

# UK Care Service Limited Princes 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

Our inspection on 11 and 15 December 2015 was announced.

The service met all of the regulations we inspected against at our last inspection on 13 January 2014.

Princes Lodge provides accommodation and personal care for four people with mental health needs in a forensic step down facility. The home is located in the London Borough of Brent North West London and is a residential property over two floors. The home is used as a step down facility for people with mental health needs with the aim to support people into more independent accommodation. There is a registered manager in place. 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.

Staff working in Princes Lodge understood the needs of the people who used the service and we saw that care was provided with respect and compassion. People who used the service told us they were happy with their care. People had good access to health care professionals, which ensured their mental and physical health was regularly monitored and assessed.

Staff showed a sound understanding of protecting vulnerable people from abuse and we saw that appropriate safeguards were put into place.

Medicines were managed safely and care workers received regular medicines administration training.

Staff were appropriately trained and skilled and provided care in a safe environment. They all received a thorough induction when they started work and fully understood their roles and responsibilities, as well as the values and philosophy of the home.

The staff had also completed extensive training to ensure that the care provided to people was safe and effective to meet their needs.

Throughout our inspection we saw examples of good care that helped make Princes Lodge a place where people felt included and consulted. People were involved in the planning of their care and were treated with dignity, privacy and respect.

People who used the service were encouraged to raise concerns, which had been responded swiftly and had been resolved by the registered manager.

The provider had employed skilled staff and took steps to make sure the care was based on local and national best practice.

The registered manager assessed and monitored the quality of care consistently. The provider encouraged feedback from people who used the service, care staff, relatives and outside professionals, which they used to make improvements to the service.

## 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. Staff we spoke with knew how to keep people safe. They could identify the signs of abuse and knew the correct procedures to follow if they thought someone was at risk of being abused.

The provider had effective systems to manage risks to people who used the service without restricting their activities or liberty.

Staff managed people's medicines safely and encouraged them to be independent with their care when this was possible and safe.

### Is the service effective?

Good ●

The service was effective. People were involved in their care and were asked about their preferences and choices. People who used the service received care from staff that were trained to meet their individual needs.

Staff had good systems to help them quickly identify any changes in a person's condition. They could also access appropriate health, social and medical support as soon as it was needed.

People were supported to gain domestic skills such as cooking to gain greater independence.

### Is the service caring?

Good ●

The service was caring. Staff were kind and compassionate and treated people who used the service with dignity and respect.

There was a choice of activities, further education and employment opportunities offered for people to participate in if they wished.

People were encouraged and supported to contribute to the running of the home.

### Is the service responsive?

Good ●

The service was responsive. People's individual assessments and care plans were kept under review and updated as their needs changed to make sure they continued to receive the care and support they needed.

People were encouraged to express their views and these were taken into account in planning the service. There was a complaints procedure and people knew who to talk to if they had any concerns.

### **Is the service well-led?**

The service was well-led. Staff said they felt well supported and were aware of their rights and their responsibility to share any concerns about the care provided at the home.

The provider monitored incidents and risks to make sure the care provided was safe and effective.

The registered manager used systems to make sure that there was enough staff to care for people safely. The provider had employed staff with the right qualifications and skills to work at the home.

**Good** ●

# Princes 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 was planned to check 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 inspection took place on 11th and 15th December 2015 and was announced. The provider was given 48 hours' notice because the location was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in.

The inspection was carried out by one inspector.

Before the inspection we reviewed our records about the service, including previous inspection reports and statutory notifications.

We used a number of different methods to help us understand the experiences of people who lived in the home. We spoke with three people who used the service and one person visiting the home for a trial visit, one care worker, the deputy manager and the registered manager. We looked at three care plans and care records, medicines administration records and other records and documents relevant for the running of the service. These included complaints records, training records, staffing records, accident and incident records, staff rotas, menus and quality assurance records.

We also received feedback from two psychiatrists and two social workers responsible for placing people who used the service at Princes Lodge.

# Is the service safe?

## Our findings

People who used the service told us that they felt safe. One person commented, "I feel safe here, staff look after me very well." People said they had no concerns and knew the actions to take if they did not feel safe. One person told us if they had a concern they would report this to the registered manager or their key worker. One person gave us an example of a concern raised with the registered manager, which had been dealt with appropriately. Minutes of residents meetings we looked at showed that safety was discussed with people to ensure they knew what actions to take if they did not feel safe. All people who used the service had a personal mobile phone for use when out in the community. The registered manager told us that the mobile phone was also used to contact people if they had not returned at the time agreed.

The provider had systems in place to ensure people using the service remained safe. This included policies and procedures such as safeguarding adults and whistleblowing policies to ensure staff were aware of actions to take if they had any concerns of potential abuse. Staff we spoke with knew of the different types of abuse and how to recognise them and of their responsibility to report abuse to a senior member of staff or the registered manager. Staff told us that if their concerns were not taken seriously they would follow the whistleblowing protocols and report to external organisations such as the local authority, police and CQC. However, staff told us they had no concerns to report. They told us that they were confident the registered manager would respond appropriately to any concerns raised with them.

People's health and social care needs and risks were assessed prior to using the service to ensure their needs could be met. The risk assessments covered clinical risk to the person, behaviours, and triggers of relapse, forensic history, personal circumstances, capacity and any deprivation to the person's liberty. Where potential risks were identified there were relevant action plans in place for staff to minimise these risks.

The provider had appropriate systems in place in the event of an emergency. A fire risk assessment was in place and regular fire evacuations were carried out to ensure people were aware how to follow the evacuation procedure in case of an emergency. All people accessed the local community independently, but had to sign in and out to ensure that staff knew their whereabouts.

People's care plans included their emergency contact details to ensure staff had access to information of people they could contact in the event of an emergency. All staff we spoke with knew of actions to take in the event of an emergency. Staff told us they would contact the emergency services and then the registered manager and people's next of kin to update them.

People told us there were sufficient numbers of staff to support their needs and that they did not have to wait for long to be attended to. One person told us, "There is always enough staff around; they get extra people in when I have to go to appointments." Staffing arrangements were planned taking into consideration the number of people using the service and the support they required. Staff we spoke with and staffing rosters we looked at for Princes Lodge confirmed that the staffing arrangements in place were sufficient and met people's current needs. During both days of our inspection the registered manager and

one senior care worker were on duty to support three people who used the service. We also saw that during the day a potential person visited the home an extra member of staff was supporting this person on a one to one.

The provider had a robust recruitment and selection process in place. Staff records included health declarations, criminal records checks, copies of identification documents to demonstrate staff had the right to work in the United Kingdom and two written references. The registered manager informed us that staff credentials to work at the service were regularly monitored and where staff were found to be unsuitable to work in social care, appropriate actions were taken to ensure that people using the service were protected.

The provider had a detailed medicines procedure in place; staff received regular training in the administration of medicines. We assessed all medicine administration records, which were completed comprehensively. We checked medicines stock levels against medication administration records and found them to be consistent, however we found that there was no clear audit trail in place. While this had no obvious effect on the storage and administration of medicines, we discussed with the registered manager that there could be a potential risk to not being able to easily establish if medicines had been administered. The registered manager dealt with this immediately and updated the medicines administration record including a column to record medicines stock levels. Medicines were stored in a lockable, metal medicines cupboard, which was located in the office, which was only accessible by staff. People who used the service told us that they had no concerns with staff administering medicines. One person told us that he was administering his medicines independently and we saw in the person's care records that his risk assessment reflected this.



## Is the service effective?

### Our findings

People told us they were happy with the support from staff. One person told us, "The staff are very good." Another person said, "All the staff I know are good and they are very friendly."

Staff told us they had an induction which included shadowing experienced staff. This involved working alongside experienced staff to observe and learn elements of the job. Records showed staff also had to complete an induction checklist to demonstrate competence in various areas which was checked by the registered manager. Staff told us they had access to regular training including training about moving and handling, mental health awareness, food hygiene and care planning. Records showed that training was up to date.

Staff told us and records confirmed they had one to one supervision meetings with senior staff. Staff said they found these meetings to be helpful and gave them the opportunity to discuss issues of importance to them such as issues relating to people who used the service and their own performance. Staff received regular annual appraisals. Staff told us the appraisals were helpful and helped their development.

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). 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. The registered manager told us that none of the people had a Deprivation of Liberty (DoLS) authorisation in place. People at the home were seen to be able to come and go as they wished and were able to make independent decisions about their lives.

The registered manager told us that staff had undertaken training about DoLS and the Mental Capacity Act (MCA) 2005. Staff demonstrated a sound understanding of how to obtain consent and told us they would presume people had the capacity to make decisions on their own.

Care plans included information about how to support people to make decisions. People told us that they were able to make independent decisions about their life, but care staff supported them to explore different options to ensure the decision they made was well-informed. For example, one person told us that staff supported him to choose the right college course. This showed people were supported to make choices and give consent to their care.

The registered manager and care staff told us of the importance of involving people in their care and that

they were careful to obtain permission prior to providing care. They told us staff used verbal and non-verbal cues to check people were happy. We spoke with two members of staff about how they obtained verbal consent prior to providing care. They all understood the importance of checking people were happy to receive care. Staff told us they got to know people well so that they could pick up on their non-verbal cues.

If people refused the offer of care, staff respected their wishes. They returned at a later time to offer the care again, or asked another care worker to offer care to see if this was more acceptable. If the care detailed in the care plan was refused, and not provided during the day, they reported this to the deputy manager or registered manager during handover.

People told us they liked the food and they were able to make choices about what they ate and drank. Comments included, "The food is great and there is enough to eat." And "If I am hungry I eat something, there is always food here."

We saw that the menu reflected the cultural backgrounds of people who used the service. One person told us that he cooked on his own and purchased the food at local shops to ensure it was appropriate with his religious beliefs. All people cooked their meals with the help of staff and planned with staff support their weekly menu. They told the registered manager what they wanted to eat and went shopping to the local supermarket with a member of staff.

Records showed that people were referred to health professionals if they were at risk of malnutrition and dehydration and regular checks were in place to monitor people's weight.

Records showed people had regular access to health care professionals including GP's, opticians, and psychiatrist and community psychiatry nurses. There was evidence the service arranged appointments for people when they identified a need, for example a change in someone's physical condition. There was evidence that the advice received from health care professionals was put into practice and led to changes in the care plans. For example, we saw one case where a person missed an appointment for a routine check-up at the hospital and we saw that staff had arranged another appointment for the person. Health care professionals spoke highly about the working relationship between the home and them. Comments included "I have been placing people with forensic mental health history for years; Princes Lodge is the best placement I have ever encountered." People had regular access to get support from the forensic mental health team who visited people on a weekly basis during their initial admission, which was then reduced to monthly visits once people had settled in and required less close monitoring and support.

## Is the service caring?

### Our findings

We spoke with all the people using the service. Everyone spoke positively and said staff were "kind", "supportive", "good" and "brilliant." One person told us, "Staff is very supportive, willing to help us; it's like a normal family home." Another person said, "If I have a problem I will speak to a member of staff." People told us that they liked living at the home. During our visit, we observed warm, good natured and positive interactions between people and staff.

People told us that their privacy and dignity was respected. People said staff knocked on their doors before entering and called them by their preferred names. All people living at the home had a key to their room and to the front door, which ensured their privacy was respected and they could come and go when they wished. One person said, "They do treat us like individual adults and really care for us." One member of staff told us, "We treat them as we ourselves would like to be treated."

People told us that they felt listened to and that staff did not rush them to make decisions. The registered manager told us that most people could 'self-direct' their care and people we spoke with confirmed this. Self-directed care meant that people told staff the care they required and did everything independently depending on their ability. One person told us, "I discuss with them what support I want and they listen to my concerns." All three support plans we looked at were person centred and included things people liked and disliked and the things that were important to them. Staff were aware of people's support needs and told us about individual health or social care needs and the support that was in place for them. For example, one person went regularly to college, while another person tried to look for voluntary work. This showed that staff were aware of people's needs and provided them with the appropriate support they required.

We found that people, their relatives and those that matter to them, could visit them or take them out into the local community. For example, one person told us that he visited friends in town regularly and another person was attending his chosen place of worship to meet friends and fellow worshippers. People told us that staff encouraged them to maintain relationships with their friends and family. One person told us that they can visit their relative if they wished, while another person was supported with the use of information technology to stay in touch with his family abroad.

People's independence was promoted. This included enrolling people on to community training courses such as Maths and English to improve their literacy and numeracy skills. They told us "This has helped me to become more confident." People were responsible for their own laundry, cooking and upkeep of their room, which helped them to become more confident and gain more skills to live more independently in the future. Staff were aware of things people could do for themselves and told us that they encouraged and involved people who had the capability to perform certain tasks. One person informed us that staff were supporting them through training to be able to live an independent life in future and get his own flat.

## Is the service responsive?

### Our findings

People told us the service met their needs. One person said, "The care is centred around me. It is what I want." Another person told us "I like it here the staff is very nice and talk to me about what I want."

The registered manager explained the care planning and assessment process to us. They told us either the registered manager or deputy manager of the service met with the person and their family where appropriate to carry out an assessment of their needs. This enabled the service to determine if it was a suitable placement and if the service was able to meet the person's needs. People and their relatives were invited to visit the service and have a meal to see if they liked it before making a decision about moving in. This helped people to make informed choices about their care.

The registered manager told us that care plans were based upon the initial assessment carried out by the service, information provided by the relevant local authority where available and on-going observation of the person over their first few days at the service. They told us that care plans were then reviewed on a monthly basis and records confirmed this.

During the inspection we examined three sets of care records relating to people that used the service. We found care records included pre-admission assessments and risk assessments about how to support people in a safe manner. Care plans included information about how to meet people's needs in relation to communication, mental health, mobility, continence and personal hygiene.

Care plans were sufficiently detailed and personalised to provide guidance to staff about how to meet people's assessed needs. For example, one person's care plan identified the person could become verbally aggressive and provided information about how to respond to the person consistently when demonstrating this behaviour. We found that all care plans had been signed by people who used the service which demonstrated that they were involved and consulted in the care planning process. People accessed local colleges to further their education and were involved in the local community.

People's care plans were regularly reviewed to meet their changing needs and people had signed their care plans to demonstrate they were in agreement with the support that had been planned for them. People told us that they met with their key workers regularly to discuss their care plan and progress made. During these meetings new goals were set with the agreement of the person to ensure they continuously improved and worked towards their goals. A comment made by one person, "I discuss my care plan regularly and work towards moving into my own flat, this is good for me."

People told us that staff regularly asked them how they were. We found that feedback was sought through monthly residents meetings to gather their views about the support which was being provided. Minutes of resident meetings showed these meetings were used to remind people to access their support plans to find out information about themselves, activities people were involved in and activities they would like to participate in. Where people had made any suggestions this had been recorded and actions had been taken by the provider. For example, Christmas was discussed during the most recent residents meeting, people

were asked if they were around and what they wanted to eat and do for the Christmas period. This showed that people's views were taken into consideration and appropriate action taken to ensure they were satisfied with the support they received.

People told us they knew what to do if they were unhappy. They said they would speak to the manager or a member of staff. The complaints procedure was provided to people during their admission. All the people we spoke with told us they had nothing to complain about. Some people said they were "happy" with the support they received. The provider informed us that they had not received any complaints and people we spoke with told us that they did not have anything to complain about because "staff do their work well." Two people informed us that the registered manager always assured them of their "open door" policy, which meant that they could talk to the registered manager and could come to the registered manager with all their concerns. One person told us that he had a problem with another person living at the home, he raised this with the manager and the issue had now been resolved. This showed that people were encouraged to complain if they were not happy about the support they received.

## Is the service well-led?

### Our findings

People who use the service told us "The manager is very good, he is here most of the days and I can always talk to him if I have any problems." Staff told us the service had an open and inclusive atmosphere and they found the registered manager to be approachable and supportive. One member of staff said, "[The registered manager] is fantastic. I don't have a problem with going to him about anything. He is very supportive." Another member of staff told us, "When I came here the manager explained everything and said to go to him if any problems" and "The staff are very helpful, we work well as a team."

The service had a registered manager in place and a clear management structure. This included a deputy manager and care workers. Staff we spoke with were clear about their lines of accountability and who they should report to in the first instance.

Staff said they felt listened to by the registered manager and the registered manager acted upon their concerns. One staff member told us they had some personal issues and felt that they were able to talk to the registered manager and found solutions to their issues. This demonstrated that staff views were welcomed and acted upon if appropriate.

Staff told us that due to the size of the home they do not have formal staff meetings, but were able to meet with the registered manager and other staff daily to discuss any issues in relation to the service and the care provided to people who used the service. We asked care workers if they had any concerns that they do not have formal meetings and staff told us "We meet and talk daily, the registered manager is very hands on and is around five days a week."

The service had various quality assurance and monitoring systems in place. The registered manager told us an annual survey was carried out to gain the views of people that used the service, health care professionals and their relatives. The last survey was completed in December 2014 and a new survey was currently in process. Feedback received from the survey in December 2014 was throughout very positive and praised staff for the support they provide and their overall caring attitude.

The registered manager told us the service had various mechanisms for gaining the views of staff. These included one to one meetings with staff and a staff survey. Staff told us that their views were listened to and the registered manager was open to suggestions to improve the quality of service provided.

The provider had a system in place to monitor the quality of the service. This included annual audits which covered areas such as records management, complaints, support planning and delivery, equality and diversity, involving people, health and safety protocols, medicines management, safeguarding, whistleblowing and mental capacity protocols. The registered manager had monitoring systems in place to measure quality and to ensure high standards of service delivery. Fire equipment was checked regularly and maintenance issues were documented and responded to swiftly. Staff told us if any concerns were identified, they were dealt with immediately by the registered manager.

The service promoted clear visions of promoting people's independence and the registered manager spoke to us about the home's practices to enable for people to move around safely. The service carried out various audits to check records were completed appropriately. We saw evidence of audits of care plans, medicines and daily records. Regular monthly audits by the service manager were carried out and actions taken to improve the service.