

Centrust Care Homes Limited

Haydons Lodge

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Haydon's Lodge is a residential care home providing personal care and support to up to 6 people. The service provides support to people with mental health care needs. At the time of our inspection 6 men aged 40 and over were living at the care home. Accommodation is divided into 2 adjoining terrace houses, each with their own adapted facilities and separate entrances with a shared communal garden.

People's experience of using this service and what we found

Most people received their prescribed medicines as and when they should however, we have made a recommendation about the management of some medicines.

At our last inspection the provider had failed to ensure all the care homes fire-resistant doors were appropriately maintained, personal emergency evacuation plans (PEEP's) were in place for everyone and their governance systems were effectively managed.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation. This was because fire-resistant doors were now appropriately maintained and fit for purpose, up to date PEEP's were in place for everyone who lived at the care home and they had introduced electronic governance systems that were operated more effectively.

The feedback we received from people living in the care home and community health care professionals was positive about the standard of care provided at Haydon's Lodge. A person said, "I like living here...I'm very happy at Haydon's Lodge." A community health care professional added, "I have always found the staff at Haydon's Lodge very professional and responsive."

Staff understood how to safeguard people. People were cared for and supported by staff who knew how to manage risks they might face. The premises were kept hygienically clean and staff followed current best practice guidelines regarding the prevention and control of infection including, and those associated with testing for COVID-19 and the wearing of personal protective equipment (PPE). The care home was adequately staffed by people whose suitability and fitness to work there had been thoroughly assessed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People living at the care home and staff working there were all complimentary about the way the service was managed, and how approachable the managers and staff were. The provider promoted an open and inclusive culture which sought the views of people living at the care home, their relatives, community health and social care professionals and staff. The provider worked in close partnership with various community health and social care professionals and agencies to plan and deliver people's packages of care and

support.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 7 July 2022) and there was a breach of regulation.

Why we inspected

We carried out an unannounced focused inspection of this service on 7 July 2022 when breaches of legal requirements were found. The provider completed an action plan after the last inspection to show us what they would do and by when to improve how they managed fire safety and quality assurance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe and well-led, which contain those requirements and issues we discussed with the provider at their last inspection.

We also looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

Based on the findings at this inspection we found improvements had been made and the provider was no longer in breach of regulation. The overall rating for the service has therefore changed from requires improvement to good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Haydon's Lodge on our website at www.cqc.org.uk.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We made a recommendation at this inspection in relation to how the provider managed medicines given covertly.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect. If we receive any concerning information, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Haydons Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by an inspector.

Service and service type

Haydon's Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the CQC to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke in-person with 3 people living at the care home, the registered manager and 2 care workers. We also received email feedback from 3 community health care professionals in relation to their views and experiences of working with this provider including, 2 GPs and a community psychiatric nurse.

Records we looked at as part of this inspection included, 4 people's electronic care and risk management plans, 2 staff files in relation to their recruitment and multiple medicines records. A variety of other documents relating to the overall management and governance of the care home were also read.

After our visit we continued to seek clarification from the provider to validate evidence found. We requested additional evidence to be sent to us after our inspection. This included staff training matrix, the providers medicines policy, feedback from people living in the care home and audits conducted by the providers quality assurance manager/director. We received this information as requested, which was used as part of our inspection.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. The rating for this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Most people received their prescribed medicines as and when they should.
- However, the provider did not always support people who needed to receive their medicines covertly in a safe way. This was because no formal recorded guidance from a community pharmacist was in place to help staff ensure medicines they gave covertly remained effective when mixed with food or drink.

We recommend the provider consider current best pharmaceutical guidance on giving medicines covertly to people in a safe and effective way and take action to update their practice accordingly.

- The outcome and reasons for the multi-professional decision to give a person's their prescribed medicines covertly to safeguard their wellbeing and health was recorded.
- Medicines were safely administered, appropriately stored, disposed of, and regularly audited by the registered manager. The provider had introduced an electronic medicines system which ensured medicines records were kept up to date. We found no recording errors or omissions on any electronic medicines administration records we looked at.
- People told us staff made sure they took their prescribed medicines as and when they should. A person said, "I get my medicines on time because the staff make sure I do."
- Staff received safe management of medicines training and their competency to continue doing so safely was routinely assessed by the registered manager.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure all the care homes fire-resistant doors were appropriately maintained and kept in good working order, and peoples personal emergency evacuation plans (PEEP's) were in place for everyone who lived at Haydon's Lodge. This represented a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider did respond immediately during our last inspection and by the second day had ensured all the faulty fire-resistant doors and their fire alarm activated automatic release mechanisms had been repaired.
- Fire-resistant doors we tested during this inspection all closed automatically into their doorframes when their release mechanisms were activated.

- Regular checks were now completed by the registered manager to help ensure the safety of the care homes physical environment and fire safety equipment, including weekly testing of all the care homes fire-resistant doors.
- Up to date, detailed, electronic PEEP's were now in place for everyone who lived at the care home, which clearly set out what support people needed from staff to safely evacuate the building in an emergency. A recently reviewed and up dated fire safety risk assessment for the building was also in place.
- People living in the care home and staff working there routinely participated in fire evacuation drills of the premises. Staff demonstrated a good understanding of their fire safety roles and responsibilities. A member of staff told us, "We have regular fire drills in the home so we can practice evacuating the building as quickly and safely as we can."
- People were risk assessed and their safety was monitored.
- The provider had recently introduced electronic care plans that contained detailed person-centred risk assessments and management plans to help staff keep people safe. These plans covered every aspect of people's lives including for example, how to prevent or appropriately manage risks associated with behaviours considered challenging, social isolation and COVID-19.
- Risk assessments and management plans were regularly reviewed and updated as people's needs and risks they faced changed.
- The care home had an experienced staff team who were familiar with people's routines, preferences, and identified situations where people may be at risk and acted to minimise those risks. For example, staff were aware of the signs to look out for and the positive support action they needed to take to prevent or manage incidents of behaviours considered challenging. A member of staff said, "I've had positive support training and know exactly how to prevent and deescalate behaviours that might challenge us here."

Preventing and controlling infection

At our last inspection the provider had failed to ensure all visitors to the care home were tested for COVID-19, contrary to the governments infection prevention and control (IPC) guidance and the provider's own IPC/COVID-19 procedures. We signposted the provider to resources to develop their approach to obtaining evidence to show all visitors to the care home did not have COVID-19 or related symptoms.

At this inspection we found enough improvement had been made.

- The providers policy in relation to all visitors to the care home testing for COVID-19 has recently changed to reflect the governments relatively new risk-based approach. The provider continued to access COVID-19 testing for people living, visiting or working at the care home if they showed signs or symptoms of COVID-19.
- Similarly, the providers personal protective equipment (PPE) policy had also been amended to reflect the governments risk-based approach to the wearing of PPE in care homes. This meant it was no longer mandatory for all visitors and staff working at the care home to have to wear personal protective equipment (PPE).
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. The care home looked and smelt hygienically clean.
- Staff had received up to date infection control and food hygiene training that people said was reflected in their work practices.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- People consented to the care and support they received from staff at the service.
- Staff had received up to date MCA and DoLS training and were aware of their duties and responsibilities in relation to the MCA and DoLS. For example, staff understood who lacked capacity and told us they always asked for people's consent before commencing any personal care tasks.
- People's electronic care plans clearly described what decisions people could make for themselves. The assessment process addressed any specific issues around capacity.
- There were processes in place where, if people lacked capacity to make specific decisions, the service would involve people's relatives and professional representatives, to ensure decisions would be made in their best interests. We found a clear record of the DoLS restrictions that had been authorised by the supervising body (the local authority) in people's best interests.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from the risk of abuse.
- People told us they felt safe and well cared for at Haydon's Lodge. A person said, "I feel safe at the home. The staff listen to me if I'm worried about anything and I feel confident about being able to speak up."
- The provider had clear safeguarding and staff whistle-blowing policies and procedures in place. Whistle-blowing is the term used when a worker passes on information concerning perceived wrongdoing, typically witnessed at work.
- Staff received safeguarding adults training. Staff knew how to recognise and report abuse and were able to articulate how they would spot signs if people were at risk of harm. A member of staff told us, "I've had safeguarding training and know I must report any abuse I might see to the manager."
- The registered manager understood their responsibility to refer safeguarding incidents to all the relevant external agencies without delay, ensure they were fully investigated and to take appropriate action to minimise the risk of similar incidents reoccurring.

Staffing and recruitment

- We were assured the provider's staffing and recruitment systems were safe.
- There were enough staff to meet people's needs. During our inspection, staffing levels matched the rota and enabled people's needs to be met safely. Staff were visibly present, providing people with the appropriate care and support they needed. For example, we observed staff were always quick to respond to people's requests for assistance or to answer their queries.
- People told us that the home had enough staff to meet their care and support needs. A person said, "There's always at least two staff working here, day and night, and we often have more. It feels like enough."
- The registered manager told us the care home remained well-staffed and currently they did not have any staff vacancies.
- The provider's staff recruitment process was thorough, and records demonstrated that it was followed. The provider carried out thorough pre-employment checks to ensure the suitability of staff for their role. These included checks on prospective new staffs identify, previous employment, their character, their right to work in the UK and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information

helps employers make safer recruitment decisions.

Learning lessons when things go wrong

- The provider learnt lessons when things went wrong.
- The home had regularly reviewed accident and incident records to reduce the possibility of reoccurrence.
- Any safeguarding concerns and complaints were reviewed, analysed and responded to with emerging themes identified, necessary action taken and ways of avoiding them from happening again looked at. This was shared and discussed with staff during regular team meetings and handovers.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated requires improvement. At this inspection this key question has improved to good. This meant the service was now consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; and Continuous learning and improving care

At our last inspection the provider had failed to ensure their governance and notification systems were well-managed. This represented a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had completed a time specific action plan and had made all the improvements they said they would to address all the outstanding issues we identified at their last inspection.
- The registered manager was keen to improve the service and they recognised the importance of learning lessons and continuous improvement to ensure they maintained high-quality, person-centred and safe care for people. For example, they had recently introduced an electronic governance and record keeping system that automatically flagged up when records were not appropriately maintained by staff or things had gone wrong, for example, people not taking their prescribed medicines on time.
- The quality and safety of the service people living in the care home received was routinely monitored by managers, at both a provider and service level. For example, the registered manager routinely toured the care home in-person to observe staffs working practises, check the safety of the building and obtain feedback from people living there. The quality assurance manager/director also regularly visited the care home to carry out their own internal audit. These quality assurance checks and stakeholder feedback were routinely analysed to identify issues, learn lessons and develop action plans to improve the service they provided people.
- People living at the care home, their relatives, community health care professionals and staff all spoke positively about the way the care home was managed. For example, a person told us, "I'm very happy at Haydon's Lodge."
- The registered manager understood his responsibilities with regards to the Health and Social Care Act 2008 and what they needed to notify us about. They had notified us without delay about the all the incidents that had adversely affected the people living in the care home since our last inspection.
- We saw the service's previous CQC inspection report, which was clearly displayed in the care home and was easy to access on the provider's website. The display of the ratings is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

Planning and promoting person-centred, high-quality care and support; and how the provider understands

and acts on duty of candour responsibility

- The registered manager had a clear vision for the care home. They told us they routinely used individual supervision and group team meetings to remind staff about the provider's underlying core values and principles.
- The registered manager understood the need to be open and honest when things went wrong. They reported all concerns to the relevant people and organisations and shared outcomes with people, their relatives and the staff team.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider promoted an open and inclusive culture which sought the views of people living in the care home, their relatives and staff.
- The provider used a range of methods to gather people's views about what the care home did well or might do better. For example, this included regular house meetings and bi-annual customer satisfaction surveys. The results of the most recent satisfaction survey indicated people were happy with the standard of care and support provided at the care home.
- The provider valued and listened to the views of staff. Staff were encouraged to contribute their ideas about what the service did well and what they could do better during regular individual and group meetings with their line managers and fellow co-workers. Furthermore, staff had ongoing opportunities to reflect on their working practices and professional development. Staff told us they received all the support they needed from the services management.

Working in partnership with others

- The provider worked in close partnership with various community professionals and external agencies including, GPs, community psychiatric nurses and Local Authorities. A community health care professional told us, "We do not have any concerns about this care home. The staff are caring towards our patients and pro-active in seeking help from the GP surgery when needed."
- The managers told us they regularly liaised with these external bodies and professionals, welcomed their views and advice; and shared best practice ideas with their staff.