

Forest Residential Care Homes Limited

Carmen Lodge

Inspection report

13 Bushwood
Leytonstone
London
E11 3AY

Tel: 02085329789

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We inspected Carmen Lodge on 2 October 2017. This was an unannounced inspection. On the 24 and 27 November 2015 we carried out an unannounced inspection of the service. The service was overall rated as Good however we found the service did not have a robust recruitment system in place. We issued one requirement action. At this inspection we found improvements had been made.

The service provides accommodation and support with personal care for up to 11 adults with mental health conditions. At the time of our inspection 10 people were using the service.

There was a registered manager in post. 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.

The experiences of people who lived at the service were positive. People and their relatives told us they felt the service was safe, staff were kind and the care they received was good. Staff had a good understanding of their responsibility with regard to safeguarding adults.

Risk assessments were in place which provided guidance on how to support people safely. Medicines were managed in a safe manner. The service employed sufficient numbers of suitable staff to meet people's needs. People's finances were managed safely.

Staff undertook training and received regular supervision to help support them to provide effective care. Staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA and DoLS is legislation protecting people who are unable to make decisions for themselves or whom the state has decided need to be deprived of their liberty in their own best interests. We saw people were able to choose what they ate and drank.

Person centred support plans were in place and people and their relatives were involved in planning the care and support they received.

People's cultural and religious needs were respected when planning and delivering care. Discussions with staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people could feel accepted, safe and welcomed in the service.

People had access to a wide variety of activities within the community. The provider had a complaint procedure in place. People knew how to make a complaint.

The service used inclusive ways to enable people and staff be empowered and voice their opinions in all aspects of the service. Staff were motivated and felt supported by the registered manager. Health and social

care professionals spoke enthusiastically about how the service was run. There was a strong emphasis on improvement, driven by the registered manager. Monitoring by the management team ensured that quality and safety issues were addressed quickly. People were asked to give their views and were involved in the recruitment process, they were listened to and their responses were addressed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff were able to explain to us what constituted abuse and the action they would take to escalate concerns.

Risk assessments were in place which set out how to manage and reduce the risks people faced

Medicines were stored and administered safely.

Staff were recruited appropriately and adequate numbers were on duty to meet people's needs.

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Good ●

The service remains Good.

Carmen 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 was planned to check 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 inspection took place on 2 October 2017 and was unannounced. The inspection team consisted of one inspector. Before the inspection we reviewed the information we held about this service. This included details of its registration with the Care Quality Commission. We spoke with the local authority commissioning team with responsibility for the service, the local Healthwatch, health and social care professionals and the local borough safeguarding team. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we observed how the staff interacted with people who used the service and also looked at people's bedrooms with their permission. We spoke with three people who lived in the service during the inspection. We also spoke with the registered manager, deputy manager, one senior support worker and two support workers.

We looked at three care files, staff duty rosters, four staff files, a range of audits, minutes for various meetings, four medicines records, three finances records, training information, accidents and incidents, health and safety records, and maintenance records.

Is the service safe?

Our findings

During our previous inspection in November 2015, we found that the service did not have a robust recruitment system in place. During this inspection we checked to determine whether the required improvements had been made. We found the service was now meeting the regulation.

The service followed appropriate recruitment practices. Staff files contained an up to date criminal records check, at least two satisfactory references, photographic proof of their identity, a completed job application form, their full employment history, interview questions and answers, and proof of their eligibility to work in the UK. This meant the provider could be assured that employees were of good character and had the qualifications, and skills to support people using the service.

People who used the service told us they felt the service was safe. One person told us when asked if they felt safe, "Of course I do." Another person said, "Pretty much safe." A third person told us, "Yes, I feel safe."

The service had safeguarding policies and procedures in place to guide practice. Staff were able to explain to us what constituted abuse and the action they would take to escalate concerns. Staff said they felt they were able to raise any concerns and would be provided with support from the management team. One staff member told us, "We try to protect people so no one is abused." Another staff member said, "Report to the home manager what has happened. Make sure the manager reports to the [local authority]. I would report to CQC if [registered manager] has not taken care of the problem." The service had a whistleblowing procedure in place and staff were aware of their rights and responsibilities with regard to whistleblowing.

Individual risk assessments were completed for people who used the service and reviewed regularly. Staff were provided with information on how to manage these risks and ensure people were protected. We saw risk assessments relating to medicines, physical health, nutrition, physical environment, self-neglect, personal care, mobility, and travelling independently. For example, one person was diagnosed with diabetes. The risk assessment gave staff clear guidelines on managing this risk. Staff demonstrated they were aware of risks for this person. Staff we spoke with were familiar with the risks that people presented and knew what steps were needed to be taken to manage them. Risk assessment processes were effective at keeping people safe from avoidable harm.

Accident and incident policies were in place. We saw accidents and incidents were documented. Records showed that incidents were responded to and outcomes and actions taken were recorded.

The service kept accurate records of any money that was given to people and kept receipts of items that were bought. Transactions were signed by people who used the service and a member of staff. Records confirmed this. Financial records were checked twice a day during the handover procedure. This minimised the chances of financial abuse occurring.

Medicines were stored securely in a locked cupboard. Medicines administration record sheets (MARS) were appropriately completed and signed by staff when people were given their medicines. Medicines records

showed the amount held in stock tallied with the amounts recorded as being in stock. Training records confirmed that all staff who administered or handled medicines for people who lived in the home had received appropriate training. People who required "pro re nata" (PRN) medicines had detailed guidelines in place. PRN medicines are those used as and when needed for specific situations. This meant people were receiving their medicines in a safe way.

People told us there was enough staff available to provide support when they needed it. One person told us, "Generally two or more staff on duty. It's well staffed." Another person said, "Two staff here 24/7. That's more than enough." Staff told us they were able to provide the support people needed. One staff member told us, "Always two staff on duty 24 hours. We always get someone to cover. We did not use agency staff." Another staff member said, "No problem with staff." Staff rotas showed there were sufficient staff on duty.

We observed that parts of the building were in need of redecoration and repair, particularly the shared bathroom and shared kitchen. We spoke to the registered manager about this and they told us arrangements were in place to replace the kitchen and redecorate the shared bathroom. We saw records confirmed this. Records also showed this was discussed with people who used the service in the resident's meeting minutes for June 2017.

The provider had completed all of the necessary safety checks and audits. Records showed that fire safety checks and drills were carried out regularly. Fridge temperature checks, portable appliance testing and gas safety inspections were carried out at appropriate intervals to ensure people's safety.

Is the service effective?

Our findings

People told us they thought that the service was caring and they were treated with dignity and respect. One person said, "I think they [staff] are caring. They take me to [department store] and bank." Another person told us, "I enjoy living here. It's wonderful. I wouldn't go anywhere else. I think they [staff] do care about me. They do good care work." A third person said, "It is good to live here. I feel comfortable here. They [staff] help me live a healthy life."

We observed people were comfortable with staff and were happy to be around them. Staff were friendly and kind in their support and responses to people, their attitude was respectful and they showed that they understood people's individual characters and needs. Throughout our visit we saw positive, caring interactions between staff and people using the service. For example, we saw a support worker greet a person with a kiss on the cheek. The person was happy to see the support worker and they continued to talk and laugh with each other. We also overheard a person say about a support worker, "She is one of my darlings."

Staff knew the people they were caring for and supporting. Each person using the service had an assigned key worker. A keyworker is a staff member who is responsible for overseeing the care a person received and liaised with professionals or representatives involved in the person's life. Staff we spoke with were able to tell us about people's life histories, their interests and their preferences. One staff member said about key working, "I look after their needs and any changes in behaviour. I do GP appointments, choice of meals and where they want to go." Another staff member told us, "My role is to do a monthly one to one review and daily living skills plan." Records confirmed monthly key working meetings were completed. One person told us, "[Staff member] is my key worker. Wanted me to join the library and go to see films there. This Friday I am going to see a film." Another person said, "I have a key worker." A third person told us, "[Staff member] is my key worker. He looks after and cares for me."

People told us their privacy was respected by all staff. Staff described how they ensured that people's privacy and dignity was maintained. One staff member told us, "When we go to their room we knock on the door. When they get a letter we give it to them. We don't talk in a public place. We ask where they want to talk." Another staff member said, "I respect them by talking to them. Give them privacy when they need it." One person told us, "Once I am asleep they [staff] don't disturb me. Knock on my door in the morning to check I'm alright." Another person said, "They [staff] knock on your door to see if you are alright."

Our observations showed that staff asked people about their individual choices and were responsive to that choice. For example, one staff member was overheard knocking one person's door and saying, "Hello, it's [staff member]. You ready for football? Shall I give you 10 minutes?" The person decided that did not want to go to football. One staff member told us, "Everything is their own choice. Choices of clothes and colour of their room." One person told us, "I have flexibility and choice."

People's independence was encouraged. Staff gave examples how they involved people with cooking, domestic tasks and doing certain aspects of their personal care to help become more independent. One

staff member told us, "We encourage them to cook for themselves and clean their room. Also bring their laundry down." During the inspection we saw people doing their laundry and domestic tasks.

Discussions with staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people (LGBT) could feel accepted and welcomed in the service. The registered manager told us, "We would support them to feel safe and express themselves. Staff have had training on equality. It is important to feel loved and included." A staff member said, "Have to treat them as individuals. We do not discriminate. We work together." Another staff member told us, "It's their choice and we treat them as human beings. Would be no discrimination."

People's bedrooms were personalised with personal possessions and were decorated to their personal taste, for example with family photographs and musical instruments. People told us they could choose what colour they wanted their bedroom decorated.

Is the service caring?

Our findings

People told us they thought that the service was caring and they were treated with dignity and respect. One person said, "I think they [staff] are caring. They take me to [department store] and bank." Another person told us, "I enjoy living here. It's wonderful. I wouldn't go anywhere else. I think they [staff] do care about me. They do good care work." A third person said, "It is good to live here. I feel comfortable here. They [staff] help me live a healthy life."

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Is the service responsive?

Our findings

People told us they were involved in their care planning. One person said, "I have a care plan. Staff help me with it." Another person told us, "I made my care plan. They [staff] review my care plan once a year. Did last one two months ago." A third person said, "They [staff] give us a care plan. They do go through it."

Before admission to the service a pre-admission assessment was undertaken to assess whether the service could meet the person's needs. An assessment of needs was undertaken at a pace to suit the person, with opportunities to visit the service. The registered manager told us there had not been any new admissions since our last inspection.

Care records contained detailed guidance for staff about how to meet people's needs. They also included a booklet on the person's life history. The booklet contained information on the person's history, family and friend's information, special memories, likes and dislikes, spiritual beliefs and hopes and aspirations. Each person had a care plan. The care plans contained a wide variety of guidelines regarding how people wished to receive care and support including living arrangements, personal care, mental health, physical health, communication, social and leisure pursuits, money management, medicines and education. The care plans were written in a person centred way that reflected people's individual preferences. Staff told us they read people's care plans and they demonstrated a good knowledge of the contents of these plans. Care plans were written and reviewed with the input of the person, their keyworker and the registered manager. Records confirmed this. Staff told us care plans were reviewed regularly. Detailed care plans enabled staff to have a good understanding of each person's needs and how they wanted to receive their care.

People had opportunities to be involved in hobbies and interests of their choice. Staff told us and records showed people living in the home were offered a range of social activities. People's care files contained a weekly activities planner. On the day of our inspection two people went to Zumba class, people went shopping and attended an activities centre that was run by the provider. People were supported to engage in activities outside the home to ensure they were part of the local community. One person said, "I don't get bored. I have enough stuff. I went on holidays with [registered manager]. We went to Cornwall." Another person told us, "I have plenty of things to do. I have a number of hobbies. I attend art group twice a week and attend a music appreciation group."

Resident meetings were held regularly and we saw records of these meetings. The minutes of the meetings included topics on reviewing care plans, activities, holidays and day trips, food menu, refurbishment and decorating of the home, and a discussion on getting a new cat. One person told us, "Every three months with [registered manager]. Talk about shopping, eating, and looking after the house." Another person told us, "We have a resident's meeting. You can say what you like."

People knew how to make a complaint. There were systems to record the details of complaints, the investigations completed, actions resulting and the response to complainant. The registered manager told us there had been no formal complaints since the last inspection. One person told us, "[Registered manager] asked me if I had a complaint about the Sunday lunch." Another person said, "I would make a complaint to

[registered manager]."

Is the service well-led?

Our findings

People told us they liked the service and they thought that it was well led. One person said about the registered manager, "She is good. She helps with problems." Another person told us, "[Registered manager] is very executive. Gets on with people. Sends you to the hospital if you are not well. She is easy to get on with. I like her very much." The same person told us, "[Registered manager] says it is our house." A third person said, "[Registered manager] is lovely as a manager. You can't fault her or the staff."

The service had an experienced and skilled registered manager in post who provided stable and consistent management where support workers felt supported and included in the running of the service. One staff member told us, "[Registered manager] helps in every aspect. She treats people holistically and like family members. One hundred percent I am supported. It is proper teamwork." Another staff member said, "[Registered manager] is very good. [Registered manager] provides a lot of training and supervision. Always on call night and day."

Health and social care professionals spoke positively about the service and the registered manager. A health and social care professional told us, "I have placed a number of service users at Carmen Lodge over the years and am satisfied with all their levels of care. [Registered manager] has been particularly helpful in taking people that were extremely hard to place." Another health and social care professional said, "[Carmen Lodge] are pro-active and flag up issues immediately, remind us regarding reviews and provide a kind and caring service. In my opinion they go above and beyond." A third health and social care professional told us, "The management structure within Carmen Lodge service appears to be robust and well led with clear direction and record keeping for staff and clients alike." A fourth health and social care professional said, "Their services are superb and they very much care for their residents by providing good care practices as well as many activities. They seem very organised and on the ball with all their services. Very impressive care home."

The registered manager told us that they were keen to develop the staff that worked for the organisation and support them to reach their full potential. The registered manager was supported by a deputy manager. Staff told us they felt valued and empowered to develop their skills, and felt confident that the registered manager continually looked for ways to improve the quality of the staffing team. Staff told us they were supported to complete health and social care nationally accredited courses. Records confirmed this.

The registered manager made sure people were at the heart of the service. For example, the registered manager told us people who used the service were involved in the recruitment process for new staff and wanted people to have a voice of the support they received. One person told us, "I am on the selection board for recruitment. I interview new staff members about their experience and qualifications." On the day of the inspection the registered manager held a meeting with people so they could share their feelings and discuss a person who used the service who had passed away. The registered manager explained what had happened to the person and opened the discussion for people in a caring way. Observations showed people were affected by the person's death and appreciated talking about it.

People were involved and gave feedback about the way the service was led. For example, the service had a pet cat who had gone missing. The registered manager had asked people who wanted to be involved in getting a new cat. Two people had volunteered to choose a cat which included looking at the website for re-homing cats. One person confirmed this and said a person from the re-homing cat organisation was coming to visit the service to see if it was suitable.

The service also obtained the views of people through the use of annual surveys. Surveys included questions about food, personal care and support, daily living, the premises, and management. Overall the results were positive. The provider completed a summary of the surveys which included what the service learnt and actions to complete. For example, a recommendation of the summary was for the staff team to consult with people about the premises. Records showed this action had been completed.

Staff told us that the service had regular staff meetings where they were able to raise issues of importance to them. Staff meeting minutes included topics on safeguarding, whistleblowing, health and safety, care plan reviews, medicines, report writing, communication, teamwork, key working, activities and respect. One staff member told us, "Staff meetings are monthly or every other month. We discuss safeguarding, whistleblowing and training." Another staff member said, "We can talk about our concerns and how management can support us."

Staff views were obtained through the use of annual surveys. Surveys included questions about job satisfaction, feedback on the registered manager, learning and development, equality and diversity, and people who used the service. Overall the results were positive.

The registered manager told us that various quality assurance and monitoring systems were in place. The registered manager told us and we saw records of a monthly quality assurance audit. The audit included reviewing premises, medication, health and safety, infection control, food and nutrition, care plans and risk assessments, training, supervision, and appraisals. Records were kept of issues found and actions to be completed. Staff signed the record when the actions had been carried out. For example, the monthly audit for August 2017 had highlighted that information was missing from a medicines prescription. Records showed the action to contact the GP and arrange for a new prescription to be issued had been completed.

The service worked in partnership with other organisations to make sure they followed current practice and providing a high quality service. The provider was accredited with Investors in People. Investors with People is an internationally recognised standard for people management. The registered manager told us they had achieved an award in 2016 for staff training and development. The registered manager had the award on display in the provider's office. The registered manager expressed she was proud that herself and team had been recognised for outstanding practice from Investors with People.