

Mr & Mrs M Owasil

Drewstead Lodge

Inspection report

93 Drewstead Road
London
SW16 1AD

Tel: 02087694912

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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

This inspection took place on 13 February 2018 and was unannounced. Drewstead Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care home accommodates up to nine people. At the time of the inspection there was one person using the service.

At the last inspection on 18 December 2015, the service was meeting the regulations we inspected.

The service had a registered manager. 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.

People were protected from the risk of harm and abuse. Staff understood how to keep people safe and safeguarding processes were in place to support staff in reporting any allegations to the local authority. Steps were taken to mitigate any risks to people using the service.

There were sufficient numbers of staff to meet people's needs. Staff received adequate training to support them to meet the needs of the people they cared for.

Medicines were stored, administered and managed safely. Infection control arrangements were in place to ensure that the premises were kept clean and personal protective equipment (PPE) was available. The provider had systems in place to manage any incidents, accidents or complaints.

The registered manager understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and was aware of their responsibilities. Consent was sought from people before delivering care and people were encouraged to make decisions about the support they received. People were supported to access food and drink so that their dietary needs were met. Staff were aware of people's nutritional preferences. People were supported to access healthcare professionals as and when required.

People and their relatives were involved in decisions about the care and support they received. An assessment of people's needs took place and appropriate care plans were developed. Staff knew the people they cared for well and respected people's likes and dislikes whilst encouraging them to maintain some independence.

Risk management plans were developed to mitigate any risk to people's health and wellbeing. These provided appropriate guidance for staff on how to meet people's needs and provide personalised care. The

provider had a complaints policy in place.

Systems were in place to monitor and improve the service. Feedback from people and relatives was welcomed and the provider took action where needed. The registered manager spoke highly of their success in working with a number of partner agencies.

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.

Risks to people had been adequately reviewed and risk management plans were in place to mitigate identified risks. There were safeguarding adult's procedures in place and staff had a clear understanding of these procedures.

Staffing levels were sufficient to meet people's needs.

Medicines were administered and managed safely. Procedures were in place to prevent and monitor infection control.

Is the service effective?

Good ●

The service was effective.

Staff received training relevant to their roles and received support to enable them to meet the needs of the people that they cared for.

The registered manager was aware of their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People received appropriate support with their nutritional needs.

People had access to health care professionals when they needed them.

Is the service caring?

Good ●

The service was caring.

Staff knew people's needs and delivered care to meet people's preferences and wishes.

People were treated with dignity and respect and encouraged to maintain relationships with people that mattered to them.

Is the service responsive?

Good ●

The service was responsive.

Care plans were regularly reviewed and updated.

People were encouraged to be as independent as possible and take part in activities that interested them.

The provider had an appropriate complaints policy in place.

Is the service well-led?

Good ●

The service was well-led. People spoke positively about the management of the service.

There was a registered manager in place who was aware of their responsibilities to the Care Quality Commission.

The service was subject to regular monitoring and review.

Drewstead 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 13 February 2018 and was unannounced. The inspection was carried out by one inspector.

Prior to the inspection we reviewed information we had about the service. This included the statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required by law to send us. Before the inspection, the provider completed a Provider Information Return (PIR). A PIR is a form that requires providers to give us some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with the registered manager and provider, both of whom deliver personal care to the person living at the service. We also spoke with one care staff member. We reviewed the care records of the person who used the service and other records related to the management of the service. After the inspection we spoke with one relative and a representative from the local authority.

Is the service safe?

Our findings

People using the service felt safe living there. One person said of their relative, "Oh gosh, of course they are [safe]".

People were protected from risks of any harm and abuse. Staff were clear on the types of abuse that people could be at risk of and followed the provider's policies and procedures in order to keep people safe. Staff were able to demonstrate the actions they would take if they suspected that people were at risk and how they would manage these allegations. Staff also undertook safeguarding training to support them to protect the people they were caring for. One staff member said "I would look out for signs of abuse, and if I had to I would escalate it."

Risks to people living at the home were appropriately assessed and monitored. People's care plans contained risk assessments that provided appropriate guidance to staff on how to mitigate risks when caring for people and protect them from harm. For example, where one person had received recent medical treatment we saw that their risk assessment had been updated accordingly, with appropriate guidance for staff to support the person in this area. Records we looked at confirmed that people's risk assessments were regularly reviewed and updated to reflect their current needs.

The provider ensured that there were sufficient numbers of staff to meet the needs of the people they cared for. Where additional staff cover was needed the provider used staff that had previously worked at the home and were well known to the person living there.

Appropriate recruitment checks were completed prior to staff commencing employment. Records we looked at showed that criminal record checks were carried out and that suitable references were obtained. Since our last inspection, no new members of staff have commenced work at the service.

Medicines were managed safely and people received their medicines as prescribed. Medication administration records (MAR) that we looked at were fully completed. Medicines were securely stored in a locked cupboard in line with national guidelines. People's medication risk assessments recorded any risks to ensure that people's medicines were administered safely.

The provider ensured that appropriate safety checks were made to the home in order to keep the premises and people safe. Records we looked at showed that regular checks had been made of fire safety equipment and staff had an awareness of the appropriate action to take if a fire occurred. The provider undertook regular safety testing of electrical equipment on the premises.

The provider followed infection control policies and guidance. We saw that the premises were kept clean and that staff had received appropriate training in infection control. Personal protective equipment (PPE) was available to staff when carrying out their duties.

Is the service effective?

Our findings

Staff had the right skills and knowledge to enable them to effectively carry out their role. Staff received training in areas such as safeguarding, basic life support and medicines management. Staff we spoke with were knowledgeable about the people they were caring for and the support they required.

Staff told us they felt well supported. One staff member said "I would raise any issues if I had any concerns." Regular team meetings and one to one discussions were held to discuss changes to people's needs and preferences. Staff were supported to be skilled in providing appropriate care.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who use the service and 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. We checked whether the service was working within the principles of the MCA.

The registered manager was aware of their responsibilities and cared for people at the home in line with the MCA. People were not unlawfully deprived of their liberty and the registered manager was aware of how to make an application to the Court of Protection should this be required.

Care plans included details of any support people needed with their nutrition and hydration and their mobility. We saw that any updates or changes in these areas were recorded in people's daily notes. We could see that any changes in need were acted on promptly; for example where a person's physical needs had changed the provider had taken appropriate steps to support the person to adjust, whilst remaining as independent as possible.

People were supported to have enough to eat and drink and maintain a balanced diet. People had access to a menu plan and were encouraged to pick their meal of choice each day. One staff member told us of the person's specialist diet, and their care plan contained details of this. Staff knew of the person's preferences in their meal choices and the favourite meals they liked to eat. People received appropriate meals that helped to protect them against the risk of poor nutrition.

People had access to a range of healthcare services. The local authority spoke highly of the provider telling us, "The owner's have an excellent working relationship with their local GP and community nursing services, to ensure good clinical care." Records we looked at showed that the provider had made referrals to district nurses and occupational therapists in order to arrange care to help meet the person's health condition. People's healthcare needs were dealt with promptly and efficiently in order to provide care to meet their changing needs.

People's individual needs were reflected within the home environment. We viewed the room of the person living at the home and we could see that it was personalised, in line with the preferences noted in their care

plan. People's rooms contained family photographs and other personal items, such as a music player to listen to their choice of music.

Is the service caring?

Our findings

A local authority representative told us "We feel confident the home remains a caring and supportive environment for residents." A staff member told us, "This home has a very family feel. People see it as their home, not a home." One relative told us of the registered manager, "The most important thing is that they have been endlessly patient [with my relative] and have dealt with any upsets".

We observed positive interactions between staff and the person using the service. Staff were very knowledgeable about the people that they cared for. Staff told us "[Person] likes hearing about the royal family and listening to music." People's backgrounds and histories were understood, with staff supporting people to discuss and recall their lives' through the use of family photo albums. Where the person had to attend hospital the provider and registered manager remained with the person for the duration of the day in order to support them with their care.

People were supported to be as involved in their care and treatment as they were able to be. Records we looked at confirmed that people and their relatives were involved in making decisions around their care, for example where a best interest's decision was required a relative was involved. Staff told us how they would support the person using the service to use gestures in order to indicate what they wanted when delivering care.

People's privacy and dignity were respected at all times. When delivering personal care a staff member told us, "I would ask for permission before every action. I would preserve their dignity, not leave them exposed and use sheets to cover them." Staff understood how to respond to any cultural or spiritual needs in an appropriate way. Where relevant, information about people's spiritual or cultural needs was included in their care plan.

Staff welcomed visitors to the service and records showed that they had been in regular contact with the person's relatives. The provider did not place restrictions on people visiting meaning that people were able to maintain relationships with people that mattered to them at times that suited them.

Is the service responsive?

Our findings

Care plans were personalised and provided an overview of how best to meet people's needs. They included their personal details, GP and emergency contact details. They also listed key contacts, hospital risk assessments and provided guidance on how to provide personalised care. Care plans also included the person's likes and dislikes and the best way to respond to the person in order to meet their needs. Records we looked at showed that the provider had a clear understanding of people's social history as well as their current preferences.

People's care plans were regularly reviewed to reflect any changes in need and to ensure they remained accurate. People were involved in their care plans as much as they were able to and their relatives were consulted. Where necessary, other professionals were consulted for their input. Records we looked at showed that the provider had maintained regular liaison with district nurses and rapid response teams to support people in a timely manner.

People were supported to participate in activities that were suitable to their needs. Arrangements were in place to support people with community activities if they so desired, including shopping or visits to places of worship. Records we looked at showed that the use of large paintbrushes supported the person to maintain dexterity in their hands whilst enjoying arts and crafts. The provider also told us in detail about how the person enjoyed this activity. Staff were aware of the person's enjoyment of the garden during the summer months and we observed that the garden area was well maintained and accessible to people. On the day of our inspection we observed the person using the service listening to music, and staff were able to tell us about the person's favourite artists. Daily notes identified the person was supported to access large picture books from the library and that the provider used technology to discuss current affairs.

The provider had a complaints policy in place. Staff were aware of how to support people with complaints and this was accessible to people and their relatives. At the time of our inspection the provider had not received any complaints. We saw that compliments, complaints and concern forms were readily available to relatives.

Is the service well-led?

Our findings

People told us and records confirmed the service was well led. A relative told us, "I have a huge amount to be grateful to [the registered manager] for."

The registered provider consisted of two people, both of whom delivered personal care and support to people living at the service.

Staff were supported through regular meetings and discussions to address any concerns relating to the service. The provider had systems in place to receive feedback from people and relatives. One relative told us "I'm asked to fill in a feedback form whenever I visit." On the day of our inspection we viewed feedback forms that spoke highly of the support and care provided by the management, and grateful letters received from family members .

The provider regularly monitored the service to ensure that appropriate care was being delivered. People's care records were routinely checked and reviewed to ensure that they were kept up to date. Records we looked at showed that regular audits took place, for example medicines records were checked for accuracy and regular health and safety checks were conducted.

Feedback from representatives and relatives was very positive about the efforts made by the provider and registered manager to ensure that people's needs were met quickly. Records that we looked at confirmed that the provider had always been prompt in liaising with other community partners to ensure that people received prompt and efficient care and support.