

Mark A Peake

Laetus Lodge

Inspection report

171A Tooting High Street
Tooting
London
SW17 0SZ
Tel: 020 8672 0240
Website: www.example.com

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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?

Requires Improvement 

Is the service well-led?

Good 

Overall summary

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. No concerns had been raised and the service met the regulations we inspected against at their last inspection which took place on 02 September 2013.

There was a registered manager at the service at the time of our inspection. A registered manager is a person who

has registered with the Care Quality Commission (CQC) to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. The inspection was unannounced.

Laetus Lodge is a care home providing care for eight people with learning disabilities. It is located in Tooting, South West London and is close to local amenities and good transport links. The provider has two other homes in the same locality.

Summary of findings

People told us they felt safe living at the home and that they had the freedom to go out when they wanted. Staff supported people to manage risks when they were out in the community which helped to ensure their safety.

There were enough staff available to support people if they needed to attend appointments or go out in the community. Staff told us that they felt supported by the manager and senior staff. They completed training which helped them to carry out their jobs.

People received excellent support, both from staff at the home who managed their day to day needs and also from healthcare professionals based in the community. The provider had established good links with these

community professionals which included community learning disability teams, psychiatrist and psychologists which helped people in enhancing their physical and mental health.

There was a relaxed atmosphere at the home. Staff had established positive relationships with people using the service and people were supported to maintain their relationships with family and friends. People were supported to pursue their own individual activities and interests, with the support of staff if required.

The home was well run, which in part was due to the manager being in post for a long time and there being very little staff turnover. The manager had identified some areas of improvement around involving people and in getting feedback which the provider hoped to action in the future.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People and their relatives told us that they felt safe living at the home. Staff were aware of how and when to report any concerns of abuse.

People's safety at the home or out in the community was managed by staff through the development of risk assessments and staff being aware of how to manage behaviour that challenged the service.

Staff understood people's right to make decisions for themselves in line with the Mental Capacity Act (2005) code of practice and people's liberty was not restricted.

There were enough staff available to support people. If people's needs changed and they required extra staff support, more staff were brought in to facilitate this.

Good



Is the service effective?

The service was effective. Staff that we spoke with told us they felt well supported working at the home. Regular one-to-one meetings were held with senior staff to discuss any training needs or areas of concern.

People were supported to eat and drink sufficient amounts. People using the service told us they enjoyed the food at the home. Menus were planned a week in advance with the involvement of people using the service and were varied. People were able to help themselves to snacks, fresh fruit and drinks throughout the day.

People received effective support in relation to their health needs. People were supported to attend annual medication reviews and health checks with their GP. The provider made referrals to other healthcare professionals and had established very good links with them so that staff could support them more effectively.

Good



Is the service caring?

The service was caring. People using the service and their relatives felt that staff cared for them, respected them and made a genuine effort to be friendly with them.

People were also encouraged to maintain friendships with family and friends outside of the service. Relatives told us they were always made to feel welcome when they visited the home.

People had their own bedrooms and staff respected people's right to have privacy.

Good



Summary of findings

Is the service responsive?

The service was responsive. People using the service had care records which were individual to them. These records were reviewed regularly by staff in consultation with people using the service. People were familiar with their care records and what they contained.

We found that people were supported to access the community. This included education and employment opportunities. People using the service pursued their own individual activities and interests, with the support of staff if required.

Each person was assigned a keyworker and they told us that they would not hesitate to raise any concerns with them. Although meetings were held regularly, these were not always recorded or in some instances people were not given an opportunity to be fully involved in the meetings.

Where there had been formal written complaints, we saw that these were investigated and resolved to the satisfaction of the complainant.

Requires Improvement



Is the service well-led?

The service was well-led. People spoke positively about the care and attitude of staff and the manager.

The manager was experienced and had been managing the service for a long time. They had built up an environment where there was very little staff turnover which had a positive impact on the running of the home and people living at the home.

The manager had identified some improvements to the service which he said were being acted upon.

Good



Laetus Lodge

Detailed findings

Background to this inspection

We inspected Laetus Lodge on 17 July 2014. This was an unannounced inspection which meant the staff and provider did not know we would be visiting. The inspection was undertaken by an inspector.

Before we visited the home we checked the information that we held about the service and the service provider. 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.

During our inspection we observed how the staff interacted with people who used the service. We looked at how people were supported during their lunch. We also reviewed four care records, staff training records, and records relating to the management of the service such as audits and policies.

We spoke with four people who used the service and relatives of three people who used the service. We also spoke with the registered manager and two care workers. We contacted healthcare professionals involved in caring for people who used the service, including consultant psychiatrists, physiotherapists, community workers and staff from the contract management and commissioning support team at the local authority.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

People using the service told us they liked living at the home and staff looked after them. No one that we spoke with raised any concerns about their safety at the home. Relatives of people using the service told us, “I turn up without notice, there are never any problems”, “I feel people are safe there”, “Staff look after them well”, and “I have no concerns whatsoever.”

Staff we spoke with were able to identify the different types of abuse and were clear on how they would report such issues. The registered manager had completed a ‘train the trainer’ course in safeguarding adults which meant that he was certified to train staff at Laetus Lodge. He told us he had planned to deliver this training by the end of August 2014. The provider had carried out criminal record checks and obtained written references from previous employers on staff prior to their joining the service. We checked the financial records of two people using the service and did not find any discrepancies in the record keeping. The provider kept accurate records of any money that was given to people and kept receipts of items that were bought. Financial records were checked at every handover, and the manager regularly audited people’s finances. This minimised the chances of financial abuse occurring.

People using the service had individual risk assessments carried out which were reviewed regularly. In the records that we saw, some of the risks that were considered included risks associated with lifestyle choices, abuse, risk of falls, moving and handling, medication and wandering. People using the service were supported to be as independent as possible while at the same time ensuring they were kept safe. Staff were aware of how to manage situations when people displayed behaviour that challenged the service and they told us that they never restrained people. One staff member told us, “We have done training in breakaway techniques but we don’t use

restraint, it’s about body language, we use ways to diffuse the situation before it escalates.” Other staff said, “We try and avoid the triggers in the first place” and “We record incidents of challenging behaviour so it’s easier to identify trends.”

We found the provider to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). There had been no applications for DoLS with the local authority as none had been required. People using the service told us that they were not restricted from leaving the home and we saw this in practice during our inspection. Comments from people included, “I wait for the green man before crossing the road”, “I go on the bus myself”, and “I go to Westfield. I go on the tube.” Although people were not restricted from leaving the service, the provider had agreed limitations to manage their safety whilst out in the community. Examples of these included, limiting the amount of money they took with them or not staying out too late. These limitations were done with the consent of people using the service. Staff were clear that these limitations were not enforced or imposed on people and were negotiable. One relative told us, “They have freedom”, and another said “He is able to come out with me when he wants.”

Healthcare professionals we contacted told us, “The staff have a good knowledge of the tenants and good understanding of the risks and needs of the individual people in the house.”

We looked at staff rotas during the inspection. These were completed a week in advance due to changing needs of people. The manager told us that they based staffing levels on the needs of people using the service rather than set staff ratios. It was clear from the rotas that extra staff were brought in on days where extra support was required, for example to take people to medical appointments. The manager told us, “If people need extra staff to attend medical appointments, we get them.”

Is the service effective?

Our findings

One person told us about their key worker, “He’s a good man” and “He makes me appointments”. Another person said, “Staff are kind” and “I get help from staff.” Relatives of people using the service told us, “Staff are great” and “They support him with medication.”

We looked at three staff records during the inspection. Staff completed an induction which included going over key policies and procedures, and were given training on care planning and medication. Training records showed that staff had completed training in the Mental Capacity Act 2005 (MCA), DoLS, equality and diversity, food safety and ‘supporting people as needs change’ and also training specific to the needs of people with learning disabilities such as autism awareness.

Senior staff supervised care workers every two months and these meetings were recorded. We looked at a sample of supervision records and saw that staff were able to discuss a number of issues, such as those relating to people who used the service, performance, team work, personal issues and training and development needs. Staff told us that the senior team were very supportive and “go out of their way to help you.”

People were supported to eat and drink sufficient amounts and maintain a varied diet. People were complimentary about the food at Laetus Lodge. One person told us, “I like the food, it’s nice”, another person said “Staff cook for us, we help them sometimes” and “If I don’t like something, I’ll ask for something else.” The manager told us that “Evening meals are cooked by staff, [people] make their own breakfast.”

We looked at the menu plans for the week. We noted that menus were planned in consultation with people and included pasta, fish, meat and salads. People told us that staff supported them with menu planning every week. Relatives we spoke with did not have any concerns regarding the diets of people using the service. One relative said, “He is healthy, he is well looked after.”

During our inspection, we saw that people were helping themselves to snacks throughout the day and preparing cups of tea. One person using the service asked us “Shall I make you a cup of tea, I’m making one myself.” One staff member told us, “We are not institutional, people can choose to have breakfast when they want.”

People were weighed regularly, to ensure they were not over or underweight. None of the people using the service were at risk of malnutrition or dehydration. Fridge and freezer temperature checks were carried out and food was labelled with the date it had first been opened. This meant that people were provided with food that was stored and prepared correctly.

People using the service had health action plans which enabled staff to manage their ongoing healthcare needs such as booking reviews with the GP and making appointments with the dentist or optician. People using the service told us, “I go and visit the doctor”, and “Staff help me with my medication”. Relatives told us, “He has improved in terms of his health”, “They deal with any problems promptly”, and “He goes for regular check-ups.”

People were supported to attend annual medication reviews and health checks with their G.P., and we saw records of these visits in people’s care files. We saw an example where one person had been diagnosed with a medical condition, a G.P appointment was made for them and medication prescribed to help them manage their condition. People had annual reviews with the learning disabilities team in which the deputy manager, key worker, person using the service and the reviewing officer were present. We also saw notes from a Care Programme Approach (CPA) meeting in which the registered manager, person using the service, their relative, community worker, physiotherapist and consultant psychiatrist were present. This meant that people’s health needs were overseen by a multidisciplinary team who looked at various aspects of their wellbeing.

The provider made referrals to other healthcare professionals to try to understand people’s behaviour so that they could support them more effectively. One person had a brief behavioural assessment tool carried out to look at a certain aspect of their behaviour and reasons behind it. We saw that the provider responded to recommendations from the report to try and manage this behaviour, which included allocating structured one-to-one time and supporting this person to have more meaningful activities. We also saw psychology intervention reports following which referrals had been made to the community mental health and learning disability team.

Healthcare professionals we spoke with gave us very positive feedback regarding the service. Some of the comments were, “They keep me up to date”, “They are very

Is the service effective?

encouraging”, “I get invited to meetings” and “They are very helpful.” Another healthcare professional told us, “I visit Laetus Lodge on average once a month. Sometimes I will visit twice in the same week, sometimes not for two months. I am also in contact through telephone calls. I also meet with residents in the community” and “We have started using Positive Behaviour Support to improve collaboration between all the agencies involved in a person’s care and Laetus Lodge have been making a

helpful contribution to this joint working.” Positive behaviour support is supporting people to develop skills that will help them improve their quality of life, develop positive relationships, have choices and participate in their community. We saw that this approach had a positive impact on some of people using the service and with the support of staff they had started to pursue activities that interested them.

Is the service caring?

Our findings

People using the service and their relatives felt that staff cared for them, respected them and made a genuine effort to be friendly with them. Some of the comments were, “I like living here”, “He (their keyworker) is my friend”, “I’m happy”, “They are brilliant”, “Staff are great” and “He is dearly loved by all staff.”

There was very little staff turnover at the home and many of the staff working there had been doing so for a long period of time. This helped them to build positive caring relationships with people using the service. The provider had never used agency staff in the time the service had been operating which meant that there was very little disruption to the support that people received. In the provision of care services for people with autism, consistency and stability in the environment and in staff interaction is important.

People were encouraged to maintain friendships with family and friends outside of the service. They told us, “My dad comes and visits me, sometimes my brother”, and “My aunty comes to see me”. Relatives told us they were always made to feel welcome when they visited. One relative said, “I visit once or twice a week”, “I am part of the home”, “I get invited to their outdoor trips” and “No one stops me visiting.”

One staff member told us, “We are open to everyone, people can come at any time.” The provider also kept a room in the home as a spare bedroom so that the loved ones of people using the service could stay over, for

example on weekends or during the Christmas period. The manager told us, “Relatives are more than welcome”, and “We have a guest bedroom that relatives or friends can use.”

Each person using the service had an assigned key worker. All the people we spoke with knew who their key worker was. Staff were very familiar with the needs of people they supported, their healthcare needs, and what they liked and did not like in terms of activities and food.

We observed the interaction between staff and people using the service and saw that people were comfortable speaking with staff and the manager. One relative told us, “I was worried at first but I am very satisfied; it’s a great environment.” Healthcare professionals that visited the service told us, “The staff are friendly in their interactions...They use language appropriate to [people’s] level of understanding.” Interactions between people using the service was friendly and informal discussions were held in the lounge or dining room.

People had individual bedrooms which was their own personal space. They told us that staff respected them and did not enter their rooms without their permission. Staff supported people to try to be more independent in things like preparing their meals, shopping for everyday items such as toiletries and amenities, and doing their laundry. One staff member told us, “We try and encourage people to be independent and teach them living skills.” Another staff member said, “We won’t go uninvited into people’s rooms” and “We promote peoples independence.” We saw this in practice during our inspection, where people left the service to go out shopping, attend formal activities such as gardening and made themselves tea and snacks to eat.

Is the service responsive?

Our findings

People we spoke with were aware of their care records and told us they were consulted about them. One person told us, “I write things down, how I am feeling. What activities I like.” Another person said, “That’s my care plan, it contains information about me.” Relatives of people using the service told us they felt involved in the care of their family member. All relatives we spoke with were regular visitors to the service so were kept up to date through informal discussions with staff. However, one relative told us that there had been a formal review of their relative’s support recently and they had not been told about it. Healthcare professionals told us, “The care provided is good and the continuity of residents is extremely good”, and “I would say that overall I have always been pleased with the service that the staff at Laetus Lodge provide for its tenants.” We saw evidence that healthcare professionals were involved in certain aspects of people’s care, for example during their annual reviews.

All the care records had been reviewed recently and signed by staff and the person using the service. Care records were individual to people using the service. The support plans identified areas of interest, key information, actions for staff to support people and comments from people. Some of the areas that were considered were physical health and wellbeing, emotional wellbeing, and mental health.

Staff completed daily handovers when completing their shifts to ensure that staff coming on duty were aware of any immediate issues relating to any of the people using the service. Senior staff were part of an on-call rota in case of an emergency during the evening or at night.

We found that people were supported to access the community. This included education and employment opportunities. People using the service pursued their own

individual activities and interests, with the support of staff if required. People told us, “I like reading comics”, “I’m going out gardening”, “I go shopping on Monday, snooker on Tuesday”, “I cook myself” and “I’m going out to play the guitar”.

People told us they would speak with their keyworkers or the manager if they had any problems at the home. Keyworker meetings were not formally recorded by staff so it was difficult to tell if any issues raised during key worker meetings were followed up. We recommend that the provider records these in future so any issues raised can be followed up.

Group meetings were held every two months for people using the service. We noted from the minutes of the meetings that the content of the meetings were based around staff telling people using the service about issues rather than focusing on what people wanted to speak about. We recommend that the provider review the format of these meetings to ensure they are led more by people using the service rather than staff. None of the people using the service had any advocates, the people we spoke with had family members who were involved in their care and were able to help them to express their views. None of the people we spoke with expressed a need to have advocates and felt that their families looked after their interests.

There had been seven recorded complaints since the last inspection, in all cases we saw that the complaint had been investigated and resolved to the satisfaction of the complainant. Relatives of people using the service told us they would not hesitate to raise any concerns with the service. One relative told us “I have no concerns”, another said, “I’m in regular contact with them.” One healthcare professional told us, “Whenever I ask a question or express a concern the staff are aware of what I am talking about and act accordingly.”

Is the service well-led?

Our findings

People spoke positively about the care and attitude of staff and the manager. The atmosphere at the home was calm and people using the service and staff were approachable. People told us the manager was “good”, “friendly” and “he is very nice”. Relatives told us, “He is an able manager”, and “He is excellent, no problems.” A healthcare professional told us, “Well established home, it’s stable.”

The main aim of the home as stated in their statement of purpose was to ‘provide a friendly, congenial and homely environment to assist adults with a learning disability to enrich their lives and realise their full potential in society, according to individual needs and preferences’. During our visit, through observing staff interacting with people, speaking to people who used the service, their relatives, staff and healthcare professionals it was clear that the home was striving to achieve this aim.

The owner of the service often paid for day trips and outings for people using the service and staff at his own expense. These included barbecues, Christmas parties and sightseeing in London. The manager was experienced and had been in post for nearly eight years. He was very familiar with the needs of people using the service. All the staff we spoke with felt supported and valued, and told us that the manager and owner took the time to support them where needed. Some of the comments from staff were, “Never worked for anybody who is so concerned about peoples welfare”, “He is fantastic”, “It’s not about the bottom line with him, it’s about the people.”

In our discussion with staff it was clear that there were opportunities to take on more responsibility and gain more skills. We saw examples where staff had been given more responsibility and promoted due to the work they had done with some of the people using the service. This had resulted in a strong staff team. The manager told us, “We retain staff which is really important for people living here.” One healthcare professional told us, “There is an unusually low staff turnover at Laetus Lodge compared with other Wandsworth services for people with intellectual disabilities. This is a particular advantage for the residents who value having people who they know and who know them.”

The provider had established good links with community healthcare professionals to support people who required specialist input. This helped to foster best practice and high quality care. Staff told us they held “regular staff meetings, we share ideas.” We saw records of staff meetings that had taken place.

The provider carried out audits on medication, financial audits and health and safety checks around the home. The registered manager was open and honest with us about some of the areas for improvement they had identified. We saw that action plans had been put in place to try and resolve these. This included an ongoing maintenance programme around the home which included carrying out some decorative work. Another area the provider had identified for improvement was formal feedback mechanisms, including easy-read surveys for people who use the service, and audits. The manager told us that they were aware of the areas that needed improving and these were being worked on for the future.