

Supreme Care Services Limited

Liberty Lodge

Inspection report

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Date of inspection visit:
15 January 2019

Date of publication:
27 February 2019

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 

Summary of findings

Overall summary

About the service: Liberty Lodge is a residential home providing nursing and personal care to 3 people with mental health needs at the time of inspection.

People's experience of using this service: People told us they felt well supported by kind and caring staff and were empowered to make choices about their daily lives. Staff supported people to be as independent as possible, to access health care when needed and to maintain links with friends, family and the local community. People were treated with dignity and respect.

The environment was clean, tidy and well maintained. Regular checks of the building and equipment were done to keep people safe. However, people were not protected against the risk of Legionella disease as checks on water temperatures were not carried out and there was no recent risk assessment to see if this was needed. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff received appropriate training and support to enable them to carry out their roles safely, including managing medication. There were enough staff to keep people safe. Agency staff were not used as staff from 2 of the provider's other homes were used to cover sickness or leave, meaning people were always looked after by staff they knew.

People had their needs and choices assessed and appropriate plans of care to meet their needs. People had up-to-date risk assessments and risk management plans.

The registered manager had processes in place to monitor quality and people's satisfaction with the service, and responded in a timely way to meet people's needs. However, the provider's quality monitoring system had not picked up that a Legionella risk assessment was needed but had not been done. The service promoted learning for people and staff.

Rating at last inspection: Good (report published 18th August 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will monitor the provider's action plan to see how they are implementing the required improvements to bring the service back to a rating of at least Good. We will inspect again in future as per our re-inspection programme.

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 effective

Details are in our Effective findings below

Good ●

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 ●

Liberty Lodge

Detailed findings

Background to this inspection

The 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.

Inspection team: The inspection was carried out by 1 inspection manager.

Service and service type: Liberty Lodge provides personal care for up to 5 people with mental health needs and/or drug and alcohol misuse. At the time of our inspection care was being provided to 3 people.

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 was an unannounced inspection which took place for 1 day on 15th January 2019.

What we did when preparing for and carrying out this inspection: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse, and we contacted the Local Authority and local Healthwatch for feedback about the service. We assessed the information we require providers to send us at least once a year to give us information about the service, as well as what the service does well and any improvements they plan to make. We used all this information to plan our inspection.

During the inspection we spoke to 2 people who use the service about their experience of care. We spoke with 2 staff members and the registered manager. We reviewed 2 people's care records and 3 people's medication records. We reviewed 2 staff files which included information on recruitment, supervision and performance review. We also looked at a range of policies and procedures, audits and other records relating to the running of the service. Following the inspection, we spoke with a health professional and one person's relative.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

RI - 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.

Preventing and controlling infection□

- The provider had a Legionella policy. Legionella is bacteria that can be found in water and can cause serious infection in people. At the time of inspection, there was no recent risk assessment to determine what checks and precautions the service should take to keep people safe from Legionella.
- The registered manager had not received Legionella training, as required by the provider's policy, and was not clear about her responsibilities around Legionella risk assessment. Following discussion of the requirements the registered manager took immediate action and arranged for a specialist company to conduct a risk assessment and train all staff in Legionella prevention. However, at the time of inspection this was not in place and the provider was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as they failed to assess the risk of, and prevent, detect and control the spread of infection. You can see the action we told the provider to take at the back of the full version of the report.
- The home was clean and well maintained. Staff assisted people to clean their rooms and staff cleaned communal areas. A relative told us the home was always clean and tidy.
- The last food hygiene inspection in 2012 by the Food Standards Agency rated the service with 5 stars (the best rating). The kitchen was clean and tidy. Food in the fridge and freezer was covered and labelled with use by date and date of opening. Fridge and freezer temperatures in the kitchen were recorded. Staff completed food hygiene training and were aware of their responsibilities in relation to food safety.
- Information on hand hygiene was on display and there were appropriate hand washing facilities.
- Staff received regular training in infection prevention and control.

Systems and processes

- People were kept safe from abuse by staff who had been trained in safeguarding and were aware of the action they should take according to the provider's safeguarding policy.
- There was an accident and incident book but since the last inspection no accidents or incidents had been recorded. Staff reported they were aware of how to do this. The registered manager was confident staff knew how to report risks as this was discussed at staff meetings and one to ones. The registered manager told us that the high level of staff to people reduced the risk of incidents.
- People were kept safe by recruitment processes for checking staff identity, right to work in the UK, employment history, references and criminal records checks.
- There was an induction for new staff and ongoing mandatory training to enable staff to perform their roles safely.

Assessing risk, safety monitoring and management

- People were kept safe as they had up-to-date risk assessments and risk management plans.
- There was a system in place for monitoring people going in and out of the building, and information on display for people on keeping safe and keeping in touch when going out independently.
- There was a lone worker policy and staff were aware of how to summon help in an emergency. There was CCTV throughout communal areas.
- The service had passed a recent fire safety inspection and fire extinguishers and blankets were available throughout the home. People had up-to-date personal emergency evacuation plans and information about fire evacuation was on display in communal areas. There were regular fire alarm tests and drills.
- Regular maintenance checks were performed on the building and equipment.
- Window restrictors were in place on windows above ground level to prevent people from accidental or intentional harm.

Staffing levels

- People were kept safe because the service had enough staff on duty to look after them. This was confirmed by the duty rota and by what people told us.
- A health professional told us they thought there was always enough staff. A relative also told us there was always enough staff when they visited.
- The registered manager used staff from 2 of the provider's other homes to cover as needed which meant there was no need to use agency staff and people were always cared for by staff they knew.
- The registered manager told us she kept staffing levels under constant review. At the time of our inspection there was no one who needed 1 to 1 care, but if this was needed in future the manager said she would recruit more staff.
- We noted that staff worked long hours and raised this with the registered manager. She told us staff agreed to working these hours and that she kept this under review to make sure people got enough rest. We did not see any risks to people because of this.

Using medicines safely

- People were kept safe by staff who were appropriately trained and assessed as competent in giving medication.
- Medications were stored safely and securely and daily temperature checks were recorded. At the time of inspection there were no medications requiring refrigeration but the registered manager was aware of how to store fridge medicines.
- At the time of inspection there were no controlled drugs at the service. Controlled drugs require special storage and recording and the registered manager was aware of legal requirements for this. An appropriate storage facility was available if required.
- People gave consent for staff to manage their medication. People's medication records showed they received their medicines at the right times and allergies were recorded.
- People were assessed to see if they could take their medicines independently but at the time of inspection no one was able to do this. The registered manager told us this was regularly reviewed, the aim being for people to manage their own medication so they could live independently in future.
- Appropriate guidance was in place for people needing medication 'per required needs'.
- A recent medication audit by the pharmacy that supplied medication to Liberty Lodge did not find any problems with medication management. An audit is a way of checking systems and procedures to make sure they are safe and effective. Processes were in place for ordering and disposing of medication.

Learning lessons when things go wrong

- There had been no reported incidents since the last inspection. Staff could not recall hearing about

incidents from the provider's other services and it was not clear if there was a system in place for sharing learning from incidents at provider level.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and preferences were met. People had needs assessments and care plans that directed staff to give care personalised to the individual. People completed an "about me" document on arrival at the service which included information on daily routines as well as likes and dislikes.
- People had personalised weekly activity planners to include their preferred activities, but these were flexible based on the person's needs.
- People had monthly reviews with their keyworker where they could give feedback on their care and set goals.
- The registered manager told us, "We give choice, we give preference, we encourage people to maximise their potential".
- At the time of inspection no one was detained under the Mental Health Act but staff had received training on this.

Staff skills, knowledge and experience

- Staff received appropriate training to enable them to perform their roles and all staff training was up-to-date. One staff member told us "They train us about our jobs".
- Staff received regular supervision with the registered manager and annual performance reviews where personal objectives were set. These meetings were used to discuss the care being provided and training needed.
- A health professional described staff as, "Very responsive to advice given and also proactive in mental health awareness and person centeredness which makes my role much easier and treatment briefer and more effective".

Supporting people to eat and drink enough with choice in a balanced diet

- People were well supported with their nutritional needs. People's preferences and dietary needs were recorded and staff were familiar with these. One person had dietary needs relating to diabetes which were described in their care plan. Another person told us they had a weight management plan as they were at risk of weight loss and this was confirmed by their care record. Information about healthy eating was displayed on kitchen walls.
- People gave staff weekly shopping lists of the food they wanted and were encouraged and supported where necessary to cook their own meals. One person told us, "I like the food".
- People were also supported to go out for meals at local restaurants.

Staff providing consistent, effective, timely care within and across organisations

- A health professional spoke highly of the care provided. She said, "My patient appears very engaged and

well supported by staff and given [the] significant history of mental health relapse, sometimes [because of] interventions by care staff that have not been helpful, I would say this has had a considerable impact on maintaining [their] mental health and wellbeing and avoiding psychiatric admissions or more intensive interventions".

- Staff supported people to access activities in the local community, including attending church, voluntary work and college.

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

- People's needs were met in relation to personalisation of their environment. People could decorate their bedrooms according to their preference. One person told us, "I have a TV in my room".

- There was a laundry room where people could do their own laundry with support as needed, which gave people independence.

- People could smoke in the outdoor areas and risk assessments were in place to support this.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to live healthy lives in relation to their mental and physical health. There was a spacious, enclosed back garden where people could grow flowers and vegetables if they chose. People were encouraged to take regular exercise and had access to a treadmill and inflatable outdoor pool in the garden.

- People were supported to attend healthcare appointments as needed and records of all external appointments were kept in people's care records. People attended regular dental checks.

- A health professional told us, "I have been very impressed at the manager's regular updates and communications".

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 lack the mental capacity to do so themselves. The Act requires that as far as possible people make their own decisions and are given help when needed. When people lack mental capacity to take specific decisions, any made on their behalf must be in their best interests and the least restrictive possible. People can only be deprived of their liberty to receive care and treatment with the appropriate legal authority, known as Deprivation of Liberty Safeguards (DoLS). We checked whether the service worked within the principles of the MCA.

- People had MCA assessments for individual decisions. At the time of inspection no one was subject to DoLS because all had mental capacity, but staff received training in MCA and DoLS and were aware of how to assess mental capacity and support people in decision making.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People told us they felt well supported by staff. One person told us, "Staff are very caring and very nice to me". Another person said, "I like it. I like the staff". One person commented in a resident satisfaction survey, "It's a very friendly place to live. I'm very happy with the care and support I receive from staff".
- A relative described staff as, "Very friendly...very caring".
- A health professional told us, "There is a real sense of care and consideration...[the person] benefits from living somewhere where [they] feel at home and has opportunities for choice...but also considerable reassurance and intervention when [they] require it".

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

- People told us they had choice to do the things they liked. One person said, "[We] get to do pretty much what we want". Another person told us, "I like it. You're free to do what you want".
- Regular residents' meetings were held. One person told us they found these useful and said, "[The registered manager] asks if we are happy, [talks about] any changes".
- People's care plans reflected the voice of the person and showed that people were regularly asked for their views and input about their care.
- Staff told us they respected people's rights to make their own decisions when they could do so. One staff member described how a resident sometimes liked to eat foods that were not recommended due to a health condition, and that staff would respect the person's wishes whilst providing information about healthier choices, as the person had the mental capacity to make that decision.

Respecting and promoting people's privacy, dignity and independence

- People had their own bedrooms as well as their own mobile phones and were given privacy by staff to make calls and have time alone in their rooms. At the time of inspection all residents had access to their own bathrooms.
- One person's care plan stated they did not want to be checked by staff through the night but would call if they needed help.
- One staff said, "We don't want to take their [people's] independence from them".
- A relative told us that they and their relative were very happy with the level of support and care provided and said, "Our experience has always been good".

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

Good: ☐ People's needs were met through good organisation and delivery.

Personalised care

- People's assessments and care plans reflected their personal needs and goals. One staff member told us, "We treat [people] according to their needs".
- There was a focus on reablement and planning for people's future after leaving the service. For example, one person was supported to begin a beauty course at college but due to health reasons had to give this up. The service then supported the person to enrol in a nail technician course and to buy a kit to become a mobile nail technician. One person had recently been reviewed by an external clinical assessor to plan for life after leaving Liberty Lodge.
- At the time of inspection there were no Lesbian, Gay, Bisexual or Transgender (LGBT) residents but the registered manager told us, "We would expect that person to have access to everything and have privacy and dignity. I would liaise with agencies who could provide us with training and support to bring that person into the fold". Staff had all received equality and diversity training and the provider had previously arranged training on LGBT issues for staff.

Improving care quality in response to complaints or concerns

- No complaints, formal or informal, had been received since the last inspection, but there was a complaints policy and information on display in communal areas for people to know how to complain, including information on independent advocates. People said they had never had to complain but if they did they would speak to the manager and were confident she would resolve any issues.
- A health professional told us they had never had cause to complain but if necessary, "Would feel able to address any concerns with the manager as she is approachable and very focused on service improvement via constructive feedback".
- Staff had the opportunity to raise concerns at regular staff meetings and felt that the manager responded to issues raised. One staff said, "She [the registered manager] always takes it up". Another staff told us, "Reporting to the manager is good, she always does something".

End of life care and support

- End of life care was not routinely discussed with people but it had been addressed where there was an identified need. An end of life care plan was in place for one person which included information about their spiritual needs, and the registered manager had written to the person's GP with information about an end of life care course the person had participated in.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

RI: ☐ Service management and leadership was inconsistent. Some regulations may or may not have been met.

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

- The provider had quality monitoring systems in place but these were not always effective. The registered manager participated in a monthly meeting organised by the provider, where senior staff met with home managers to monitor quality and safety across the provider's care homes. However, the provider had failed to identify that the service had not had a recent Legionella risk assessment. The registered manager was not aware that she needed to have training in Legionella prevention and the provider had not made sure she received this training. This led to a breach of regulation 12.
- Despite this the service was well run. Staff were aware of the daily quality checks required and reported any issues to the registered manager. Staff were aware of the importance of good documentation. One staff told us, "She [registered manager] wants everything filled in correctly".
- Staff said they felt well supported in their roles and were satisfied with their involvement in the running of the service.
- The registered manager was aware of the types of issues she needed to notify the Care Quality Commission about to meet regulatory requirements necessary to keep people safe.
- The registered manager conducted several regular audits to monitor quality and safety.

Planning and promoting person-centred, high-quality care and support with openness

- People received person-centred care and support. The registered manager spoke passionately about the improvements people had made in their lives because of the support given by the team. She said, "I did it with the team. I told them my vision for the service users...all their needs and goals are different". For example, she told us how one person had been supported to use a self-service supermarket checkout for the first time in their life, "[Person] was so happy...it made me so proud", and how another person who had arrived at the service after a period of self-neglect was now taking pride in their appearance and going out independently.

Engaging and involving people using the service, the public and staff

- The service engaged well with people, relatives and staff.
- People were invited to complete monthly satisfaction surveys to give feedback on the service and results showed people were very satisfied with care provided.
- Results from monthly staff satisfaction surveys showed staff believed the service was performing well in all areas.
- The service had developed links with a local voluntary organisation where one person was now doing voluntary work.

- In summer the registered manager invited people from the provider's other homes to attend for barbeques and was planning a coffee morning where people from other homes were invited.

Continuous learning and improving care

- The registered manager had a strong focus on improving care by seeking out opportunities for learning. She attended regular 'registered manager forums' in the local boroughs to develop links with outside colleagues and share learning on service improvement.
- The registered manager encouraged joint learning for people and staff. Recently people and staff had received training on diabetes, breathing and smoking from external agencies.
- There were joint monthly meetings for staff with 2 of the provider's other services so that learning could be shared. As staff from these other services provided cover at Liberty Lodge this was important for effective communication and team building. The registered manager also told us how these meetings were opportunities to share ideas. For example, a staff member from another home had talked about providing a juicer to make fruit smoothies for a resident to encourage healthy eating, which resulted in juicers being purchased for all the homes and these now used by people when preparing their own food.

Working in partnership with others

- The registered manager took regular opportunities to develop partnerships with outside agencies. One of her aims was to improve links with outside agencies to inform them of the service at Liberty Lodge to speed up hospital discharges. She told us, "[I take] every opportunity I have to showcase the work we are doing. And all my contacts I try to bring here, from CCG [Clinical Commissioning Group] or council".

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not ensure that people were protected from the risk of infection as they did not have a recent Legionella risk assessment and the registered manager had not received Legionella training as required by the provider's own policy. Water temperature checks were not being performed and as there was no recent risk assessment it was unknown at the time of inspection whether this was required.</p>