

Centrust Care Homes Limited

Haydons 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?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



Overall summary

This inspection took place on 20 November 2014 and was unannounced. At the last inspection on 16 July 2013 we found the service was meeting the regulations we looked at.

Haydons Lodge is a small care home which provides accommodation for up to six adults with mental health needs and/or a learning disability. The accommodation is split across two adjoining houses, each with their own separate entrance. Each house accommodates three people. At the time of our inspection there were six

people living at the home. Each person has their own room. In each house there are communal facilities such as a lounge, dining room, kitchen and garden. People are free to use the communal areas in both houses.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated regulations about how the service is run.

Summary of findings

During this inspection we found the service had not ensured a medicine prescribed to an individual was safe to use. However all other medicines were stored safely, and people received their medicines as prescribed.

We recommend that the provider considers guidelines issued by the National Institute for Health and Care Excellence (NICE) in March 2014 for managing medicines in care homes.

We found inappropriate arrangements in place for the disposal of insulin pens which increased the risks of the spread of infection. However the home was clean and tidy throughout and free from malodours.

People and their relatives told us people were safe at Haydons Lodge. Staff knew how to protect people if they suspected they were at risk of abuse or harm. Risks to people's health, safety and wellbeing had been assessed and staff knew how to minimise and manage these to keep people safe from harm or injury in the home and community. The home, and the equipment within it, was regularly checked to ensure it was safe. The home was clear and free of clutter to enable people to move safely around the home. There were enough suitable staff to care for and support people.

People's needs were met by staff who received appropriate training and support. Staff felt well supported by the manager. Staff looked after people in a way which was kind, caring and respectful. They had a good understanding of people's needs and how these should be met.

Staff supported people to keep healthy and well through regular monitoring of their general health and wellbeing. People were encouraged to drink and eat sufficient amounts. Where there were any issues or concerns about a person's health or wellbeing staff ensured they received prompt care and attention from appropriate healthcare professionals.

Care plans were in place which reflected people's specific needs and their individual choices and beliefs for how they lived their lives. People were appropriately supported by staff to make decisions about their care and support needs. These were reviewed with them regularly by staff.

The home was open and welcoming to visitors and relatives. People were encouraged to maintain relationships that were important to them. People were also supported to undertake activities and outings of their choosing. People and their relatives told us they felt comfortable raising any concerns they had with staff and knew how to make a complaint if needed.

During this inspection we found the provider in breach of their legal requirement to submit notifications to CQC. We also found they had failed to submit to CQC, written information about the service, which they had been required to do. You can see what action we told the provider to take at the back of the full version of the report.

The systems in place to monitor the safety and quality of the service were not always used effectively. We found checks of medicines in the home failed to identify some issues and concerns in the way these were managed.

The provider regularly sought people's views about how the care and support they received could be improved. They also engaged with other social care providers to identify best practice used elsewhere, to make improvements within the home.

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. We found one medicine which was not safe to use. However all other medicines were stored safely and people received these as prescribed.

Although the home was clean, tidy and free from odours, insulin pens were not disposed of appropriately. This increased the risks of the spread of infection.

There were enough suitable staff to support people. Staff knew how to recognise and report any concerns they had to protect people from abuse.

Regular checks of the environment and equipment were carried out to ensure these did not pose a risk to people. There were appropriate plans in place to minimise and manage risks to people, and to keep them safe from injury and harm.

Requires Improvement



Is the service effective?

The service was effective. Staff had the knowledge and skills to support people who used the service. They received regular training and support to keep these updated.

People were supported by staff to eat well and to stay healthy. When people needed care and support from other healthcare professionals, staff ensured people received this promptly.

We found the location to be meeting the requirements of DoLS. Staff had received appropriate training, and had a good understanding of the Mental Capacity Act 2005 and the DoLS.

Good



Is the service caring?

The service was caring. People were supported to be independent by staff that were caring and respectful.

People were involved in making decisions about their care. They attended regular meetings with staff to review their care and support needs.

Staff respected people's dignity and right to privacy in the home and community.

Good



Summary of findings

Is the service responsive?

The service was responsive. People's needs were assessed and care plans were developed which set out how these should be met by staff. Plans of care reflected people's individual choices and preferences for how they lived their lives in the home and community.

People were encouraged to maintain relationships with the people that were important to them. People were supported to live an active life in their home and community.

People and relatives told us they were comfortable raising issues and concerns about their care and felt these would be dealt with responsively.

Good



Is the service well-led?

Some aspects of the service were not well led. The provider had not always met their legal obligation to submit information to CQC. This meant CQC did not have up to date and accurate information about events and incidents that had occurred in the home.

Systems used to assess the quality of service were not used effectively to identify issues with the way medicines were managed.

People felt their views about the quality of care and support they received, were welcomed and valued by the registered manager. The provider used best practice to improve the quality of care people experienced.

Requires Improvement



Haydons 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 inspection took place on 20 November 2014 and was unannounced. It was carried out by a single inspector. Before the inspection we asked the provider to complete 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. They did not return a PIR and we took this into account when we made the judgements in this report.

During our inspection we spoke with five people who lived in the home, two care workers and the registered manager. We observed care and support in communal areas. To do this we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We looked at records which included three care plans, three staff files and other records relating to the management of the service.

After the inspection we contacted two relatives and asked them for their views and experiences of the service.

Is the service safe?

Our findings

One aspect of the way medicines were managed in the home was not safe. We found a medicine that was prescribed to one person 'as required' (PRN), had expired in September 2014. We checked the person's medicines records and found they had not taken this medicine since it had expired. However, as this medicine was prescribed to them 'as required', they had potentially been put at risk of receiving expired medicine which was not safe to use. During the inspection the registered manager had the expired medicine taken back to the issuing pharmacy and a new prescription was ordered to replace this.

People were supported by staff to take their medicines when they needed them. Each person had their own medicines record and staff had signed people's records each time medicines had been given. Checks of the individual amounts of medicines, stored in a locked cupboard, confirmed people were receiving their medicines as prescribed.

The home was clean and tidy throughout and free from malodours. Cleaning tasks of communal areas were done at night so that there was minimal disruption to people in the home during the day. People's individual rooms were also kept clean and tidy. However we found the yellow sharps bin, used for the disposal of insulin pens, was overflowing. It was not stored on a stable, secure surface. We found the bin hanging off a door handle in the registered manager's office which was inappropriate and increased the risks of the spread of infection. The sharps bin was replaced during the inspection.

People told us they felt safe in the home. One person said, "Yes, I feel quite safe living here." A relative told us, "I feel [my relative] is safe and taken well care of." Another said, "I feel [my relative] is very safe there." The provider took appropriate steps to protect people from abuse, neglect or harm. Training records showed staff had received training in safeguarding adults at risk. Staff knew what constituted abuse, the signs

they would look for to indicate someone may be at risk of this and the action they would take if they had a concern about a person to protect them. Staff told us they would report any concerns they had about a person to the registered manager immediately.

Where there had been safeguarding concerns about a person, the registered manager had dealt with these appropriately. Records showed that incidents were appropriately documented and reported to staff from the local authority and other relevant healthcare professionals involved in people's care. We noted the registered manager worked proactively with others to ensure people were protected from avoidable harm or abuse that breached their rights. This included ensuring appropriate plans were put in place to manage potential risks to them and others.

The registered manager had assessed risks to people's health, safety and welfare. People's records showed there was detailed guidance for staff on how to minimise known risks and keep people safe from harm or injury. This included information on how to keep people safe in the event of an emergency such as a fire in the home. We noted staff reviewed these risks regularly with people so that they were informed about what these risks were and how they could stay safe, in the home and community. Where there were changes or new risks people's records were updated promptly. Staff demonstrated a good understanding and awareness of how they could support people in such a way as to minimise the risk of injury or harm to them.

There were enough suitable staff to care for and support people. Staff records showed the provider had robust recruitment procedures in place. The registered manager had carried out appropriate employment checks of staff regarding their suitability to work in the home. These included evidence of relevant training, references from former employers and criminal records checks.

We observed staff were present in the home throughout the day particularly in communal areas.

Is the service safe?

When people needed help or assistance, staff responded promptly. We looked at the staffing rota which showed staffing levels had been maintained at a consistent level. The registered manager said the rota and staffing levels were reviewed regularly by them to ensure there were enough staff on duty, with the appropriate skills, to meet people's current care and support needs. We saw staffing levels were planned, based on people who were at home, the activities they undertook outside of the home and in each individual case the level of care and support the person required.

The provider carried out regular service and maintenance checks to ensure the home, and

equipment within it, were safe. We looked at maintenance and service records and saw up to date checks had been made of fire equipment, portable appliances, the heating system and water temperatures. People were able to move freely around the home. Staff had ensured communal areas such as the lounge and hallways were free from clutter which enabled people to walk safely around the home.

We recommend that the provider considers guidelines issued by the National Institute for Health and Care Excellence (NICE) in March 2014 for managing medicines in care homes.

Is the service effective?

Our findings

People told us staff provided them with care and support which met their needs. One person told us how staff ensured they got the meals they wanted to eat and their medicines on time. A relative said staff were able to meet their family member's needs and had noted a marked improvement in their overall health and wellbeing since moving to the home.

People were cared for by staff who received appropriate training and support. Training records showed there was a programme in place for all staff to attend training in topics and subjects relevant to their roles. Records showed the registered manager met with staff on a regular basis to discuss their work performance, their learning and development needs and any issues or concerns they had about their role. We noted these meetings were used to test staff's knowledge and understanding of specific topics that were relevant to their role, for example the importance of infection control within the home. Staff told us they received regular training which they felt was relevant and helped them to understand the needs of people they cared for. Staff also told us they attended regular one to one (supervision) and team meetings with their line manager and felt well supported by them.

People's capacity to make decisions was continuously reviewed by staff. Records showed people were involved in making decisions about their care and support and their consent in relation to this was sought and documented. When complex decisions needed to be made people could choose to be supported if they wanted to, by health care professionals, relatives and social services to give consent or decide about a specific aspect of the care or support they received. Staff regularly checked people's capacity to make these decisions through regular one to one meetings and reviews of their care and support needs. Staff displayed a good understanding of how and why consent must be sought and what to do if they felt people were not able to make decisions about

specific aspects of their care and support. The registered manager told us in these instances best interests meetings would be held with relatives and the relevant healthcare professionals involved in people's lives.

Training records showed all staff had attended training on the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). These safeguards ensured that a care home only deprived someone of their liberty in a safe and correct way, when it was in their best interests and there was no other way to look after them. Staff confirmed with us they had received this training. The registered manager had a good understanding and awareness of their role and responsibilities in relation to the MCA and DoLS. They told us none of the people using the service was subject to a DoLS order at the time of our inspection.

Staff kept detailed records of the care and support people received. This included information about activities undertaken, outcomes from medical and health care visits and people's general health and wellbeing. Regular health checks were made by staff and documented in people's individual records. This information was monitored and shared with all staff to identify any potential issues or concerns about people's health and wellbeing. Information and concerns were shared promptly with other healthcare professionals and services. We saw a recent example where concerns about someone's weight and the impact of this on their health were shared and discussed with a nutritionist to agree ways that the individual could be supported to maintain a healthy diet.

People were supported by staff to maintain their physical and mental health. A relative said about their family member, "They make sure [my relative] gets their medicines when they need them. They are so much calmer and relaxed and I know [my relative] is looking after themselves as they look clean and well-dressed every time I see them." People regularly accessed other healthcare services. People's healthcare and medical

Is the service effective?

appointments were documented in their records and the registered manager made appropriate arrangements to ensure staff were available to support people to attend these.

People were supported to eat and drink sufficient amounts to meet their needs. They spoke positively about the food they ate. One person said, "The staff cook for me and I get chicken and rice." They told us this was their favourite meal. Another person told us, "The food they cook is really nice. But they will listen to you if you don't like the food." They said they preferred a particular type of pudding which staff made sure they were able to have. A relative told us staff ensured their family member ate their lunch every day which was important as they could sometimes miss their

meal. People were provided with a varied daily choice of nutritionally well-balanced meals. Staff were aware of people's particular likes or dislikes. Records showed meals were discussed regularly with people in their individual meetings with staff or during group meetings. Daily menus were planned based on people's preferences. Staff told us they encouraged people to eat a healthy and balanced diet and monitored this closely through records they kept.

During the inspection we observed meals were served promptly so that people did not wait long to receive them. Staff told people what was on offer and ensured people received what they wanted. After people finished their meals staff checked people had eaten and drunk sufficient amounts.

Is the service caring?

Our findings

People said they were supported by caring staff. One person told us about staff, "I think they're caring." Another said, "The staff are good." A relative told us, "The staff are very caring and know [my relative] well." Another said, "The staff are very pleasant and very caring." We observed interactions between people and staff was respectful and caring. For example we saw staff throughout the day ask people how they were, whether they had enjoyed their meals and about their plans for the day. Staff took time to listen to people and provide positive encouragement and advice where this was needed. People appeared comfortable speaking with staff and asked for their help and support in making decisions about what they wanted to do. When people became anxious staff acted appropriately to ease people's distress or discomfort. In conversations with staff we noted they talked about people in a caring and respectful way.

People were supported to express their views when making decisions about their care and support. One person told us they felt involved in making decisions about what happened to them. Records showed that people's individual care plans reflected their specific preferences for how care and support should be provided to them. This included information and guidance for staff on how to recognise signs to indicate that people may need extra help and support when they may be feeling particularly unwell or unhappy. We also noted staff discussed with people, where appropriate, the risks and benefits of certain choices and decisions so that people were fully informed about these.

People's right to privacy and dignity was respected. One person said, "People respect my room. The staff always ask before they can come

in." Another person told us staff respected their privacy. Each person had their own room in the home which they were able to lock. People also had their own front door key. People's records were kept securely within the home. Staff records showed all staff had signed agreements that information about people would be respected and kept confidential. We observed staff did not discuss information about people openly.

People were supported to be independent in the home and community. One person told us they were encouraged by staff, where they were able to, to do things for themselves. This included doing their own laundry, cleaning and personal shopping tasks. They showed us their room and told us how staff had helped them to furnish this the way they wanted.

We observed people were encouraged by staff to help with making meals and carrying out cleaning and laundry tasks in their rooms and around the home. People were free to make drinks and snacks in the communal kitchen whenever they wanted. these. Staff encouraged people to go to the local shops independently when they needed something, which we saw people were able to do. It was clear there were no restrictions placed on people around the home and people were free to visit the communal areas in both homes if they wished. People's care records showed they each had individual goals and objectives aimed at increasing their independence in the home and the community. For example one person had personal goals to learn new skills at college to increase their confidence and independence. People discussed their goals and objectives regularly with staff to review their progress and achievements. Where people successfully achieved their personal goals, they agreed new objectives to encourage them to increase their level of independence.

Is the service responsive?

Our findings

People were actively involved in planning the care and support they received. People told us staff discussed their care and support needs with them. A relative said, “[My relative] gets one to one attention here. I feel it’s very personalised.”

People’s records showed staff had involved them and other healthcare professionals in their lives, in assessing what their care and support needs were. This information had then been used to develop a care plan which set out how these needs would be met by staff. We noted as part of the planning of care, staff discussed with people how their specific lifestyle choices and beliefs could be met and supported by staff. For example, people were given advice and support on how to maintain healthy personal relationships with their partners. Staff told us information in people’s care plans was important. One said, “I read people’s care plans regularly to make sure I’m up to date about what people need from me.”

People’s care and support needs were reviewed by staff. Records showed staff met with people weekly to discuss and review the care and support they received. People’s views about this were documented and where changes were needed, staff updated people’s plans promptly to ensure all staff were aware of these.

People were supported to pursue activities and interests that were important to them. One person told us they liked to play video games and watch DVD’s in their room and staff checked their equipment to make sure they could do this. Records showed as part of the planning of their care and support, people were encouraged to undertake activities and interests in the home and community. Each person had a weekly planner displayed in their room which set out daily the activities they would be undertaking in the home and community. These covered hobbies and interests outings and household chores and tasks. One person chose to attend college and staff helped them to choose and attend classes that interested them. People’s choices and decisions

about the activities they took part in was respected by staff. One person preferred to stay at home rather than take part in community based activities and staff respected their decision to do so. Another person liked to cycle and they were supported and encouraged by staff to ride in the local community.

People were supported to maintain relationships with those that mattered to them. It was clear from speaking with people that their friends, partners and family members played an important part in their lives. People’s records contained information about all the people that were important to them. There was guidance for staff on how people should be encouraged and supported to maintain these relationships. Some people visited family members regularly. The registered manager said, “It’s their choice if they want to do this and we help them to do this.” Family members also visited the home. A relative told us, “It doesn’t feel institutionalised here. I like visiting because it seems so relaxed and homey.” Records showed staff discussed with people ideas and suggestions for how to make new friends in the community to broaden their level of social interaction with others.

We observed interactions between people and staff was positive and supportive. We saw when people asked for help and assistance, staff were responsive and acted promptly. One person needed help with managing their accounts and bills and a staff member sat with them and helped them do this. People were able to ask for advice and support at any time and we saw staff responded appropriately when this was needed. The registered manager made sure they were accessible if people needed to speak with them, throughout the course of the inspection. We observed people came to speak with them on a number of occasions during the day and their issues or concerns were prioritised and dealt with by the manager.

People told us they felt comfortable raising any issues or concerns they had. One person said, “If I don’t feel happy, I’d talk to the manager.” Another

Is the service responsive?

told us, "There's a lot that goes on sometimes and I can come and speak to the manager about things and get things off my chest." Another said, "I don't have any worries really. We all get on and I'm pretty happy with the way things are." A relative told us, "I feel the manager is very approachable and always happy to talk things through. She's very good like that." Records showed people were given opportunities to discuss their concerns, issues or complaints.

These were discussed in their individual review meetings or in group house meetings. Staff documented these and then recorded the action taken to resolve these.

The provider also had a formal complaints procedure which detailed how people could make a complaint about the service. We found this displayed on the communal noticeboard in the home. We noted all complaints received by the service were logged by the manager and the actions taken to resolve these had been documented.

Is the service well-led?

Our findings

During this inspection we established through discussions with the registered manager, they had not notified CQC of incidents that had occurred over the last 12 months, which they are legally required to do. These related to allegations of abuse made by people using the service and incidents reported to and investigated by the police. We were satisfied that all incidents were dealt with appropriately by the registered manager in terms of involving relevant professionals and the police to investigate the allegations and incidents. However, the registered manager's failure to report these incidents to CQC was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

We also found the registered manager had failed to submit to CQC, when requested to do so, written information about the service. A Provider Information Return (PIR) was sent to the registered manager in August 2014. This was a form that asked them to give some key information about the service, what the service did well and improvements they planned to make. We were able to confirm with the registered manager that they had received this request from CQC in August 2014. However they were not able to provide a satisfactory explanation as to why this was not returned. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The registered manager carried out various checks to monitor the quality of care and support people experienced. These included audits of people's care records, risk assessments, medicines records and unannounced spot checks of the home. We were concerned about the effectiveness of checks on medicines in the home. The registered manager had not identified an issue with medicines through their own checks which indicated these were not as thorough as they should be. We discussed this with the registered manager who informed us they would improve checks going forwards to identify these issues in future.

People told us, staff asked them for their views about the care and support they received. One person said, "Yeah, they'll ask me and I'll tell them what I think." Records showed staff met with people regularly, to discuss the care and support they received. We could see from these records, staff engaged people in conversations in which their views were sought about the ways in which they could be positively supported to achieve their care goals and aspirations. A member of staff said they used the feedback they received from these meetings to plan activities and outings that people wanted. They told us how they had recently supported one person who had expressed a desire to go on holiday, to plan a trip abroad.

Regular 'customer satisfaction meetings' were also held with people using the service. One person said about these meetings, "I feel involved in things that happen here." The registered manager told us meetings were used to identify how aspects of the service could be improved for people. Minutes from recent meetings showed people's views had been sought and used to make improvements. For example, people were asked for their feedback about the quality of activities that had been planned. This feedback was then used by the registered manager to plan future activities based on what people wanted.

Staff told us they felt supported by the registered manager to express their views. One staff member said, "The manager listens." Minutes from staff meetings showed staff were asked by the registered manager for their views about the care and support people experienced and how this could be improved.

There was evidence the registered manager used learning and best practice to make improvements. They told us they regularly attended local forums with other social care providers to discuss and share good practice within care homes. We saw a recent example of an improvement made was the introduction of hospital passports for all of the people using the service. This enabled people attending medical appointments independently, to share important information about themselves with other healthcare professionals involved in their care.

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	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision</p> <p>The provider had not submitted, when requested, written information to CQC about the service. Regulation 10 (3).</p>

Regulated activity	Regulation
	<p>Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents</p> <p>The provider had not notified the CQC about allegations of abuse made by people using the service, and incidents reported to and investigated by the police, which they are legally required to do. Regulation 18 (e) and Regulation 18 (f).</p>