

Arthur Lodge Limited

Arthur Lodge Residential Care Home

Inspection report

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London
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service.

Arthur Lodge is a care home for adults with learning disabilities, including those with a dual diagnosis of a mental health condition. The maximum number of people the service can accommodate is 11. At the time of our inspection 9 people were using the service.

People's experience of using this service and what we found

Right Support:

Staff supported people to access health and social care support in the community. They supported people being involved in maintaining their own health and wellbeing where possible. Staff communicated with people in ways that met their needs. The service gave people care and support in a safe environment. However, people were not always supported to have maximum choice and control of their lives as up to date mental capacity assessments had not been completed. Staff knew people well and supported them in the least restrictive way possible and in their best interests. However, the policies and systems in the service did not always support this practice. Risks to people were assessed, monitored, and managed. Staff had the necessary skills, knowledge, and experience to provide safe and effective care. There were enough staff to meet people's needs.

Right Care:

Medicines Administration Records (MAR) did not contain sufficient information and some people were receiving medication that was not prescribed. Staff were recruited safely. People's needs were appropriately assessed before they moved to the service. The service worked together with healthcare professionals and relatives to ensure people's needs could be met. Care was person-centred and promoted people's dignity, privacy, and human rights. Staff understood how to protect people from poor care and abuse. Staff were appropriately trained on how to recognise and report abuse and they knew how to report safeguarding concerns. Care records contained risk assessments with clear guidance for staff to follow. Medicines were not always managed safely. Medicines Administration Records (MAR) did not contain sufficient information and some people were receiving medication that was not prescribed. Staff were recruited safely. The premises were clean. People had a choice about their living environment and were able to personalise their rooms. Some aspects of the home needed refurbishment and the provider was taking action to address this.

Right Culture:

The registered manager promoted a person-centred environment and people experienced good outcomes. However, the providers quality monitoring systems were very informal and had failed to mitigate the risks in

relation safe medication management and lack of mental capacity assessments. People spoke positively about the management team and staff. Staff understood people's needs in relation to their strengths, impairments, or sensitivities people with a learning disability and/or autistic people may have. This enabled people to receive compassionate and empowering care that was tailored to their needs. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

At the last inspection we rated this service as good. The report was published on 28 July 2017.

Why we inspected

We carried out a focused inspection of this service on 17 April 2023, this inspection was prompted by a review of the information we held about this service. This report only covers our findings in relation to the Key Questions Safe, and Well Led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

Enforcement and Recommendations

We have identified one breach in relation to safe care and treatment.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If we receive any concerning information, we may inspect sooner.

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 well-led?

The service was not always well-led

Details are in our well-led findings below

Requires Improvement ●

Arthur Lodge Residential Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 1 inspector, 1 specialist advisor who was a nurse and 1 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Arthur Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced. We visited the location on 17 April 2023.

What we did before the inspection

We reviewed information we had received about the service since it was last inspected. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We met 3 people who lived in the home. Some people could not use words to tell us about their experience, we observed interactions between people using the service and staff. We spoke with 2 staff and the registered manager. We reviewed 5 people's care records including risk assessments and 2 staff files in relation to recruitment. We also reviewed a range of management records including staff training, quality audits, medicines, and service user feedback. We also spoke to 2 relatives of people who used the service.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant 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.

Using medicines safely

- Most People received their medicines safely as prescribed. Prescribed medicines were safely stored and locked away,
- For medicines to be administered 'when required', person centred protocols were not in place. This meant that staff did not have enough information to administer these medicines appropriately.
- Medicine Administration Records (MAR) did not contain sufficient information such as photographs and allergies of each person to ensure safe administration of their medicines.
- We also found medicines such as vitamin C tablets and cough syrups on kitchen counter which could easily be accessed by people.
- Medication like Vicks, ibuprofen and paracetamol were given to people, but there were no prescriptions or homely remedies policies in place.
- Medicines were administered by staff who were trained however competencies were not always checked.
- The registered manager acted immediately after our inspection to remove the medicines from the kitchen and introduce a homely remedies policy.

This is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not always ensured there was a system in place for the safe management of people's medicines

Systems and processes to safeguard people from the risk of abuse

- People were safe and protected from avoidable harm. Staff knew people well and received training on how to protect people from abuse.
- People told us they trust staff and felt the service was safe. Comments included "He is very safe there, they are so organised, the staff are always looking out for the residents, and they are always looking out for my brother. If it was not safe, I would not have left my brother there." And "I feel safe here, the staff help me."
- Staff were able to explain how they would recognise signs of abuse and how they would report it to the management. One staff member said, "it is our duty to protect people, we report everything straight away".

Assessing risk, safety monitoring and management

- The staff assessed all potential risks to people and put guidance in place so that the risks were minimised. Risk assessments were developed that maximised people's independence and ability to remain in control of their life.
- Risk assessments in place, included slips and trips, hoarding, nutrition and managing skin conditions.
- Environmental risk assessments, including a fire risk assessment had been completed and were accessible to staff.

- People had personal emergency evacuation plans in the event they needed support from staff to be evacuated from the service in an emergency.
- People had positive behaviour support plans which gave guidance to staff about how to support people who may become distressed or anxious.
- Fire systems and equipment were monitored and checked to ensure they were in good working order. A maintenance person was always available to ensure continuous safety.

Staffing and recruitment

- There were suitable numbers of qualified staff to meet people's needs. A staff member told us, "There are always enough staff, we can spend time with people."
- Most staff had worked for the service for many years and therefore provided continuity in care.
- People told us there were always enough staff on duty to meet people's needs.
- The provider had systems in place to carry out checks on all staff before they commenced working at the service. These included employment references, proof of identification and right to work the UK. Disclosure and Barring Service (DBS) checks were carried out. A DBS check is a way for employers to check staff criminal records, this helps to decide whether they are a suitable person to work with vulnerable adults.
- A person told us "I am happy with the staff, they welcome you, and are very caring and your part of the family really, it's nice."

Preventing and controlling infection

- There were appropriate systems for preventing and controlling the spread of infection. These included training and information for staff, regular cleaning schedules as well as audits and checks on cleanliness and hygiene.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was using PPE [personal protective equipment] effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date .
- The provider followed government COVID-19 guidance on care home visiting

Learning lessons when things go wrong

- Systems were in place to manage incidents and accidents, including learning from these. The registered manager supported staff and the service to learn lessons when things went wrong.
- Staff told us that they receive regular updates by their manager on any changes following an incident

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental capacity assessments (MCA).

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's care records contained signed consent forms, but some lacked up to date mental capacity assessments and best interests assessments in line with guidance.
- The registered manager took immediate action to complete these following our inspection
- However because the service was small Staff knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions.
- The registered manager told us that everyone at the home had capacity to make day to day choices and decisions about their care and that there were no DOLS authorisations in place.
- Staff put their knowledge about the principles of the MCA into practice. We saw staff sought consent from people before providing support and encouraged people to make decisions about how they wanted their day-to-day care to be delivered.
- A staff member told us "We always give people a choice and explain what we are doing. For example, choosing their clothes or where they would like to go"
- Staff confirmed that they had undertaken training in relation to the MCA.

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.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider had not always ensured the safety and quality of the service had been effectively assessed.
- The providers quality monitoring systems had failed to identify and mitigate risks in relation to the management of medicines and recording of people's mental capacity.
- The registered manager was responsive to concerns raised at the time of the inspection. They had made some immediate improvements and had detailed plans in place for further improvements.
- The registered manager promoted a positive and transparent culture which supported the delivery of person-centred care. All the feedback we received about the registered manager was positive. Our discussions with them demonstrated they were passionate about championing the rights and freedoms of people who lived at the service.
- The staff team were very experienced and knew people well. They promoted a homely atmosphere and they promoted an inclusive and person-centred culture. We observed staff interacting with and being respectful to people who used the service.
- Staff told us they felt respected, valued and well supported. One member of staff told us, "The manager is very good, supportive and really cares about the residents."
- Care plans were person-centred, which reflected people's individual needs, aspirations, goals and best outcomes.
- The registered manager and staff were motivated to provide the best possible person-centred care and support for people.
- Staff told us the registered manager was very approachable and that they would have no hesitation in raising concerns or making suggestions.
- Staff told us that they felt involved in changes and were provided with opportunities to give feedback and offer suggestions for improvements
- A number of people had achieved positive outcomes from the monitoring of their health and the support they had received whilst staying at the home. The registered
- People's family members were positive about the culture within the service. 1 person's family member described the service "One of those places we couldn't do without, they treat him like family."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their role and responsibility under duty of candour. They were aware of their responsibility to be open and honest when things went wrong.
- Relatives told us they were kept informed by the registered manager when something went wrong and were happy with the leadership of the service.

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

- The registered manager had the skills and knowledge of their responsibilities for ensuring that risks are managed well and that they are reported under the regulatory requirements.
- The provider had up to date policies and procedures which reflected good practice guidance and legislation.
- The registered manager completed regular care plan audit checks. These looked at areas such as care plan reviews, whether outcomes for people were being met and any changes to a person's care needs.
- Comments from people included "Yes, I do know who the manager is "Yes they are approachable day or night." They do have the skills and knowledge to lead effectively."
- Staff were clear about their roles and responsibilities and felt supported by the registered manager. Comments from staff included, "We always have clear guidance and instructions from our manager." And "From the first day of working at the home I felt supported by the manager and staff team."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager told us they encouraged feedback from people and relatives through telephone conversations and questionnaires to develop the service. They had an open-door policy for staff to feel able to approach the management team with any concerns.'

Continuous learning and improving care

- There were systems and processes to monitor the quality of the service however these were not always effective
- There was oversight of accidents and incidents in the service to safeguard people and to identify any actions to help prevent recurrence.
- Team meetings were used to share good practice ideas and problem solve.

Working in partnership with others

- The registered manager and staff told us how they work in partnership with external professionals such as the GP, consultant psychiatrist, opticians, dentists and the speech and language therapy team.
- Care plans showed that partnership working was taking place to review people's health and wellbeing.

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 had not always ensured that monitoring of the safety of the service had taken place or been effective. The provider had not always ensured there was a system in place for the safe management of people's medicines.</p>