

# Laurel Residential Homes Limited

## Jordan Lodge

### Inspection report

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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

Jordan Lodge provides rehabilitation and recovery care for up to 14 adults living with mental health needs. There were 10 people using the service at the time of our inspection.

At the last inspection in November 2014, the service was rated Good.

At this inspection we found the service remained Good.

The service demonstrated they continued to meet the regulations and fundamental standards.

People told us they liked staying at Jordan Lodge and said the staff who supported them were respectful towards them. There was a relaxed atmosphere when we visited.

Staff told us that the service had improved in recent months with new senior management in post and an increased focus on recovery, supporting people to become more independent.

People were supported to have their health needs met. Staff worked with the person to access the GP and other local health services as appropriate to help make sure their individual health needs were met. We saw that people's prescribed medicines were being stored securely and managed safely.

There were systems and processes in place to protect people from the risk of harm and staff were aware of safeguarding procedures. Appropriate recruitment checks took place before staff started work.

Staff received training which gave them the knowledge and skills to support people effectively. Staff had received training in the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). People were asked for their consent to the care and support they received.

There was a system in place for dealing with people's concerns and complaints. People told us they knew how to complain and felt confident to do so.

A registered manager was in post who also had responsibility for the service located immediately next door. A new manager had been appointed for Jordan Lodge who would be applying for registration with CQC.

Further information is in the detailed findings within this report.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Jordan 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.

This comprehensive inspection took place on 12 and 18 April 2017. The first day of inspection was unannounced and the visit was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Prior to our visit we reviewed the information we held about the service. This included the previous inspection report and any safeguarding or complaints and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law.

During our visit we spoke with six people using the service, four members of staff, the registered manager, a regional manager and one visiting professional. We observed care and support in communal areas, spoke with people in private and looked at the care records for three people. We also looked at records that related to how the home was managed.

# Is the service safe?

## Our findings

People using the service told us they liked living at Jordan Lodge and felt safe there. One person told us, "Yes I feel safe, it's a good crowd." Another person said, "I feel safe, no problems." A third person commented, "Yeah good, it's alright here."

The staffing levels for the service reflected the needs of people living there and the staff spoken with said there were enough people on duty each day. One staff member told us, "The staffing levels are fine." Another staff member said, "I feel safe working here, the numbers of staff are enough." A deputy manager was in day to day charge providing additional support to staff and they had support from the registered manager who was mainly based at the service located immediately next door to Jordan Lodge.

Any risks to the safety and welfare of people using the service were assessed. We saw up to date management plans identified any risks to people, those living and working with them and these aimed to safely promote their independence. For example, looking in more detail at areas such as managing money, being out independently in the community and their physical health and mobility. There were procedures for reporting and investigating any accidents and incidents. Incident or accident reports documented the action taken by staff, a review of what took place and any further action required. The documentation prompted staff to review the person's care, risk management and behaviour support plans as necessary.

Records confirmed that staff received training in safeguarding adults so they knew how to recognise abuse. One staff member said, "If I have a concern I will go to someone who will listen...I feel listened to here, they don't turn you away." An external professional told us that the home had worked well with them in the past to resolve any concerns raised saying, "They take it on board, they listen."

Medicines management in the service was safe. People told us that staff helped them take their prescribed medicines. We saw medicines were kept safely and securely in a locked cabinet in the office. People using the service had medicines administration records (MAR) that were accurate and up to date. These were audited regularly. There were systems for the ordering, receipt and returning of medicines and records showed that staff received training to manage medicines safely.

The service was clean and well maintained when we visited and there were appropriate infection control procedures. The staff carried out regular checks on the safety of the environment and there were now three maintenance staff working across the three local services run by the organisation. Both staff and an external professional reported improvements to the home environment. For example, a new smoking shelter had been built and communal areas redecorated. Regular safety checks also took place, for example, of the fire alarms and hot water temperatures.

Safe recruitment practices were in place to help protect people from the employment of unsuitable staff. We looked at the personnel files for three members of staff. Completed application forms included references to their previous health and social care experience and documented their employment history. Each file contained evidence that criminal record checks had been carried out along with employment references,

right to work checks where applicable and proof of identity obtained.

# Is the service effective?

## Our findings

People spoken with were happy with the support provided by the staff working at Jordan Lodge. One person said, "The staff are very good." Another person told us, "They work very hard, they do well." A third person commented, "Nice staff, some better than others."

Staff received the training and support they needed to help them do their jobs effectively. Staff told us they had opportunities for on-going training and there was a system to make sure staff received relevant mandatory training that was kept up to date. One staff member said, "We get all the training we need." Records showed that staff had undertaken training across a number of areas including safeguarding adults, medicines, the Mental Capacity Act and behaviour that required a response. Staff confirmed they were supported by senior managers both through formal one to one supervision meetings and on-going day to day contact. A staff annual appraisal process had just commenced at the time of our inspection.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff had completed MCA and DoLS training that helped them to understand issues around capacity and support people effectively. There were no DoLS authorisations in place at the service and people using the service told us they were able to come and go as they pleased. We saw appropriate written consent had been obtained from people for the service to hold and administer their medicines.

People told us they enjoyed the meals provided to them and could choose what they wanted to eat. We observed people were able to prepare a sandwich lunch themselves with items laid out in the main communal area. A cooked evening meal was provided that people using the service told us they enjoyed. One person said, "Nice food here." Another person commented, "You can choose what you have, they take care of it, they do a good job." A third person said, "I have no complaints about the food."

People's health needs were met. An external professional told us that the service communicated well with them and kept them up to date with their client's current health and wellbeing. They gave examples where staff at the service had been pro-active in making sure people received the healthcare interventions to keep them well. Care plans addressed people's health needs and care records confirmed people were supported as appropriate to attend health appointments.

## Is the service caring?

### Our findings

People told us they liked living at Jordan Lodge and the staff were respectful to them. One person said, "Yes I am treated respectfully." Another person commented, "I don't mind it here, the staff are good. "

Many of the people using the service at Jordan Lodge had lived there for an extended period and were supported by staff who knew them well. Staff we spoke with were familiar with the needs and preferred daily routines of each person. There was a relaxed atmosphere in the service when we visited with observed interactions between staff and people using the service familiar and friendly.

One staff member told us, "People are treated in the right way." Another staff member said, "We are trained to do that, to treat people with respect." A third staff member commented, "We give people a good quality of living."

Recovery plans included information about people's likes and dislikes. Examples were seen where plans had been written in the first person and from their point of view. For example, one plan talked about the persons support needs using phrases such as, 'I find it difficult when...' and 'I am independent in...'. Individual key work sessions documented discussions about people's own goals and how they wanted to be supported to achieve these. For example, attending a computer course or budgeting their money.

A whiteboard in the main communal area gave information about which staff were on duty and the day's menu. Another large board detailed a rota for people's household tasks including cleaning the tables, taking bins out and mopping the floors. Noticeboards displayed information about local events, in-house activities and art work completed by people using the service.

We saw information about people was stored securely and confidentially. The service was moving to an electronic system at the time of our inspection.



# Is the service responsive?

## Our findings

People using the service were supported to engage in activities and be part of the wider community. An improved in-house programme of groups and activities was being introduced at the time of our inspection. An occupational therapist had already started facilitating a weekly cooking group and a discussion group was also held each week. A mindfulness session was also offered to people using the service. Further groups were planned to support people's recovery.

One person was helping paint the fences and new smoking shelter during our first visit. There were also plans for further improvements to the garden with opportunities to involve people in the planting and upkeep of this improved area.

Each person had an allocated key worker who monitored their wellbeing and took responsibility for ensuring their care and support needs were being met. Staff kept shift plans and daily notes were completed for each person including their health, individual wellbeing and day to day activities. Peoples support needs were discussed in handovers and team meetings. An external professional said that the service communicated well with them, providing the information they required to monitor their client's health and wellbeing.

We saw support and recovery plans were kept under review and updated regularly however we noted there were differences in the frequency of completion and level of detail in the plans we looked at. One person's plan was fully completed with up to date notes giving clear evidence of their recovery goals and progress in meeting these. Other plans looked at were not so coherently presented and it was more difficult to measure how well the person was progressing in meeting their goals from the information presented. The managers we spoke with reported that some people using the service were more difficult to engage with their own recovery planning and that some staff were also still adapting to the use of this care documentation. We discussed the possible use of audits to identify where staff may need further support with support and recovery planning.

The service had a procedure in place to manage any concerns or complaints which was accessible to people using the service and other involved stakeholders. This set out the process which would be followed by the provider and included contact details of the provider and the Care Quality Commission.

People told us they felt able to talk to staff or a manager if they had a concern or complaint. One person told us, "I'd speak to the boss or my key worker, I feel able to raise any concerns." Records included the outcome of any concerns or complaints with timescales recorded.

## Is the service well-led?

### Our findings

A registered manager was in post who was responsible for Jordan Lodge and another registered service run by the organisation located next door. A new manager had been appointed for Jordan Lodge at the time of our inspection and it was the organisations intention to have a registered manager in post for each service in the near future. This change followed a review of the service being provided and a planned change to a recovery focus, supporting people to move on to independent living.

Staff reported improvements in the service in recent months and were confident about the quality of support provided. They welcomed the changes being made to the service with one staff member commenting, "I can see things are happening, they are positive changes which makes the job more satisfying." Another staff member told us, "This company is moving forward." A third staff member commented, "The last few months have been much better." An external professional welcomed the changes being made to the service.

Staff told us that they felt supported by the management team. One staff member said, "I feel listened to, much more so recently." Another staff member told us, "They support staff with everything, I feel able to approach them."

Regular staff meetings were held that enabled staff to discuss issues and keep up to date with current practice. Minutes seen included discussion around areas such as medicine management, communication and activities for people using the service.

Feedback was obtained through regular community meetings, key work sessions and on-going informal contact with people using the service. The registered manager told us that surveys were planned for 2017 to obtain written feedback from people using the service and this would inform the annual development plan for Jordan Lodge.

Regular audits were carried out by the management team to help ensure the quality of service with a framework in place based the five question areas as used by CQC. These were reviewed by a regional manager with action plans in place where any improvements were required. An external consultant had completed an independent audit of the service in November 2016. We saw evidence that, where recommendations had been made, the service had made changes or improvements. For example, staff had attended training around the Mental Capacity Act and Deprivation of Liberty Safeguards.

Notifications were being sent to Care Quality Commission (CQC) for any notifiable events, so we were being kept informed of the information we required.