

Surrey Rest Homes Limited

Heath Lodge Care Home

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 ●

Summary of findings

Overall summary

About the service

Heath Lodge accommodates up to 23 older people in one adapted building. The building was originally an ordinary home which has been extended and adapted to become a care home. At the time of our inspection 19 people were living at Heath Lodge. Many of the people living at Heath Lodge were living with dementia.

People's experience of using this service

People were supported to have choice in their day to day lives and staff supported them in the least restrictive way possible and in their best interests. However, the provider had not always followed best practice guidance in terms of seeking consent. The systems around ensuring deprivation of liberty safeguards were followed were not always robust.

People and relatives told us they were involved in their assessments and in reviews of their care needs. Records showed care plans were reviewed and updated regularly. Further work is needed to ensure records are clear about what people's current needs and preferences are.

Feedback from people, relatives and professionals was collected regularly. Most people had a positive experience, however, relatives and professionals had noted the décor required updating. There was a plan in place to redecorate the home.

There were quality assurance and audit systems in place. These had not identified the issues with consent or the content of the care files. The registered manager was very responsive to our feedback and has a plan in place to improve the quality of record keeping within the service.

People and relatives told us they had a positive experience of care and support at Heath Lodge. They told us there was a family atmosphere and they were supported by kind, compassionate staff who knew them and their needs well. We saw staff interacted with people positively and engaged them in activities that were suitable for their needs.

People were kept safe by staff who knew how to support them safely. The registered manager had a plan in place to update risk assessment to ensure they reflect the knowledge of staff. Staff knew how to identify and respond to allegations of abuse.

There were enough staff working to ensure people's needs were met. People and relatives commented that the staff team was stable, and this helped ensure people's needs were met. Staff were recruited in a way that ensured they were suitable to work in a care setting.

People's healthcare needs were met, and they were supported to follow the advice of healthcare professionals.

People told us they liked the food and we saw people were supported to eat in a kind way by staff who respected their choices and promoted their independence in eating.

Relatives confirmed they were able to visit when they wished, which supported people to maintain their relationships and links with their community.

People and relatives knew how to make complaints. Complaints had been investigated and responded to appropriately.

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

Rating at last inspection:

The last rating for this service was good (published July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to consent and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Heath Lodge Care Home

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

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Heath Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 was unannounced.

What we did before the inspection

We reviewed the information we already held about the service in the form of notifications that had been submitted to us. Notifications are information about events or incidents which providers are required by law to inform us about. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who lived in the home and four relatives. We spoke with seven members of staff including the registered manager, the deputy manager, two senior healthcare assistants, two healthcare assistants and a domestic assistant. We also spoke with a visiting healthcare professional and visiting activities facilitator. We reviewed three people's care files, including assessments, care plans and records of care. We reviewed medicines records and storage within the home. We reviewed three staff files including recruitment and supervision records. We reviewed health and safety records, meeting records, surveys, audits and other records relevant to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We reviewed updated information and action plans submitted by the registered manager.

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 now deteriorated to requires improvement. 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.

Assessing risk, safety monitoring and management

- People were not consistently supported to stay safe as risk assessments lacked details. Staff relied on their experience and verbal handovers from colleagues to know how to support people safely.
- Some people behaved in a way that put themselves, or staff, at risk of harm. The risk assessments in place did not provide details of the measures staff should undertake to keep the person and themselves safe. Staff were able to describe the steps they took in detail, but this was not captured in the risk assessment. Staff confirmed this learning was shared through shadowing and informal meetings.
- Other risk assessments, including those for supporting people with moving and handling, or to maintain their skin health, lacked specific details needed to ensure staff supported people to be safe.
- After the inspection the registered manager submitted an updated risk assessment which demonstrated they understood the level of detail required for a robust risk assessment. We will follow up on our next inspection to ensure this improvement has been applied across all risk assessments and embedded as is required.

Using medicines safely

- People were supported to take their medicines by staff who were competent to support them. However, information to support the safe administration of medicines was not in line with best practice guidance.
- People did not have medicines care plans, and the only information available to staff about people's daily medicines were the prescribing instructions. After the inspection the registered manager sent us some sample updated medicines plans which showed they had understood the requirements of the guidance. We will check that these have been embedded across the service when we next inspect Heath Lodge.
- There was clear guidance to support staff to administer medicines which were prescribed on an 'as needed' basis.
- We reviewed medicines records which showed people received their medicines as prescribed.

Learning lessons when things go wrong

- Staff recorded incidents in a variety of places depending on the nature of the incident. For example, incidents relating to people's behaviour were recorded in their care files, but falls and an incident where a person went missing from the home were recorded in an incidents book. This meant there were differences in how incidents of different types were responded to.
- Records showed that following incidents that were recorded in the incident book the management team reviewed incidents and maintained an audit tool. Incidents relating to people's behaviour were not captured in these audits. This meant there was a risk that patterns were not identified as the incidents were

not being analysed.

- Records showed that all types of incidents were discussed in staff handovers, and group supervisions. Where information, or changes to people's support, needed to be communicated this was done quickly via these meetings.

Staffing and recruitment

- People and relatives told us, and our observations confirmed, there were enough staff deployed to ensure people's needs were met. One relative said, "There's always enough staff and some have been here many years. It makes a difference because they have developed good solid relationships with the residents."
- Staff told us they thought there were enough staff, and they did not feel they had to rush to support people. Unplanned staff absences were covered by the existing staff team, some of whom lived onsite which meant people were never supported by unfamiliar staff.
- Records showed staff had been recruited in a way that ensured they were suitable to work in a care setting. Some staff had been recruited from abroad, or had not previously been in work, which meant the provider had to rely on character rather than employment references. The registered manager completed risk assessments where this was the case.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and neglect by staff who were knowledgeable about how to identify and respond to concerns.
- Although we found concerns relating to the safety of the service, people and relatives told us they felt safe living at Heath Lodge. One relative said, "I have peace of mind and can now sleep well at night knowing my family member is safe and well cared for."
- Records showed allegations of abuse were appropriately reported and investigated, with measures put in place to protect people from the risk of abuse.

Preventing and controlling infection

- Heath Lodge was clean and free from malodour.
- Domestic staff ensured the home was clean and described how they completed domestic tasks in a way that minimised the risks of cross contamination and infection. We saw personal protective equipment was available to staff and used appropriately.
- The deputy manager and registered manager completed infection control audits to ensure high standards were maintained.

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 question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- Heath lodge was not consistently applying the principles of the MCA. We found that relatives had signed to indicate their consent to people's care and treatment when they did not have legal authority to do so.
- The registered manager had applied to the local authority for DoLS as appropriate. However, they had not maintained clear records when DoLS had been granted. After the inspection they submitted an authorised DoLS which showed conditions had been applied to the authorisation. While these had been followed, it was not clear how the provider had ensured this, as the authorisation was not in the person's file, or the designated DoLS folder in the office during the inspection.

The above issues are a breach of Regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- After the inspection the registered manager sent us records to confirm which DoLS had been granted and a copy of a group supervision where they had discussed the recording requirements with staff. We will follow up on the effectiveness of these measures on our next inspection.
- We saw people were offered choices throughout the inspection. These included choices about activities, food and where people spent their time. People were offered choices by staff who adjusted their communication to support people to understand the choices on offer.

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

- Heath Lodge is an adapted and converted property. Adaptations have been made to make it suitable for

use as a care home, including the installation of a stair lift.

- The building itself poses challenges to the provider in terms of making it dementia friendly, as there are long corridors and rooms that can only be accessed through other rooms. The provider has used visual signage to support people to be able to identify rooms.
- The registered manager recognised that the décor of the home required some attention. They submitted a plan for the redecoration of the home. While this will refresh the appearance of bedrooms and communal areas, it will not address issues with the layout of the building. For example, it will not address issues such as the fact that to access washing facilities from their bedrooms some people have to move through the lounge.
- Relatives told us the homely atmosphere and appearance of Heath Lodge was one of the reasons they chose it for their family members. They said the appearance meant it felt like home to their relatives, who were able to personalise their bedrooms and have some of their possessions in communal areas if they wished.

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

- People's needs were assessed comprehensively, and people's needs and choices were described in detail in care plans.
- People and relatives told us they were involved in the assessment process when they moved into the home. We saw initial care plans created for people who had recently moved to Heath Lodge contained detailed information about people's views and preferences.
- Relatives told us they had been able to visit the home before their family members moved in, and a visiting healthcare professional told us they were pleased with the transition process for a person who had recently moved in. They told us the person had settled in well and staff had spent time getting to know them.

Staff support: induction, training, skills and experience

- Staff told us, and records confirmed they received the training and support they needed to perform their roles. People and relatives told us they were confident in the skills and abilities of the staff who supported them.
- Records showed staff completed an induction to their role and orientation to the home when they started work. The provider had links with a local college and supported staff with additional English language courses where this was needed. The registered manager explained they had a bespoke arrangement with the college who were able to focus on the technical language used in care settings which were not usually included in English language courses.
- Records showed staff completed training in areas relevant to their roles. This included training in areas that reflected the needs of people who lived in the home, such as dementia care, end of life care and supporting people whose behaviour put them or others at risk of harm.

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

- People were supported by staff in a kind and sensitive way which ensured their dietary needs and preferences were met.
- People told us they liked the food. One person said, "My food was really good and I had two helpings. I really enjoyed it."
- We saw staff took time to support people who needed help to eat. One person had a significantly reduced appetite during the inspection. Staff arranged for a small portion of a meal they knew the person liked to be made specially for them. They then encouraged the person to eat. We saw genuine concern from staff as they communicated with each other about this person's appetite.
- People were involved in planning the menu through regular meetings and feedback. We saw there were two main choices for each meal, with alternatives being prepared if people did not like those options.

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

- People were supported by staff who communicated well with other agencies and healthcare services involved in their care and treatment.
- Records showed people were supported to see healthcare professionals, including the GP, community nurses, podiatry, dentists and opticians as they needed. The advice of healthcare professionals was recorded in people's care plan evaluations and shared with the staff through daily handovers. This ensured people were supported to follow the advice of healthcare professionals.
- We saw visiting healthcare professionals were welcomed to the home and clearly communicated with the staff team to ensure people received the care they needed. One of the visiting healthcare professionals confirmed they found the working relationship with the home was positive and worked for the benefit of people who lived in the home.

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

- People were treated well by a staff team who demonstrated compassion and tenderness in their interactions with people at all times.
- We saw staff knelt down to communicate with people, ensuring they maintained eye contact and responded appropriately to people's communication. We heard one resident say to a member of staff, "I wish I was your mum because you are so lovely."
- Care plans contained details of people's religious beliefs and cultural backgrounds. Records included whether people continued to practice their faith, and any support they needed to do this.
- Staff demonstrated they understood the importance of respecting people's diverse characteristics. One staff member described how one person who lived in the home identified as lesbian, gay bisexual or transgender (LGBT). They told us it was important they recognised this person's experience, and that they had been proud the person felt safe and confident to disclose their sexual identity.

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

- People were supported by staff who respected their decisions and supported them to express themselves.
- Although care plans lacked details about people's preferences, staff were able to describe these in great detail. We saw staff offered people choices in a way that facilitated their understanding.
- People and their relatives where appropriate were asked to give feedback about their experiences of care. This helped ensure the care they received reflected their preferences.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who respected their privacy and promoted their independence.
- We saw staff knocked on people's doors before going into their bedrooms. We saw staff prompted people for support with personal care in a sensitive and subtle way.
- People were supported in a way that promoted their dignity. We saw several people were at risk of compromising their own dignity and staff acted promptly to ensure people's dignity was maintained.
- Care plans contained information about the tasks that people could complete independently and staff described how they ensured people continued to use the skills they had. For example, at lunch we saw people were encouraged to feed themselves before staff supported them to eat.

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 requires improvement. At this inspection this key question has improved to good. This meant people's needs were met.

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

- People received personalised care from staff who knew them well.
- Staff confirmed they found out how to support people by asking them. One member of staff said, "The care plans are like a starting point. The detail is learned when you do shadowing."
- Care plans were written when people first moved in, and then continuously updated through evaluation and review. This meant the most prominent information in the files was the oldest and most out of date. Staff were knowledgeable about people's current needs as they were updated through handovers and supervision meetings.
- Although care plans lacked detail about people's exact preferences, staff knew people's preferences from working with them regularly.
- In response to this feedback the registered manager acknowledged the need to refresh care plans and archive out of date information. They submitted an updated care plan which showed they had understood the level of detail required in care plans. We will check that this had been fully implemented when we next inspect Heath Lodge.
- Records of care showed that people received the support they needed to have their needs met.

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 carers.

- Important policies and procedures were made available to people and their relatives in a format that was accessible to them. We saw the complaints policy and statement of purpose were displayed in different formats across the home.
- Although people's communication needs were not always well described in people's care plans, we saw staff supported people's communication well. For example, we saw staff adjusted the tone and style of their language for different people. Where people used aids to facilitate their communicate this was clearly recorded.

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

- At our last inspection in July 2017 we made a recommendation about activities. Heath Lodge have worked to ensure people are given a range of opportunities for activities and engagement.
- We saw care assistants offered people positive opportunities for engagement that reflected people's

interests. For example, we saw a care assistant reading a magazine with a person and they joked together about what houses they would live in when they won the lottery. Another care assistant supported someone to read a book about their favourite sport.

- An external activities coordinator visited the home three days a week. Feedback from people and relatives was positive about their enthusiastic facilitation of games such as skittles and bingo.
- People living in the home who were living with dementia were provided with sensory aids to keep them stimulated and engaged. People had knitted and crocheted sleeves which we saw they played with during the inspection.

Improving care quality in response to complaints or concerns

- People and relatives knew how to make complaints, and the complaints policy was made available to people and their families.
- A relative said, "They have an open door policy here, so I would go straight to the manager but, in honesty, I do not think I have had, nor would have, any reason to complain. My relative has been here many years and I have never had cause to complain"
- Records showed complaints and concerns raised were investigated and responded to appropriately.

End of life care and support

- Feedback received in the form of thank you cards and letters from bereaved families showed people received appropriate care at the last stages of their lives.
- Heath Lodge was working with the local health services to ensure clear information about people's end of life care wishes and needs were recorded. Some work was still needed to strengthen the level of detail in people's care files. The provider audits had identified there were gaps where family members were unable to complete information.
- At the time of the inspection no one was receiving end of life care.

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 has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager, who also was the registered manager for a second care home, was supported by a deputy manager at Heath Lodge. Together they completed a range of audits to monitor the quality and safety of the service.
- There were regular medicines audits which included monitoring the use of different types of medicines to ensure they were being used appropriately. However, these had not identified they were not following best practice guidance for medicines care plans.
- The audits of care plans identified where actions were needed to update care plans to reflect people's current needs. However, they had not identified that the format of care files meant it was difficult to locate the most up to date information or that the level of detail about people's preferences was lacking.
- The audits had not identified that family members were providing consent without legal authority. Nor had they identified that the systems for monitoring and following people's DoLS were not operating effectively.

The above issues are a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- After the inspection the registered manager submitted an action plan with timescales which showed they intended to update care plans and archive out of date information. We will check that this has been effective when we next inspect Heath Lodge.
- People and relatives said the management team were welcoming and open to feedback.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The culture at the home was positive and focussed on delivering caring and sensitive support to people living in the home.
- Relatives told us the homely atmosphere and family-like culture of the service had strongly influenced their decision to choose Heath Lodge as a place to live. One relative said, "It was the way that people are encouraged to, and able to, treat it like their own home that made the decision. No one is going to fuss if [my relative] moves the ornaments because that's what they would do at home."
- Another relative commented, "The home may not be immaculate, but the way the staff interact with the

residents, and are not afraid to show they care is, I think, much more important."

- Staff supervisions and meeting records showed there was a focus on supporting people in a person centred way that was embedded in the home.

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 CQC sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The registered manager understood these responsibilities.
- Records showed and relatives confirmed that staff informed them of any incidents and communicated about things that took place in the service. One relative said, "Communication is really good. They always tell me if there is something I should know about."
- Although the provider had notified us of incidents and safeguarding concerns as required, they had not informed us when people had DoLS authorised as is required by the regulations. The registered manager told us they had not realised they needed to inform us. After the inspection they submitted notifications where DoLS had been granted.

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

- People and relatives told us they were asked for their feedback about the service.
- People, relatives, staff and professional visitors were all asked to complete an annual survey to provide feedback about the service. We saw this was always positive about people's experience of care, though increasingly relatives and staff identified that the décor of the home could be improved.
- The provider developed an action plan in response to the feedback received from questionnaires, and this included a rolling programme of redecoration for the home.

Continuous learning and improving care

- The registered manager was very responsive to feedback given during the inspection; immediate actions were taken and plans put in place to embed the changes required.
- Records showed learning from incidents, or developments in practice, were shared across the staff team quickly via group supervisions and team meetings.
- The registered manager described how they kept up to date with developments in the field by attending networks and training events.

Working in partnership with others

- Feedback from professionals was positive about Heath Lodge working well with other organisations.
- Staff worked well with other organisations to ensure people's needs were met.
- The provider had established effective, mutually beneficial relationships with other local organisations. These included the local college who provided English language courses for staff and the provider supported the college's health and social care students with placements and work experience.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Relatives who did not have appropriate legal authority had been asked to consent to people's care. Regulation 11(1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The quality assurance systems had not operated effectively to identify and address issues with the quality and safety of the service. Regulation 17(1)(2)