

Nundoo Nand Seeboruth

Lawrie Park Lodge

Inspection report

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Date of inspection visit:
19 December 2019
30 December 2019
03 January 2020

Date of publication:
10 March 2020

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

About the service

Lawrie Park Lodge is a residential care home providing personal care and support to people living with mental health conditions. The service can support up to 19 people in one adapted building. There were eighteen people using the service at the time of the inspection.

People's experience of using this service

The provider's safeguarding systems guided staff to protect people from the risk of harm and abuse. Staff reported allegations of abuse so these were investigated promptly.

People were supported by competent staff to administer their medicines. Each person had a medicine administration record that staff completed accurately.

Risks associated with people's health and well-being were assessed and staff took action to help mitigate those risks.

People were supported by enough staff to meet their individual care and support needs. Meals were prepared daily by staff and people chose their meals from the menu provided.

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 took part in social activities to meet their interests. Social events took place at the service and in the local community.

People were involved in and contributed to the care assessment process and gave their views of their care and support needs.

People were positive about the service and provided staff with feedback about the care they received. People confirmed staff were kind, caring and supported them in a dignified way and in privacy.

When people's health needs changed they had access to health care support services to meet their needs. People discussed their individual end of their life wishes and these were recorded in line with people's choices.

The systems in place provided people with the opportunity to make a complaint about the service or an aspect of their care.

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 good (published 20 July 2017).

Why we inspected

This was a planned inspection based on the rating of the service at the last inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Lawrie Park 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 Care Act 2014.

Inspection team

This consisted of one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses a residential care service.

Service and service type

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

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection visit was unannounced.

What we did

Before the inspection, we looked at information we held about the service including notifications sent to us. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan this inspection.

During the inspection

We spoke with nine people using the service and one relative. We spoke with the operational manager, four

care workers and two visiting health and social care professionals. The registered manager was not available at this inspection. We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision and appraisal. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records, case studies, meeting minutes and the local authority monitoring visit records. We spoke with two health and social care professionals who regularly visits the service.

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 good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe living at the service. People confirmed that they felt staff protected them at the service. Comments included, "Things are supervised" and "When you go out they worry about you, you have to sign out, you get 24 hour care here."
- The provider had a safeguarding policy and process in place that staff followed to protect people at risk of harm and abuse. Staff also completed safeguarding training which helped them to gain their knowledge about how to identify and support people who were abused.
- The registered manager had safeguarding records in place. When an allegation of abuse was reported the local authority were informed and investigated the allegation.

Assessing risk, safety monitoring and management

- People had assessments completed that identified risks related to their needs. Some of the risks found were related to people's mobility needs, refusal of medicines and a deterioration of mental health.
- Staff ensured care records were written that identified people's individual needs. For example, a person's risk assessment identified risks related to diabetes, diet and nutrition and the medicines used to manage this condition. The guidance for staff included, ensuring the person had regular GP and diabetic nurse specialist to review medicines, to encourage a diabetic friendly diet whilst providing them with a choice of food and monthly weight checks. This demonstrated that staff had identified and mitigated risks so people were safe.
- Each person had a risk management plan which guided staff to take action to mitigate each risk. These plans were reviewed to ensure staff had the most accurate information to reduce the risks to people and staff provided effective care and support.
- Checks of the service took place to ensure the service was maintained and safe for people to live in. The registered manager arranged for safety checks on the home environment, gas, water, electricity, fire safety equipment and lighting.
- Fire safety risks had been assessed at the service and staff completed regular fire drills and alarm checks. Staff had completed a personal emergency evacuation plan (PEEP) for people. These detailed the support a person needed from staff to leave the service in the event of a fire or emergency.

Using medicines safely

- People had their medicines administered and managed effectively to meet their individual needs. We saw that people had their medicines in line with the instructions on their medicines administration records (MARs). People told us, "Every day and night I have [medicines]" and "I take [medicines] 3 times a day." Staff

had competency based assessments to ensure they were safe to support people with taking their medicines.

- The provider had a medicines management policy and staff followed this guidance to ensure safe practices were maintained. There were effective medicine management systems used to order, administer and dispose of medicines in a safe way.
- Each person had a medicine administration records which staff completed once they supported people. All the MARs we looked at were accurate which demonstrated people had their medicines as prescribed.

Staffing and recruitment

- Enough staff were allocated on the duty rota to support people with their care and support needs. People confirmed staff were available when they needed support, advice or for a chat.
- Staff were recruited through robust recruitment processes to ensure they were suitable. A variety of pre-employment checks took place before staff were confirmed in post and began to work with people. The registered manager obtained the applicant's previous job references, proof of the right to work in the UK and a criminal record check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working in care services.

Preventing and controlling infection

- Staff followed the provider's infection control process to reduce the risks of infection. Staff and people carried out household cleaning tasks to ensure the service was clean and hygienic.
- Staff had access to and used disposable gloves and aprons to reduce the risk of infection and cross-contamination.

Learning lessons when things go wrong

- The registered manager monitored the service for opportunities for learning. Records showed that accidents and incidents that occurred at the service were monitored.
- The registered manager acted positively to improve the service when an incident occurred. There was an incident where a member of staff made a medicine error. The registered manager reviewed the incident and met with the member of staff. Additional training was completed by the member of staff to help them improve their knowledge and skills to and to reduce the risks of future errors. Records showed the incident was used as a case study for learning for other staff.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager and staff completed assessments of people's choices in relation to their care and support needs which helped staff to provide appropriate care before they came to live at the service. Staff completed care plan reviews with people, relatives and health and social care professionals and any changes were updated in the care records.
- Staff delivered care and support in relation to the guidance from health and social care professionals. This included guidance from the NHS in relation to the hot weather guidance and the Royal Pharmaceutical Society in relation to safe management of medicines in care homes. This ensured people received care that was lawful.

Staff support: induction, training, skills and experience

- There were systems in place for staff support, including an induction, training, supervision and appraisal. This supported staff development in their jobs while effectively caring for people.
- Staff training was planned to help staff to develop their skills and knowledge so they provided appropriate care safely. Training was also provided during an induction and employment at the service. Training included safeguarding adults, basic first aid, care programme approach training, managing behaviour that challenges and medicines management. Staff said, "I have completed a lot of training since I have been here, all of my training is up to date" and "I have finished the training. I have also done the infection control and food and hygiene."
- The registered manager had organised supervision and appraisal meetings for staff throughout the year. Staff discussed positive and challenging experiences in their daily practice. Annual appraisals allowed staff to reflect on their practice including their professional needs and goals.

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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- There were systems in place that obtained people's consent before staff provided care and support. People confirmed staff spoke with them and asked their consent before providing care and support.
- Staff were competent to assess whether people had mental capacity to make decisions for themselves. If a person was assessed and did not have mental capacity staff arranged best interests' meeting to discuss any future needs.
- When necessary the registered manager applied to the local authority for a DoLS assessment. Staff ensured people were cared for in line with the guidance of a DoLS authorisation so people had the least restrictive care.

Adapting service, design, decoration to meet people's needs

- The service was designed to meet people's individual support needs. During our observations we saw that people's bedrooms display artwork, photographs and other personal items.
- The provider had ensured the service was comfortable and adapted to meet people's needs. We noted people who had mobility needs were able to move around their home freely and independently. The home environment was comfortable, people sat with each other in the lounge area and dining room that was homely and nicely decorated.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff prepared meals for people that met their nutritional needs and preferences. People commented, "Yes the food is alright you get a choice" and "Yes, nice food."
- People chose meals that met their individual needs. People confirmed they had a choice in the meals they had and could request an alternative meal if they wanted. There was a dining room where some people ate their meals and others ate their meals where they wanted and staff respected this choice.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People accessed health care services when their needs changed. People attended a Care Programme Approach (CPA) meeting with health and social care staff and people were supported to attend these to give their views on their care. The CPA supports people's recovery from mental illness.
- People were assessed by healthcare professionals when they required specialist services. Records showed that staff supported people to attend health appointments with their GP and Community Mental Health Team (CMHT) and clinics. CMHTs support people living in the community who have complex or serious mental health problems. This helped to manage people's healthcare needs.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff provided care and support in a respectful and kind way. People confirmed that staff treated them well and provided enough time for a discussion of any concern they had. One person said, "They [staff] care for us."
- Staff respected people's needs in relation to equality and diversity. This knowledge was further developed from staff attending equalities and diversity training.
- The registered manager and staff understood how to provide care and support that respected the protected characteristics including race, gender, religion and sexuality in line with the Equality Act. Staff supported people to practice their religious practices and attend support services that met their cultural needs.

Supporting people to express their views and be involved in making decisions about their care

- Staff involved people in their assessments, so they could make decisions about how their received care. Relatives who were involved with their family members care were invited to attend a care review.
- Staff ensured people's care records were updated if changes were identified so staff had accurate updated information.
- People said that staff listened to them and allowed them to raise any issues with them which was supportive. Comments included, "They listen when I talk" and "I speak to them and yes they listen."
- Each person had the support from a member of staff that was their key worker. People had a meeting every month to discuss any issues or concerns, these discussions were recorded and reviewed with the person and their keyworker at the next meeting which helped to monitor changes and progress made.

Respecting and promoting people's privacy, dignity and independence

- People had the privacy they needed at the service which helped to maintain their dignity. Each person had a private bedroom for their sole use. The service had areas where staff and people could have private conversations and people confirmed this.
- People were encouraged by staff to maintain their independence. People went out in their local community. One person went to a local daycentre which they enjoyed because of the friendship groups they joined. Another person enjoyed going to the local shopping area where they enjoyed shopping and eating lunch out independently.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff completed assessments with people that captured changing and new health and social care needs. Assessments included details of their personal history, social activities they enjoyed, medical and mental health care needs, hobbies, interests, what things were important to them and things staff needed to know about people to support them. Each assessment outcome determined whether people's care and support needs could be met at the service.
- People had monthly reassessments of their needs while they were living at the service. Staff identified challenges to people's health and wellbeing needs and acted to improve their health outcomes. For example, records showed a person had lost confidence to go out by themselves to do things they enjoyed. This change in behaviour occurred following a fall where they sustained a fracture while living a previous care home. On admission to Lawrie Park the person could only go out with someone holding their hand which if continued would have led to potential isolation. Staff worked with the person by supporting them to walk outdoors for short distances unaided and then gradually the distance walked increased which meant they were introduced to their local area and activities they liked to do in the past like shopping. This planned and steady change in their behaviour helped the person to regain their confidence and they were able to do things they enjoyed on their own like going out to have coffee, socialising and browsing in local charity shops and go to health appointments on their own which has increased their skill level and improve their independence.
- Staff provided care and support so people were able to manage and improve their health and well-being so they had control over their care outcomes. Records detailed that a person who had been previously lived in a long stay hospital and lost their daily living skills. The person wanted to go out of the service but had lacked these skills. When they did go out by themselves they would go missing and have a relapse in their mental health resulting in a lengthy hospital admission. Staff identified these patterns and worked with the person by taking short walks outdoors with them and then gradually increasing this activity so the person was able to go out independently. The person enjoyed visiting the local barbers themselves, attend the clozapine clinic to collect their medicines at a local hospital and travel to the chiropodist all of which the person was not able to do safely or independently before staff support. This intervention and support helped the person to gain and maintain new skills and to actively increase and maintain their independence as much as possible.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to

follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their care workers.

- Care assessments recorded people's communication needs and this was recorded on their care records.
- Care records were written using an easy read format using pictures and symbols. This format enabled people to better understand information about them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People took part in activities they chose to do and enjoyed. One person said, "[I do] different things each day, cooking in the afternoon with staff. Wednesday skittles, art and crafts." Some people attended activities at home. including, cookery class, relaxation, beauty therapy, quiz and current affairs discussions. The registered manager arranged trips to the seaside and all people went if they chose.
- People had support to achieve their personal goals in relation to their chosen social activities. A person wanted to go away on a planned holiday for a week. The challenge was that staff were managing their medicines including the administration and ordering. Staff worked with the person and introduced self-medication. Following the support from staff the person was able to self-medicate which improved their independence so they could safely go on holiday and take their medicines independently. Staff ordered their medicines in a suitable Monitored Dosage System (MDS) for the duration of the time away. MDS is a medicine management tool that organises a patient's solid oral dose medication according to the day of the week and the time of day it should be taken. The person enjoyed up to three holidays away during the year.
- There were activities provided that met people's cultural needs. Staff supported a person to attend an African Caribbean daycentre that met their cultural needs. The person enjoyed socialising with people who shared a similar cultural heritage and ate lunch there that they enjoyed eating from their childhood.
- People told us that their relatives and friends visited the service and staff respected this choice. During our inspection we saw relatives visiting people and they said they were made to feel welcome.

Improving care quality in response to complaints or concerns

- The provider had systems in place to make a complaint about an aspect of the service. The operations manager followed the complaints policy and process which enabled them to manage each complaint received.
- People said they would make a complaint to the operations manager in the first instance. Where people had made a complaint records showed these were handled appropriately and in line with the provider's guidance.

End of life care and support

- There were systems in place to support people with care, support and treatment at the end of their lives. At the time of the inspection no one using the service had a life limiting illness or needed palliative care.
- Staff discussed people's end of life wishes with them and this information was recorded and staff were updated with any changes. Records included details about pain relief and where people wanted to be at the end of their life. Where people had funeral arrangements in place this was also recorded so staff were aware of who to contact when this was necessary.

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 as good. At this inspection this key question remained the same.

This meant the service was 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

- The operations manager completed audits of the service. Audits reviewed the management of medicines, health and safety during the day and night, care records and the building maintenance. The local authority contracts monitoring team visited the service and reviewed the quality of the care and provided feedback to the registered manager. A health and social care professional commented, "Staff engaged with the residents. There was evidence of person-centred approaches in supporting the service users."
- An action plan was developed and outcomes goals were recorded for staff to follow to address any areas for improvement and acted on. An example of an action point was for all staff to have an annual medicine competency check and to purchase a medicines cup drier. We saw these action points had been completed.
- The Care Quality Commission (CQC) were kept updated with all incidents and events that occurred at the service which allowed these to be monitored and action to be taken as necessary.

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

- People and relatives were asked for their feedback about the quality of the service. Feedback was gathered in a range of ways. This included, twice monthly residents house meetings, key working sessions and formal questionnaires. Any areas raised were dealt with sufficiently, an example of this was people's requests for a change in the menu and this was actioned. People gave positive feedback to us about the service, care, staff and the management team. A health professional commented, "The operations manager displayed a very good knowledge of the care and support needs of the residents. He was able to effectively provide supporting documents that were required during the monitoring visit."
- Staff attended team meetings held at the service which gave them the opportunity to discuss positive and challenging incidents. Staff also discussed the provider's policies for example oral health, communication and recruitment. Meetings were recorded for staff.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The culture of the home was open and transparent and people told us that they enjoyed living at the

service. People and staff enjoyed regular chats together.

- Staff told us they enjoyed working at the service and the team worked well together.
- The registered manager understood the duty of candour and their legal responsibility to share information when concerns are raised or when things go wrong.

Continuous learning and improving care

- The provider had a commitment to continuous learning at the service. The registered manager used audit outcomes to improve the service. Records showed that following a review of some of the provider's policies these were updated to be more robust. For example, the medicines policy was updated to include covert medicines. The operations manager had acted and this update was now in place.
- There was updated out of hours on call system implemented in the service so staff could make contact in an emergency. Senior members of staff including experienced senior care workers could give advice and support in an emergency. Senior staff said they enjoyed giving advice while supporting junior staff.

Working in partnership with others

- Staff worked in partnership with colleagues from health and social care services. This relationship helped people to receive appropriate physical and mental health care and advice when needed.
- There were links developed with advocacy services to help people to have their voices and opinions heard. Staff referred people for this service when they required independent support to help them make decisions for themselves.