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Laetus Lodge

Inspection report

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25 October 2017

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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

Laetus Lodge is a care home providing care for nine people with learning disabilities. It is located in Tooting, South West London and is close to local amenities and good transport links. At the time of the inspection, the home was fully occupied.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

There was a manager at the service who was applying for the post of registered manager. 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.

People told us that staff were friendly and they liked living at the home. People led independent lives and were supported by staff to make breakfast, snacks and get involved in doing things for themselves around the home. Some people lived in their own flats.

People are supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were able to access and take part in a number of activities in the community, for example going to the gym, gardening and shopping.

People were supported by staff to take their medicines. Medicine charts were completed appropriately and regular audits took place to ensure that people received their medicines in a safe manner. People's healthcare needs were met by the provider.

Staff recruitment procedures were robust and staff were provided with regular training and supervision. We found there were enough staff on shift to meet people's needs. Some people needed staff support when going out into the community and they were enough staff to meet their needs.

The provider had recently changed their risk assessments and care plans to make them more detailed and person centred. Risk to people were effectively captured and the steps that staff needed to take to manage and minimise the risk were recorded. Staff were familiar with the risk to people and how they would support them.

The provider recorded both informal and formal complaints and took action to resolve them to the satisfaction of the complainants. Regular meetings were held where people were able to have a say into how they were feeling and their experience in the home.

Staff told us they felt supported and enjoyed working at the home. A number of quality assurance checks and audits took place which the provider used to monitor the quality of service and make improvements. These included monthly checks on the records, including care plans, medicine charts and risk assessments.

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 was Good.

People lived independent lives and took part in activities outside the home.

Care plans had been renewed recently and captured the support needs of people.

The provider had an effective system for recording and acting on complaints.

Is the service well-led?

Good

The service remains Good.

Laetus 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 was a comprehensive inspection and took place on 18 and 25 October 2017.

The first day of the inspection was unannounced; the provider knew we would return for a second day. Both days of the inspection were carried out by one inspector.

Before the inspection, we reviewed the information we held about the service. This included notifications sent to us by the provider and other information we held on our database about the service. Statutory notifications include information about important events which the provider is required to send us by law.

During the inspection we spoke with three people who used the service. We spoke with the proprietor, manager and three care workers.

We checked records related to the management of the service. These included three care plans, four staff files, training records and audits.

Good

Is the service safe?

Our findings

People using the service told us they were happy living at the home. Comments included, "Everything's alright, I'm happy", "Staff are nice" and "Everything's fine."

Care workers were familiar with safeguarding procedures. They told us, "Safeguarding is keeping people safe from harm" and "Safeguarding is a responsibility of making sure the residents who are vulnerable are protected from abuse and neglect."

Where there had been safeguarding concerns, the provider notified the appropriate agencies and acted in a way to protect people.

We found recruitment procedures were safe and there were enough staff to meet people's needs. Staff files contained evidence of identity and right to work. We saw evidence that care staff were working with Disclosure Barring Service (DBS) checks, the providers policy was to renew these every three years. The DBS provides criminal record checks and barring functions to help employers make safer recruitment decisions. Staff files also contained care worker's application forms which included their employment history, identity, right to work and references.

Staffing levels were flexible to meet people's needs. On the day of the inspection, there were five care workers supporting nine people. Where people needed 1:1 support when accessing the community this was in place.

The provider was going through a period of change and had recently implemented new risk assessments. Different categories had been assessed such as health and medical, personal, behavioural, environmental and any other area specific to the person. Each category had the inherent and residual risk level which were the level of risks before and after control measures had been implemented. Staff had signed people's risk assessments to indicate they had read and understood the risks to people. Care workers were aware of the risk to people and what steps they would take to manage and minimise the risks.

The provider carried out checks on the environment to ensure it was safe. Regular testing of the fire alarms, fire panels and emergency lighting took place. Fire evacuation procedures were done every three months and risk assessments for fire and legionnaires were completed. Up to date test certificates were seen for the emergency lighting, gas safety and portable electrical appliances.

Medicine Administration Record (MAR) were completed by staff when they administered medicines to people. A record of staff signatures were recorded for auditing purposes. Each person had a medicines profile and also included easy read information leaflets which gave people information about the medicines they were taking such as their uses and their side effects. Medicines were stored appropriately.

Good

Is the service effective?

Our findings

People using the service told us that they received appropriate staff support with eating and drinking. Comments included, "I cook myself sometimes, make a microwave burger", "I had a coffee for breakfast", "I've had some breakfast", "We get help with cooking at tea." A care worker said, "They can sort themselves out for breakfast and lunch, but we tend to make the main meal."

On the first day of the inspection we observed people making breakfast for themselves independently. Menus were planned in advanced in consultation with people using the service.

Health action plans included person centred information in relation to personal care needs and the level of support required. It also included information about people's emotional and mental wellbeing and how they communicated if they were not feeling well.

A record of contact with health professionals was kept. This included the reason for the contact, action taken during the appointment, diagnosis and the treatment or action to be taken and whether any further referrals were needed or MAR charts needed to be updated.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The provider was complying with the requirements of the MCA. People were not restricted from leaving the service and lived independent lives. Staff understood what the MCA was used for and its application. One person using the service was subject to a DoLS which was authorised.

People's consent to care and treatment was recorded. People had signed their health action plans to indicate their agreement to their content. People had signed agreements in relation to house rules they would adhere to. People and staff understood that these were not restrictions for people but a set of rules they had the right to adhere to if they wanted.

New care workers underwent an induction and shadowed a more experienced member of staff when they first started. The induction included familiarising themselves with the organisational policies, introduction to people using the service and mandatory training. The manager told us they were planning on introducing the Care Certificate for new staff.

Staff training was delivered by an external training provider. We saw evidence that staff training had been delivered recently to staff in emergency first aid, food safety, health and safety, fire safety. Further training

was planned after our inspection in infection control and equality and diversity. We saw a copy of the providers training matrix which was used to track staff training. The provider had arranged training where it had expired.

Staff received regular supervision, these were recorded and topics for discussion included performance issues, team working, policies and procedures and training personal development.

Good

Is the service caring?

Our findings

People using the service told us, "They are alright", "I like it here" and "[Care worker] is nice."

Many of the care workers that were working at the service had started off as volunteers prior to starting employment. This meant that they had a good understanding of people's support needs and had a chance to get to know people and the type of work involved before starting employment.

People lived independent lives. Two people using the service lived in their own flats with a kitchen and living area. The provider planned to develop the service further to allow for more independent living with more people living in their own flats. One care worker gave us examples of how they supported a person to become more independent, "We give him/her support and encourage him/her to do things on their own. Sometimes it's just verbal prompts." Another said, "If I support [person] to the shower, I ask them and prompt him/her from outside"

Care workers told us they respected people's wishes to live how they wanted and that they were there to support them. They were aware of the cultural requirements that people had and were sensitive to them. They said, "Loves baking and colouring. I've noticed a big improvement in him/her over the last few months", "[Person] likes comics, I take him/her to the comic book store", "[Person] has gym membership, I ask them if they would like to go there", "We treat everyone equally and do not discriminate."

The manager showed us some examples of new personal profiles that had been created for people. These consisted of person centred information about things that were important to people, such as hobbies or interests and other sections related to behavioural support.

Good

Is the service responsive?

Our findings

People using the service lived independent lives and were supported to access a range of community activities. People were able to take part in a number of activities and access the community. For example, some people went to college, others were at football training on the day of the inspection, one person told us they were going to a local community group by themselves after breakfast. People told us, "I go out to the gym", "I'm staying at home today", "I go out with [care worker] sometimes, we go shopping", "Staff are alright" and "I'm going out gardening, I'm going to catch the bus."

The provider took steps to introduce people to the service in a way that was individual to them using thorough transitional arrangements. One person who had recently moved into the service had a gradual introduction which included the manager meeting them in their environment, then spending days with them and taking them out to various activities and then inviting them to visit the area. This resulted in the person feeling confident about moving into the service due to their familiarity with staff, other people using the service and the area. Throughout this period, the provider also kept in regular contact with the person's family.

People's care plans were in the process of being overhauled to be more person-centred. We saw some examples of the new care plans which included areas of support that people needed and the steps that staff needed to take to support them in these areas.

Daily log sheets were completed for people with details of what time they woke up, who they were supported with or did their personal care, support with medicines and what they had eaten. Any issues or incidents were also documented.

Key workers held meetings with people using the service every two months. After the inspection, the provider sent us some copies of key worker meetings that had been held. These discussions included actions from the previous meeting, any concerns, how people were feeling and any actions for the next proposed meeting.

The provider recorded both formal and informal complaints. There had been no formal complaints since in the past year. There had been four informal complaints which were recorded and there was evidence that the provider acted on these to the satisfaction of the complainant.

Good

Is the service well-led?

Our findings

There was a manager at the service who was applying for the post of registered manager. 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.

The provider submitted notifications to the Care Quality Commission (CQC) as required.

Care workers told us they enjoyed working at the service and told us they felt supported by their peers and the management team. They said, "I really enjoy working here", "I feel supported, they [the management team] are here if there are any incidents or issues" and "Everyone has been great."

The provider used a number of methods to monitor the quality of service.

People using the service were given the opportunity to have an input to the service through regular meetings. Topics for discussion included issues to do with the home, other people and activities.

There was a shift handover and debrief every day, where updates were provided to the care workers who were coming on shift about people, their day, how they had been supported and any incidents. A separate incident report log and accident book were kept and completed appropriately.

Quality assurance checks were completed where people were asked if they were happy with their care and support.

Monthly audits were carried out by a senior care worker or the manager. These looked at whether daily communication cation records, care records, daily records and other records were up to date. We spoke with the manager about making these more detailed in their content and identifying which records were looked at. A record was also kept of when care plans and risk assessments were due for renewal.

Medication audits were also completed monthly looking at ordering, storage, controlled drugs, disposal, homely remedies, consent, records, administration and MAR charts.