance and how to respond when people presented behaviours which challenged the service. When a person became anxious we observed staff spent time sitting with them and reassuring them which helped calm them down. We also observed staff using support techniques set out in a person's care plan to reduce the risk of them becoming agitated and aggressive. Staff followed guidance from the local challenging behaviour team in supporting people with behaviour which challenged the service.

Staff continued to treat people with dignity and respect. Staff also gave people the privacy they needed when they wanted to spend time alone and staff always sought permission before entering people's rooms. Staff supported people to maintain their personal appearance with clean clothes which were appropriate for the weather. A hairdresser continued to visit Barons Lodge Sutton and staff supported people to apply makeup such as nail polish if people wished.

Staff catered for people's ethnic and cultural needs and preferences. The menu contained some foods relevant to people's ethnic and cultural backgrounds and staff described how they regularly supported a person to order takeaways of food according to their cultural preferences. One person told us, "I celebrate Divali, my [family members] take me out."

Staff encouraged people to be as independent as they wanted to be. For example many people were involved in household chores such as laundry and tidying their rooms with varying amounts of staff support and encouragement.

The service continued to receive regular support from an external team who were specialist in end of life care. The external team supported staff through training and focused work with people to help them plan how they wanted to receive their care at the end of their lives, recording this information in a detailed end of life care plan.

Is the service responsive?

Our findings

People told us they knew how to complain. One person told us they would, "Tell the managers" if they had reason to complain. When we asked if they thought the managers would sort it out they responded, "Yes." The registered manager recorded all complaints made to the service, including those made informally by people using the service. They also recorded action taken to address the concerns raised and the outcomes, including whether people were satisfied with the provider's responses. The provider's complaints procedure had not changed since our last inspection and remained suitable. The registered manager provided all people with an accessible version of the complaints procedure which set out how they could make a complaint and the timescales by which their complaint would be responded to.

As we found at our last inspection, people received appropriate care because the provider planned people's care in response to their needs and this was reflected in their care plans. Care plans continued to contain sufficient detailed information about people's particular needs such as those relating to their mental and physical health to guide staff on the best ways to support people. The registered manager updated people's care plans to reflect their changing needs and care plans were reviewed each month by staff who recorded a summary of people's progress towards achieving their goals.

People continued to be involved in planning and reviewing their care. People were invited to monthly 'house meetings'. One person told us house meetings were, "Quite useful. I can say what I want." Records of house meetings showed time was spent gathering people's views on the service, including views about the menu and activities provided. Each person had a keyworker who they regularly met with to share their views on, and plan their care. A keyworker is a person who works closely with a person, meeting with them to check they are happy with their care and their care meets their needs. Most people received care under the care programme approach (CPA). The CPA is a way of planning and co-ordinating services for people with mental health needs. This meant people were involved in planning and reviewing their care in meetings every six or twelve months, depending on the type of CPA they received care under. People were also involved in annual reviews of their care led by social services.

An activities officer worked at the service full time to support people to do activities they were interested in. One person told us, "I go to day centres". Another person told us, "I like to do art." We observed people engaged in various arts and crafts projects through the day, some with staff support and encouragement. For people who required staff support to stay safe in the community, staff escorted them out most days for activities such as shopping and visiting cafes. Other people were free to come and go as they pleased.

Is the service well-led?

Our findings

At our last inspection we found the registered manager understood their responsibilities in running the service well. At this inspection we found this continued to be the case. The registered manager was a mental health nurse with a background in care home management and they had managed the service since it registered with CQC. They continued to be the registered manager for a similar service, Barons Lodge, and they shared their time between both services.

The registered manager was supported by a deputy manager, a nurse on each shift, an administrator, an activities coordinator and a team of care workers. The deputy manager supported the manager in running the service, including carrying out a range of health and safety checks, audits and staff supervision. The nurse in charge led each shift, delegating tasks for staff to carry out, and supporting the team by working alongside them. Our discussions with staff showed they understood their responsibilities in caring for people well. The directors visited the service regularly to support the registered manager and the staff team. In these ways leadership was visible across the service.

The provider continued to assess, monitor and improve the quality of the service through a range of audits. These audits included areas of medicines management, health and safety, care plans and risk assessments. The registered manager also had systems to track staff training, supervision and appraisal to check staff received the necessary support. In addition the registered manager had a system to check each staff recruitment file contained the information required by law.

The registered manager continued to involve people and staff in the running of the service. Since our last inspection all communal areas had been repainted and people had been consulted on regarding the colour choices. In addition each month people were invited to attend a 'house meeting' at which various aspects of the service were planned, including the menu and activities. The registered manager also held regular staff meetings. Staff told us they were able to express their views on the service and they were listened to. The directors spent time interacting with people and staff during their quality monitoring visits, gathering feedback on the service and insight into the quality of service people received.

The registered manager continued to submit statutory notifications to CQC as required by law, including allegations of abuse and serious injuries.