Care Quality Commission

Laurel Residential Homes Limited

Jordan Lodge

Inspection report

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Croydon,
CR2 6LE.

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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

Overall summary

We visited the service on 18 and 19 November 2014. The inspection was unannounced. Jordan Lodge provides rehabilitation and recovery care for up to 14 male adults with mental health needs.

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.

People felt safe and happy. They were confident they could speak to members of staff or the manager if they had any concerns. Staff understood their responsibilities to protect people from the risk of abuse or harm. The service provided a safe and comfortable environment for people, staff and visitors. Risk assessments reflected people's needs and supported their goals. They provided guidance for staff about how to manage risks for each individual. There were enough qualified and experienced staff to meet people's needs. People's medicines were administered safely.

Summary of findings

Staff received regular training and management support. Mental capacity assessments were carried out to establish each person's capacity to make decisions and consent to their care and treatment. The manager and staff understood the requirements of the Mental Capacity Act 2005 and Deprivation of Liberties Safeguards. People had sufficient food to eat and liquids to drink. Outside of main meal times facilities were available to make sandwiches and hot or cold drinks. People were supported with healthcare needs having a yearly check-up with the GP. The service encouraged people to cut down their smoking and alcohol intake.

People spoke positively about the staff at the service. Staff were aware of people's needs, preferences and planned care and support. Each person was assigned a keyworker to help them to achieve their goals. People were involved in the planning of their care and support and reviewed every month with their keyworker how they were getting on. Staff treated people with respect and dignity.

Staff were knowledgeable about the people they supported and as a result were able to provide personalised care and support. People were encouraged to access the local community and take part in activities to minimise the risk of social isolation. People were confident that they could raise any concerns with staff or the manager. The manager and deputy had an 'open door policy' and tried to address any issues at an early stage. There were regular meetings for residents to discuss issues about the running of the service. A complaints procedure was in place but none had been made.

Staff had confidence in the management team and felt valued. Staff meetings were held two or three times a year. A wide range of audits were carried out on a weekly basis covering all aspects of service delivery. Any issues identified were concluded in a satisfactory and timely manner. Other audits and spot checks were carried out by the manager and area operations manager to monitor and assess and improve the quality of service provision.

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?
The service was safe. People felt safe and happy. Staff understood their responsibilities to protect people from the risk of abuse or harm. There were enough staff to support people's needs. The service provided a safe and comfortable environment. Medicines were administered appropriately.

Good

Is the service effective?
The service was effective. Staff received regular training and management support. People's rights were protected because staff understood their responsibilities in relation to mental capacity and consent. People were supported with their health and well-being.

Good

Is the service caring?
The service was caring. People spoke positively about staff who were aware of people's needs, preferences and planned care and support. People were supported by a keyworker and involved in their care and support. Staff respected people's privacy and dignity.

Good

Is the service responsive?
The service was responsive. Staff were knowledgeable about the people they supported and provided personalised care and support. People were confident they could raise any concerns with staff. There were regular meetings to discuss the running of the service.

Good

Is the service well-led?
The service was well led. Staff had confidence in the management team and felt valued. A wide range of regular audits were completed to monitor and assess the quality of the service provided.

Good

Jordan 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 18 and 19 November 2014 and was unannounced. The inspection team comprised an inspector, an expert by experience in mental health and their support worker. An expert-by-experience is a person who has personal experience of using this type of care service.

Before the inspection we reviewed information we held about the service which included statutory notifications and safeguarding alerts sent to us by the provider. We spoke with seven people using the service; one visitor; four professionals from various local authorities involved with the service; and nine members of staff including the manager, deputy, cook and maintenance person. We carried out general observations throughout the inspection. We looked at records about people's care and support which included four care files. We reviewed records about staff, policies and procedures, general risk assessments and safety certificates, accidents and incidents, minutes of meetings and provider audits. We inspected the interior and exterior of the building and equipment used by the service.

Is the service safe?

Our findings

People said they felt safe and happy. One person commented, “No problems here. Well, we all have problems but this place is okay.” Another person said, “We all get on together reasonably well.” Another person said, “There is enough staff and support and the night staff are good too.” People were confident that they could speak to staff or the manager if they had any concerns.

Policies and procedures for safeguarding vulnerable adults were in place which supported staff with clear directions and guidance about safeguarding procedures. Staff said they had attended relevant training and understood their responsibilities to protect people from the risk of abuse or harm. They were able to show that they could recognise different types of abuse that could take place and knew the procedures for reporting concerns. Staff said that they would inform the manager, deputy or whoever was in charge. Staff records confirmed their attendance at training. CQC records showed that the service had made appropriate safeguarding referrals when necessary.

The service recorded risk assessments for people that reflected their individual needs and tied in with the goals set out in their care and support plans. The risk assessments were discussed and agreed with people. For example, people were encouraged to cook for themselves occasionally, help with the cooking for others and to do their laundry. The relevant risk assessments provided guidance for staff to manage the risks for each individual. One member of staff commented that the risk assessments were “really helpful.” Risk assessments were reviewed at regular intervals or in response to incidents or changes in behaviour.

The service provided a safe and comfortable environment for people, staff and visitors. The building was well maintained. There was a record of safety certificates with dates of issue and dates due for renewal that ensured safety checks were carried out at appropriate intervals. They included gas, electrics, fire safety (alarms and equipment), legionella and food hygiene. The service had general risk assessments in place for the building, fittings, equipment and outside spaces. Fire drills took place once a week. The service had passed its fire safety inspection. Staff received training in first aid and fire safety.

There were sufficient numbers of staff to meet people’s needs. On the two days of the inspection there were three members of staff and the deputy manager covering the day shift. The manager was also available but was responsible for this service and another service in the next building. In addition, there was a chef, a domestic and when needed a member of staff responsible for the maintenance of the service and two other local homes. Two staff covered the night shift. Staff rotas reflected staff on duty. The service was able to accommodate planned absences for leave and training and short notice absences such as a member of staff calling in sick. Most absences were covered by other members of staff and bank staff. The service also benefited from the provider having three similar homes in the local area which created a larger staff pool that could be used if necessary. The service operated a 24 hour on call system for staff to contact management if they needed guidance or support.

Medicines were safely administered at the service. Only appropriately trained staff were allowed to administer medicines and they were supported with clear policies and procedures. The policies included minor ailments, homely remedies and medicines taken ‘when needed’ (PRN medicines). An examination of the medicines administration records showed that they were correctly completed. There was also a daily medicines audit and a reconciliation sheet for medicines not dispensed in a monitored dosage system. There was a policy for self-medication but at the time of the inspection no one was self-administering.

Two members of staff spoke about medicines administration. They said they were confident in administering medicines because of the training and the procedures they followed. We observed the morning medicines administration from the dining room. People came down for breakfast when they were ready. They waited patiently in the lounge area until they were called into the office. Only one person at a time went into the office for their medicines which protected people’s privacy and ensured staff could concentrate on what they were doing. It was evident from the observation that people were comfortable with the process which was reflected in the friendly conversations with members of staff whilst they were awaiting their turn. One person commented, “It’s a routine – come down, have a chat, get meds, have breakfast, go out.”

Is the service effective?

Our findings

People were supported by staff who had the knowledge and skills they needed to carry out their role. People felt comfortable with the support staff provided. One person said, "Staff are really good but you get the odd lazy one." Another person commented, "The staff are good. They are not controlling, you have freedom."

There was a low staff turnover which provided continuity of care for people. Staff completed training on a regular basis that was relevant to the service including areas such as first aid, mental capacity, health and safety and medicines administration. Staff said they had completed induction training and an assessment period when they first started work. One member of staff commented, "It was really useful." Staff were able to state what training they had completed and expand on specific topics when asked questions. They were able to explain topics such as mental capacity, safeguarding, challenging behaviour and side effects of psychotic medicines.

Staff training records were maintained centrally and recorded training that had taken place and scheduled training dates. Staff commented positively about the training they received and records confirmed that they received appropriate training on a regular basis. Staff told us the provider was supportive with additional training requests. Two members of staff were in the process of completing the Qualifications and Credit Framework (QCF) Level 3 in Health and Social Care to aid their development. Records also showed that staff were supported with regular supervision meetings with their line manager and an annual appraisal. Staff confirmed that this was the case.

The service completed mental capacity assessments for each person to establish their capability to make decisions and to consent to care and treatment. The assessments were reviewed on a regular basis or when there were any changes. For example, a mental capacity assessment was about to be reviewed with the local authority about one person's capability to make decisions about certain healthcare matters. Care records showed that people consented to their care and support. They also recorded when people disagreed with something recorded in their care records.

At the time of the inspection the service had not made any applications for authorities under the Deprivation of Liberties Safeguards (DoLS). The manager understood the requirements of DoLS which protected people from being looked after in a way that would inappropriately restrict their freedom. People at the service were free to leave the premises whenever they wished and were able to decide what they were going to do each day. Staff explained the service did not use restraint and with instances of challenging behaviour they were trained to avoid confrontation. The service had policies and procedures in place for mental capacity and the requirements of the MCA and DoLS. Up to date copies of the Codes of Practice for MCA and DoLS were available. Staff were knowledgeable about mental capacity and records showed they had completed appropriate training.

People had sufficient food to eat and liquids to drink and told us, "All the food is good here. Liver and bacon tonight. There is a choice. There's tea and coffee whenever you want it. You can make a sandwich if you want." One person said, "The cook does good food." "Food is good." Other people said they enjoyed the food and one person commented about how good the curry was. During the inspection people were observed making sandwiches and hot drinks for themselves and one person cooked breakfast. Staff said that people could make sandwiches and hot or cold drinks at any time of the day. There was a menu for each day that provided a choice and people could request some other alternative provided they told the cook before 2pm.

People were supported with their healthcare needs. One person, referring to their drinking habits, commented, "I agreed with [keyworker] to cut down a bit more." Another person said, "The staff encourage me with my drinking [problem]. I've cut down a lot. I wouldn't have done that on my own." One person said, "I get bored so I drink. I am very happy here. They support you. I have cut down what I drink." Another person said, "They always want you to give up something or cut down. It's a bit much sometimes."

Care records showed visits to the general practitioner (GP), dentist and opticians. There were visits to other healthcare organisations when necessary. The service ensured people attended an annual health check by the GP. People were weighed on a regular basis to identify weight gain or loss. Care records showed that people were encouraged to stop

Is the service effective?

or reduce smoking and drinking alcohol. One member of staff explained about an alcohol care plan that was in place for one person and their role as a keyworker to provide support.

A formal handover took place between each shift. The outgoing shift provided a briefing about the behaviour and well-being of each person and any incidents that may have taken place. One example was a person who had displayed challenging behaviour shouting and swearing at staff. The trigger for this behaviour had been recognised and the incoming staff were then prepared for any continuance.

Is the service caring?

Our findings

One person said, “Staff are good here. They talk to you, you know. They listen.” Another person said, “I can talk to some of the staff here. The others are okay but I only talk when I feel like it.” One person said, “[The keyworker] shows me what she’s written and sometimes I write something. We agree about things and I try to stick with it.” Three people told us they made choices and were involved in their care and support. A visitor said, “I come here most days, the staff are very welcoming. I always feel welcome when I come here.” Four professionals who had regular dealings with the service commented that the staff were very caring, had good relationships with people and enjoyed a laugh. One member of staff said, “We get residents involved every step of the way, it’s all about them really.”

People and staff were observed to be relaxed in each other’s company. Numerous examples of friendly conversations and interactions were seen during the inspection. For example, two members of staff chatted with one person about their haircut and told them it made them look 10 years younger. In conversations with staff during the inspection it was evident that they had a good knowledge about people’s needs and preferences and their planned care and support. One member of staff was able talk about the care and support needs of four people sitting in the lounge. Staff used friendly and affectionate terms when talking about people. One member of staff referred to people being like family.

Each member of staff was assigned as a keyworker for one or two people. In addition to providing specific care and support they also helped people with more practical aspects of daily life. People were able to say who their keyworker was. One person commented that they had changed keyworkers because they preferred somebody else. Three people told us how they had agreed with their keyworkers to reduce their alcohol consumption and the keyworkers supported them to achieve their goals.

Two members of staff provided detailed examples of how they had supported and involved individuals as their keyworker and showed the records they kept in care files. Three people confirmed that they met with their keyworkers once a month to discuss their goals and progress. They said they were shown the record of the meeting and could record their own comments. Records showed these meetings took place and on occasions people recorded their own comments.

A mental health advocacy service was available to support people to express their views and be involved in their care. Information about advocacy was provided when people arrived at the service, advertised in a leaflet on the noticeboard and discussed at reviews of people’s care programme approach. People were able to use the telephone to speak to their care coordinator whenever they wanted.

Staff respected people’s privacy and dignity. For example, three people said staff respected their privacy and gave them space. Staff knocked on doors and asked people’s permission to enter. If people refused, staff left and tried again sometime later. Staff said two people sometimes refused permission to enter bedrooms and their wishes were respected. Medicines were given in private in the office. One visiting professional said that any requests for privacy with clients were accommodated by staff.

Is the service responsive?

Our findings

People made the following comments: “I like to get involved in the gardening and there are other activities like swimming. Time goes so quick.” “I listen to music and play my guitar.” “I spend my day relaxing, gardening and doing chores.” “I occasionally do some gardening.” “I’ve learnt some cooking skills here.” “I’d like to do more, I would like to get a job or do some voluntary work.” “It’s okay here, I’m okay here. The staff are grand, they don’t hassle you too much.” “I have a pass so I can travel anywhere in the country on the buses. I like to get on the bus and have a trip out.” One professional commented that staff were always good with activities and about how well they knew people.

Staff were knowledgeable about the people they supported. In addition to health and support needs staff knew people’s preferences and interests and as a result were able to provide personalised care and support. People were encouraged to access the local community, mix with other people in the home and take part in activities to minimise risks of social isolation.

People’s needs were assessed before they moved into the service. Care records and support plans were person centred and identified needs, goals and risks. They provided detailed information to support staff to deliver safe and appropriate care and support. Care and support were discussed once a month by each person with their keyworker and the care file was reviewed monthly by the manager.

Staff spoke about how they responded to people’s needs. For example, one person was avoiding medication by hiding tablets in their mouth and discarding them when out of sight. This was noticed by the keyworker. After discussing this with the care coordinator and doctor the tablets were changed to oral dispersible tablets which disperse immediately when in the mouth. Another member of staff talked about how they had been supporting one person to get their correct benefit entitlement.

There were numerous other examples that demonstrated how staff supported and encouraged people to take medicines, reduce drinking and smoking and maintain their independence. People were prompted to complete personal care if necessary. People were encouraged to undertake daily living tasks such as laundering clothes, cleaning their room and cooking. One person was observed to take one of the bins from the kitchen and empty it into the appropriate refuse bin. Another person came down one morning, spoke with the cook and made a bacon and egg sandwich. At lunchtime people made sandwiches. One person offered to make hot drinks for visitors. One person said, “I do my own washing, I’ve got some in at the moment.”

People were confident that they could raise any matters of concern with staff or the manager. One person said, “If I’m not happy I will speak to staff or take it to the manager. I’ve nothing to complain about apart from some of the other people here now and then.” Another person said, “Feel I would be able to make a complaint but I don’t know the procedure. I would speak to the manager if I had a complaint.” People were provided with a service user guide when they first came to live at the service and the complaints procedure was outlined. Staff explained that any issues were addressed at the outset and formal complaints were rarely made. Staff were aware of the complaints procedure. Although there were policies and procedures in place no complaints had been made since the previous inspection. The manager and deputy both said that they had an open door policy and tried to address any concerns at an early stage.

Meetings for residents were held on a regular basis. Minutes of these meetings were available and showed that discussions were about the day to day running of the home. The most recent minutes showed a discussion about people smoking in appropriate areas. Through these meetings, regular one to ones with keyworkers and the overall approachability of staff and management people were empowered to raise concerns and expect an appropriate response.

Is the service well-led?

Our findings

The manager was appropriately qualified and registered with CQC. One person said, “This place is very good and structured – runs really well.” The manager was supported by a deputy manager. People and staff were observed to be friendly and comfortable with each other and the manager. One member of staff said, “The manager and deputy manager help me. It’s very open, everyone you approach helps.” Another said, “You always have support, you can have a chit chat with management.” One member of staff said, “They have been really supportive.” One commented, “It’s a good staff team. The manager and deputy are really supportive and would do anything.”

Staff were involved by management in planning the care and support provided to people. Staff had confidence in the management team and felt valued. The manager and deputy were visible around the service and spent time talking to people and staff.

There were staff meetings two or three times a year to discuss the running of the service, changes in policies, procedures and legislation. The minutes of these meetings were recorded. The most recent minutes recorded a discussion around activities and staffing. A survey of people, professionals and visitors was sent out twice a year. The responses to the most recent survey were positive but a number of returns were still outstanding.

The manager and deputy carried out a wide range of audits once a week to monitor and assess the quality of the service that were submitted to head office and overseen by the area operations manager (AOM). The audits covered all aspects of service delivery such as the administration of medicines and general risk assessments. Any areas of concern generated an action plan that was supervised by the AOM to ensure it was concluded in a satisfactory and timely manner. The AOM carried out regular, random audits and spot checks. The manager was also required to submit returns about positive handling interventions; accidents and incidents (identifying trends and/or lessons learned); significant health and well-being concerns; visits; statutory notifications; complaints; and, meetings. There was a matrix of safety certificates, such as fire safety and legionella certificates that clearly showed when they were issued and when they were due for renewal.

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.