

Imperial Lodge

Imperial Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



Overall summary

Imperial Lodge provides accommodation for up to ten people who have mental health and/or substance misuse needs. The home was full at the time of the inspection. The home offered different levels of support depending on people's individual needs. Staff assisted people who require help with day to day routines, including, personal care, meal preparation, shopping, budgeting and supporting people to access community resources.

The provider is a partnership and there was a registered manager in post at Imperial Lodge. 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.

This was an unannounced inspection carried out on 22 and 23 October 2014. The previous inspection was carried out on 4 April 2013 and the service met the regulations that we checked at that time.

Although people's needs had been assessed and care plans developed, health appointments were not recorded to show when people saw a healthcare or social care professional, such as a GP or psychiatrist. Therefore staff

Summary of findings

could not easily know when people's health needs were reviewed and what the outcome was from these appointments. This was a breach of the regulation in relation to care and welfare of people using the service. You can see what action we told the provider to take at the back of the full version of the report.

There was a formal induction programme for new staff. They were also offered one to one support and guidance from the registered manager and deputy manager. However, staff were not provided with sufficient regular training to ensure they were able to meet people's needs effectively. This was a breach of the regulation in relation to supporting staff. You can see what action we told the provider to take at the back of the full version of the report.

There were some systems in place to monitor the quality of the service and people and relatives felt confident to express any concerns, so that these could be addressed. However, the registered manager had not identified that there were areas that needed addressing and improving on to make sure the service was run safely and effectively. This was a breach of the regulation in relation to assessing and monitoring the quality of service provision. You can see what action we told the provider to take at the back of the full version of the report.

There were systems in place to support people to take their medicines. Checks took place to make sure staff

recorded when they administered medicines to people, however the medicine audits were not comprehensive to make sure staff knew people were always receiving their prescribed medicines.

People and their relatives were happy with the care provided. Comments from healthcare professionals were also positive and reported to us that the care people received was good and their individual needs were understood and being met.

People told us that they felt safe and staff treated them with dignity and respect. We found the service to be meeting the requirements of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS).

Staff understood safeguarding and whistleblowing procedures and were clear about the process to follow to report concerns. Staff demonstrated an understanding of people's individual needs and wishes and knew how to meet them. They confirmed they supported people to develop independent living skills.

There was a complaints policy in place so that people and their relatives understood that their complaints would be looked into and they would be told the outcome of their complaints.

Meetings were held with people receiving support and these helped staff to gain people's views. People using the service, relatives and staff said the registered manager was approachable and supportive.

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?

Some aspects of the service were not safe. Staff received training in administering medicines and people were supported to manage their own medicines, where they could. However, there were some shortfalls in how the amount of medicines in the service were recorded which made it difficult to carry out accurate audits on each person's medicines.

People and relatives we spoke with were happy with the service and people said they felt safe. The provider had arrangements in place to safeguard people against the risk of abuse.

Risk assessments were in place for any identified areas of risk. These were reviewed monthly and when a person's condition changed, so that the information reflected current levels of risk.

Appropriate staff recruitment procedures were followed and people confirmed there were enough staff available to meet their needs.

Requires Improvement



Is the service effective?

Some aspects of the service were not effective. Staff did not receive regular training to provide them with skills and knowledge to support people effectively.

People's healthcare appointments were not recorded and therefore there were difficulties in staff monitoring the outcome of people seeing healthcare professionals, such as a GP or psychiatrist.

Staff understood people's rights to make choices about their care and support. Where restrictions were in place the registered manager had considered if this was the least restrictive approach and involved people taking into consideration the requirements of the Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA).

People told us they were happy with the support they received and said staff helped them to develop daily living skills. People were encouraged and/or supported to buy their own food. They were then assisted to cook their own meals.

Requires Improvement



Is the service caring?

The service was caring. People said the staff were friendly and available to talk to. We saw staff talking and listening to people in a caring and professional manner.

We understood from discussions with people using the service that they and their relatives were involved in making decisions about the support they needed. Staff described to us the individual support people required and how they promoted people's independence depending on their needs and abilities.

Good



Summary of findings

Is the service responsive?

The service was responsive. Care plans were in place and these were kept under review so staff had the information they needed to support people appropriately.

People and their relatives said they knew how to raise any concerns and were confident that these would be taken seriously and looked into.

Good



Is the service well-led?

Some aspects of the service were not well led. There were some systems in place to monitor the quality of the service. However, the registered manager had not identified or acted on the shortfalls found at this inspection on staff training and record keeping for people's health appointments.

Accidents and incidents were monitored and where possible action was taken to minimise the risk of similar events happening again.

People, relatives and staff said the registered manager was approachable and available to speak with if they had any concerns.

Requires Improvement



Imperial Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection carried out on 22 and 23 October 2014. The previous inspection was carried out on 4 April 2013 and the service was meeting the regulations we checked at that time.

One inspector carried out the inspection visit. Before we visited the service we looked at the information we held about the service. This included reviewing the previous inspection report and reviewing if there had been any safeguarding concerns or complaints about the service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service,

what the service does well and improvements they plan to make. We also received feedback from a healthcare manager, forensic community psychiatric nurse, a nurse specialist in mental health and a mental health nurse who were involved with the service.

During the inspection, we spoke with six people who used the service. We also spoke with two relatives, the registered manager, deputy manager, two care assistants and two activity co-ordinators. In addition we met with a vocational worker from the local mental health trust.

We carried out general observations and viewed two people's care records, which included their care plan and risk assessments. We looked at two employment records to check on the recruitment process and staff training records. We also looked at other records, such as medicine and health and safety audits. Furthermore we undertook a tour of the building and viewed the storage of medicines.

We requested information after the inspection visit regarding recruitment which the registered manager provided.

Is the service safe?

Our findings

People confirmed they knew why they were prescribed the medicines they were taking. One person told us, “I do know why I have to take the medicines as they keep me well”. Three people talked about how they looked after and took their own medicines without staff support. People also confirmed that the staff checked they had taken their medicines at least once a week. The registered manager told us he assessed each person to see if they were ready to take on this responsibility. This process was done in steps so that it was slowly introduced and monitored by the staff team. People had signed a consent form and plan agreeing to taking on this task for themselves which we saw on the files we viewed.

Staff confirmed to us that only those staff who had attended training were able to administer medicines. Staff explained they shadowed experienced and trained staff to see how the task of medicine administration was safely carried out.

We saw that although the deputy manager had carried out counts and checks of the medicines and there were no gaps on the Medicine Administration Records (MAR), the audit trail did not include any counts on the newly delivered medicines and the medicines carried over from the previous 28 day cycle. We found for one person’s medicine there were three extra tablets than there should have been which had not been identified by the registered manager or deputy manager. Therefore due to how the medicines were recorded we could not know if the person had received their medicines or not. The registered manager said he would address this immediately to clearly record the full amount of medicines in the service for each person. This would enable staff to carry out detailed checks and make sure people safely received their prescribed medicines. The medicine policy which had been reviewed by the registered manager in February 2014 covered the main areas such as what to do if a person refused to take their medicines and action to take if a person was going on social leave to visit family or friends.

All of the six people we spoke with said they felt safe living in the service. One person said, “I would report anything I was worried about to the manager.” People said they felt able to raise any issues or if they had concerns about their safety with staff. We saw evidence on two people’s files that they met every week with their keyworker (this is a named

member of staff who is in charge of meeting the person and reviewing their needs and well-being). People confirmed the meetings took place every week, sometime more if needed and that this gave them the chance to talk through worries and problems. One healthcare professional commented that the service was very safe. Another professional told us that the service makes every attempt to ensure that the person they worked with was safe. Two relatives confirmed that their family member was safe in the service and went out with staff in the community due to their individual needs.

Policies and procedures were in place for safeguarding and whistleblowing. Staff were able to recognise possible signs of abuse. They were clear how to identify and report any suspicions of abuse to the registered manager and if necessary take action to keep the person safe. One staff member confirmed they understood the whistleblowing procedures and knew they could contact the local authority if they had safeguarding concerns. However, one member of staff was not aware of the external agencies to report to if the registered manager had not dealt with a potential abuse incident or allegation. We informed the registered manager who told us he would remind all staff of reporting procedures if they suspected a person living in the service was at risk of abuse and/or harm.

We saw risk assessments were in place and these outlined the identified risk and appropriate interventions were recorded to minimise the risks whilst promoting people’s independence. Feedback from professionals was all positive and they confirmed the risk management plans were regularly reviewed. Another professional told us that they found the staff to be good at “positive risk taking”.

Although the registered manager said there was no policy for unforeseeable emergencies they and the deputy manager lived nearby and he confirmed staff were aware of all emergency numbers which we saw located in the office. We saw a risk management and contingency plan for one person who lived in the service and this highlighted a risk of alcohol misuse, and the plan to support the person should the need arise. Accident forms were completed for accidents/injuries and these were reviewed by the manager. The registered manager told us he carried out audits to look for any trends and we saw he had made comments against some of the incident records.

We viewed a sample of equipment servicing and maintenance records. These showed that equipment such

Is the service safe?

as the gas appliances, the fire alarm and emergency lighting systems had been checked and maintained at the required intervals, to minimise the risk to people and staff. The last practice fire evacuation was held in April 2014 to inform staff and the people living in the service of what to do in the event of a fire.

People told us that there were always enough staff to help them if they needed to talk with staff or go out with them. We looked at the staff rota covering a period of two weeks and saw that there were a minimum of three staff on duty during the week. This was usually two care assistants and an activity co-ordinator who worked during the weekdays. Three staff members said they felt there were enough staff working on a shift to meet the needs of the people in the service.

We viewed two staff employment files. On day one of the inspection we found some shortfalls in the information held on staff files. Although staff had criminal checks carried out and two references were obtained, we found gaps in education and employment dates. References had also not been verified to check they were genuine. We saw on the second day of the inspection that the registered manager had requested the necessary information and that where they could, references had been verified. The registered manager informed us the day after the inspection that he had completed a check on all of the staff employment files to make sure he knew that the required information was in place.

Is the service effective?

Our findings

Feedback from staff on the training they received was mixed. One staff member talked about the mental health awareness course they were currently completing and the registered manager confirmed that he would be supporting all staff to complete this course. However, another member of staff who had worked in the service for the past six months told us they had only completed one course on the role of a carer. Three staff we met could not give us many details of the training they had completed.

We looked at a sample of training certificates and saw that there were many gaps for staff who had not completed training in subjects relevant to the work they were carrying out. The training records showed that six staff had attended medicine administration training but only one staff member had completed this training in 2014. The other five staff members had completed training between 2009 and 2013. We also saw that four staff had not completed any safeguarding training, two of these staff had worked in the home for six months, nine staff had not completed infection control training and ten staff had not received health and safety training. Staff had also not received any training on the Mental Capacity Act 2005. The registered manager told us he was arranging for staff to complete training but there was no plan available to show how this was going to be organised and monitored in a timely way. Therefore we could not be confident that people were supported by skilled and competent staff.

This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People told us they had access to healthcare professionals and that many of them visited the person at the service. Feedback from one healthcare professional stated that the staff team seemed to have good knowledge of the mental and physical health conditions of the people living in the service. We saw that people's weight was monitored on a monthly basis so that staff could check if people were gaining or losing weight and act on any changes. Another healthcare professional told us that there had been significant improvements in the person's physical and mental health conditions. Eight out of the ten people living in the service could go out without staff support and the majority attended appointments alone. The expectation was that people fed back to staff the outcome of the appointment, however it was not clear how staff would

record the outcome of appointments if they did not attend with people. The registered manager informed us that where staff went with people to health appointments this would be recorded in the house diary and in the daily notes that the visit had taken place. However, registered the manager was not able to show us any examples of where a health appointment had been recorded in a person's daily notes and there were no other records to evidence when appointments had taken place along with the outcome. Therefore there was no clear system in place for staff to record and monitor people's individual health needs and respond appropriately if there were any changes in people's health needs.

This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

One person told us, "As far as I know the staff know what they are doing." Staff all confirmed they had received an induction to the service. The registered manager had recently introduced using the Skills for Care Common Induction Standards for new staff. One new member of staff confirmed they were working through this workbook. Also as part of the induction process new staff read the policies and procedures and shadowed more experienced staff members. The registered manager confirmed staff received one to one supervision meetings every two to three months, and that by the end of 2014 staff would have received their annual appraisal. We saw records showing that the deputy manager had also met with staff if she felt they needed additional support.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). This is where the provider must ensure that people's freedom is not unduly restricted. Where restrictions need to be put in place for a person's safety then there must be evidence that the person, their representatives and professionals involved in their lives have all agreed on the least restrictive way to support the person. We found the registered manager was aware of some of their responsibilities in making sure people were not unlawfully deprived of their liberty. The registered manager had requested the local authority to undertake a DoLS assessment for one person, and was going to submit a second request for another person who used the service.

We saw information on the Mental Capacity Act 2005 so that staff were familiar with this legislation and the impact it could have on their everyday work practice. Staff we

Is the service effective?

spoke with were aware that people had rights to make daily choices and to not have their freedom restricted. The home had restrictions in place, such as locking the two freezers and one fridge in the kitchen and locking the kitchen from midnight to 6am. The registered manager said this was so that the people living in the service did not take food that was not theirs or cook during the night which could pose a risk to themselves and/or others. Staff were available to unlock the freezers and the kitchen and the registered manager told us he had informed people upon admission of these restrictions. He also stated this was discussed in meetings with people, however, we did not see evidence of this subject being talked about with the people living in the service.

The registered manager provided evidence that he had updated the statement of purpose and service users' guide to inform people of these restrictions. Consent forms had also been produced which the registered manager said people had signed agreeing to the restrictions in the service, however, we did not verify at this inspection that

this had been done. Through feedback from healthcare professionals we were satisfied that the registered manager had good working relationships with them and would consult with the relevant professional and the person living in the service.

People told us about how they shopped for and cooked their own meals. One person said staff helped them consider healthy meals and that they had choices regarding what they wanted to eat and cook. A healthcare professional told us that people had all the opportunities to express their choices about their meals. One staff member explained that some people had their own cooking equipment such as individual crockery and cutlery items. This was important for those people who had spiritual beliefs where this practice would need to be in place in order for their needs and wishes to be met. Where staff had concerns about what a person was eating or drinking we saw they recorded the drinks and meals people had each day so that this could be monitored and shared if necessary with healthcare professionals.

Is the service caring?

Our findings

One person told us that staff were approachable and helpful. Another person confirmed staff didn't make them do anything they didn't want to do and they could spend time in the communal areas or in their bedrooms. The interactions we observed between staff and people were positive and indicated that staff had developed good relationships with people. The atmosphere was relaxed with staff engaging with people throughout the inspection. We saw staff responded to people's requests quickly. For example if they required assistance with personal care then this was acted on quickly. Staff spent time talking with people throughout the inspection and took part in playing board games or they were outside in the smoking area where some people spent a lot of time. We observed staff spent time being available for people to talk with as and when they needed to. As people could verbalise their needs and wishes staff were able to support people appropriately and encourage them to develop their independent skills, such as cooking and cleaning and maintain positive health, by seeing family and friends. One healthcare professional told us that the staff team encouraged people to have autonomy and promoted their independence and decision making skills.

People confirmed they met with staff regularly and were involved in how their lives were progressing. The care records provided a good picture of each person, their needs and how these were to be met. There was evidence in the records that staff promoted the involvement of the person who used the service. People had the opportunity to record their feedback on whether they agreed with their risk assessments and we saw on one file that one person had written they did not agree with the presenting risks. The registered manager said they respected people's right to record if they did not agree to the contents of the risk

assessment. One person confirmed they were involved in what staff wrote about them. Reviews took place with the person usually in the home so that they could feel comfortable in expressing their views about the support and care they were receiving.

We saw that staff motivated people whilst accepting their decisions to make choices about how they spent their time. Some people preferred to go out whilst others needed staff to prompt them to engage in activities. One person confirmed that they could come and go during the day. Staff confirmed they encouraged people to make choices about their lives, such as the times they got up, if they took part in activities and whether they were ready and able to look after their own medicines. Staff said they made every attempt to support people to make decisions and demonstrated a good understanding of their needs and were able to describe the different levels of care people required. This showed that people using the service were supported by well-informed staff who took into account people's individual needs.

People were supported to follow their beliefs and faiths and one person explained how they attended their preferred place of worship. People said they received support from friends, family or professionals. The registered manager said there was no-one currently accessing any advocacy services but that this could be arranged if requested.

People told us they often went out to meet family or friends; however, they confirmed they could have visitors in the service. We met with two relatives who said the staff team worked well with their family member and the registered manager was knowledgeable. A healthcare professional commented that the staff team showed a caring attitude, were professional and had a high level of knowledge in mental health.

Is the service responsive?

Our findings

People told us they liked to spend time seeing family and friends. They accessed community resources when they felt able to. One person said they were keen to be more independent and move on and they were hopeful they had gained enough daily living skills, such as shopping and cooking so that they could move to their own home. The registered manager told us there was no time limit regarding people staying in the service, although the aim was that most people did not stay for many years. However, every person was assessed individually with their future planned with the person, their family and relevant professionals.

We saw from the files we viewed that people who wished to move to the service had their needs assessed by the registered manager to ensure the service was able to meet their needs and expectations. The registered manager confirmed he had accepted emergency admissions where he had to assess the person's needs over a short period of time. A healthcare professional told us that the staff were good at assessing and accommodating forensic referrals at very short notice. Another healthcare professional said the staff team were proactive and responsive in a crisis.

Two people recalled seeing and being involved in what was written about them so that they could give their views on the support they felt they needed. We saw that care plans were in place to ensure that staff helped people to maintain as much of their independence as possible. The care plans detailed the level of independence the person had and the support they might require. Staff were knowledgeable about people's needs and the care plans we looked at provided information about how to meet these needs. A healthcare professional commented that the documentation was up to date and appropriate.

The registered manager had recently employed two designated activity co-ordinators who worked five days a week. This was a new role and was still being developed. It had been introduced following the registered manager's assessment of staffing levels and from feedback from some professionals which we saw in two satisfaction surveys that

we viewed where they had commented that there could be more activities. The home did not have set activities each day but rather staff talked with people to see what they wanted to engage in.

We met with a healthcare professional during the inspection who told us they supported some people to look at where they spent their time. For example, where possible, people were encouraged to consider taking part in voluntary work, employment or attend a college course. They said the staff were supportive and helped the person identify what they felt able to engage in. The healthcare professional said the staff were good at communicating back to them any issues or concerns in finding suitable work or college courses.

Community meetings were held where people could contribute their views and hear news about the service. The last one we saw had been held on 15 October 2014. Satisfaction surveys were also given to people living in the service. The last completed surveys we viewed were from January 2014 and all of them were positive bar one response. We saw evidence of where the person had written negative comments and how the registered manager had responded to those comments. A response on a satisfaction survey completed by a healthcare professional in June 2014 said that the service had a "warm, friendly atmosphere".

We saw a complaints policy and procedure which was also referred to in the statement of purpose and service users' guide. People we spoke with confirmed they would talk with staff or seek out the registered manager to raise any complaints. The relatives we met also said they would talk with the registered manager to resolve any problems. The community meetings and one to one meetings with people's keyworkers were also an opportunity for people to voice any issues. Where a complaint had been received, we saw this had been investigated and the outcome communicated to the complainant. Therefore people and their representatives could be confident that complaints were taken seriously by the registered manager and would be responded to in a timely way.

Is the service well-led?

Our findings

There were positive comments about the registered manager and the service. However, during the inspection we had found shortfalls with the lack of staff training. An external audit had also been carried out so that the registered manager had an external person provide him with an objective assessment of the service. We saw this last took place in July 2014 and this had also identified issues with a lack of staff training. The registered manager had recently signed up to using the Skills for Care employer development plan which would be looking at staff development and the training provided to staff but there was no training plan in place to show how and when the registered manager would ensure staff received all the necessary training to support people appropriately.

Furthermore the others areas we found that needed to be addressed such as how the medicine audits were carried out and the recording of people's health appointments and their outcomes had not been identified by the registered manager. Overall this demonstrated that the registered manager did not have sufficient audits on these aspects of the service.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Records showed that there were some checks in place and these were carried out in different areas of the service. For example we saw health and safety audits and these covered fire safety, water temperature checks and maintenance checks. Where faults had been identified we saw that action had been taken to rectify any issues

There was a registered manager in post at the time of our inspection. They had been in post since 2012 when the service opened. In our discussions with them it was clear that they were familiar

The individual needs of the people who used the service. The registered manager was a qualified mental health nurse and had worked with people with mental health needs for several years. People said they could see and talk with the registered manager whenever they wanted to. One person said the registered manager was "visible" in the

service and that he did not stay all the time in the office. Another person told us if they had anything they wanted to talk about the registered manager was available to speak with. A healthcare professional said that the registered manager had a great deal of experience and knowledge in working with people with complex mental health needs, whilst another said the service was "well led".

We saw that a staff meeting had not been held since April 2014, although the statement of purpose noted these would be held every month. The registered manager explained there had been difficulties in getting all the staff team together and at the same time have staff available to support and be with the people living in the service. Therefore we saw that staff communicated between each other on shift, or by leaving a message in the communication book. For important messages the registered manager also wrote staff memos, of which we saw one dated in September 2014 to share information with staff. Staff said the communication in the service was good and that they could talk with the registered manager or deputy manager at any time. One staff member said they felt able to share any ideas they had with the registered manager.

Staff told us they were clear about their roles and responsibilities. There were plans in place so that staff knew who was supporting people in the kitchen and who was in charge of making sure the home was clean. The registered manager told us at the start of the inspection that a good thing about the service was that the staff team know their roles and the aims of the service. We saw the employee handbook which gave new staff information about what to expect from working in the service.

The statement of purpose included the visions and values of the service, for example, "we provide a link between inpatient and independent community living. We strive to help our clients (people who live in the home) to develop new skills and enhance their existing living skills". We saw evidence of this during the two day inspection from the feedback from the people living in the service and from the healthcare professional's positive comments on the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff The registered person did not have suitable arrangements in place to ensure that persons employed for the purposes of carrying on the regulated activity received appropriate training. Regulation 23(1)(a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records The registered person had not ensured that there was an accurate record of each service user in relation to their care and treatment. Regulation 20(1)(a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers The registered person did not have an effective system in place to regularly assess and monitor the quality of the services provided. Regulation 10(1)(a)(b)