

Mr & Mrs K Walsh

Friary Lodge

Inspection report

177 Friern Barnet Lane
Whetstone
London
N20 0NN

Tel: 02084454756

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Friary Lodge is a 'care home.' The service is registered to support up to 15 older people, some of whom may be living with dementia. At the time of our inspection, nine people were using the service.

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

There were no assessments about choking for people who were known to be at risk, and no guidance for staff to follow about actions to take in the event of a choking incident. Assessments about other types of risk however were in place and offered staff advice about reducing the likelihood of them happening.

Staff did not always follow processes to minimise the risks from the spread of infection. We have made a recommendation about this.

People were treated with respect, kindness and compassion. People were supported by a staff team that knew them well and understood how to meet their needs. Staff knew how to support people to communicate and express their views. People were supported to maintain relationships with those who were important to them.

People, relatives, staff and a health care professional spoke positively about the service and the care provided.

People were supported to eat and drink healthily and maintain a balanced diet. Menus were not available in an accessible format to help people living with dementia make informed choices. We made a recommendation about this.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Information on how to raise concerns or complaints was available, and people and their relatives were confident any concerns would be listened to and acted upon.

Effective recruitment procedures were in place to check that staff applying for positions were of good character and suitable to provide care and support to people living in the service before they were employed.

Staff had received training in safeguarding adults from abuse and understood their responsibilities and the actions they should take if concerns were identified.

There were sufficient numbers of staff deployed to meet the care and support needs of people.

Some areas of the building needed improvements. We have made a recommendation about this.

There were systems in place to monitor the quality of the service. However, these processes had not picked up and addressed the issues we found during this inspection.

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

Rating at last inspection

The last rating for this service was Good (published 02 December 2016).

Why we inspected

This was a planned inspection based on the previous rating. You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-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 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 ●

Friary 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 (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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an 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

Friary 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.

The service had a manager registered with the Care Quality Commission. They were also the provider. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with six people who used the service, one visitor, two relatives and a visiting healthcare professional for feedback and about their experience of the care provided. We spoke with four members of staff including two senior care workers, one care worker and the chef.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training and quality assurance records.

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 now 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.

Assessing risk, safety monitoring and management

- We found that some risks to people's safety had not been properly assessed or minimised.
- Staff we spoke with told us and some people's care records documented that they were at risk of choking, but there were no individual assessments in place to show how the risk could be reduced. Neither was there any guidance for staff to follow about how to manage choking.
- People who were on soft or pureed diets had not been referred to Speech and Language Therapists (SALT) in a timely manner.
- Although other health care professionals had been contacted, care records had not been amended to make sure people were protected from harm. The appropriate management plans were not in place to take account of the person's changing needs, leading to a risk to their health and well-being.
- Some people were at risk of falling out of bed and required bed rails in place to keep them safe. Risk assessments had not been completed to show the risks of potential injuries.
- We discussed these concerns with senior staff present at the time of the inspection.

The failure to consistently assess and minimise known risks to people is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider responded promptly during and after the inspection. They confirmed referrals for people at risk of choking were done and risk assessments were put in place.
- Other risk assessments were detailed and provided staff with a good level of information and guidance to enable them to support people safely in those areas. For example, medication and moving and handling assessments.
- Each person had a Personal Emergency Evacuation Plan (PEEP). A PEEP is for individuals who may not be able to reach a place of safety unaided or within a satisfactory period of time in the event of any emergency.
- All essential maintenance of the premises and servicing of equipment was undertaken at appropriate times. For example, electrical installation, gas safety, portable electrical appliance testing and fire alarm systems and equipment.

Preventing and controlling infection

- We observed staff accessing the kitchen area whilst the chef was preparing meals for people using the service. They did not wear any personal protective equipment (PPE), such as hats or coats and did not wash their hands before touching kitchen equipment.
- We observed medicine measuring pots were washed and left to dry on the kitchen radiator cover, which

was rusty, and the paint was peeling.

- We observed there were cracked floor tiles in the kitchen area.

We recommend the provider seek advice from a reputable source to develop effective systems to prevent the spread of infection.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe living at Friary Lodge. One person said, "I feel secure." Another person said, "It is safe here, no need to bother about anything." A relative told us, "We never felt worried about mum's safety. Whenever we visit she looks so cosy and comfortable."
- People were protected from the risk of abuse. Staff had received training in safeguarding adults, demonstrated an understanding of safeguarding procedures and when to apply them.
- Staff were confident any concerns they raise would be listened to and actioned appropriately by the registered manager.

Staffing and recruitment

- We observed and people told us there were enough staff to meet their needs. One person told us, "There are enough staff available." A relative told us, "Staff are visible when we visit. They are never too busy to offer us a drink."
- Staff we spoke with confirmed to us they did not feel rushed or task focussed as the registered manager ensured there were enough staff.
- The recruitment records showed that the necessary information to keep people safe had been obtained such as references, proof of identification and criminal record check to make sure staff were suitable to work with people.

Using medicines safely

- We reviewed medicine records for people using the service, observed staff administering medicines and spoke to staff about medicines management. Staff understood their responsibilities and the processes involved in ensuring medicines were safely supplied, stored, administered and disposed of.
- Medication administration records (MARs) contained no gaps, demonstrating people received their medicines as prescribed.
- Some medicines were prescribed for people to take 'as required' (PRN), for example, painkillers. There were protocols in place to support staff to administer these appropriately.
- Medicine administration competencies were carried out and staff confirmed that their medicines rounds were regularly observed by the registered manager to ensure that they remained competent.

Learning lessons when things go wrong

- Systems were in place to record and monitor incidents and accidents. These were monitored by the registered manager.
- Lessons learnt from incidents and accidents were shared and discussed with the staff team to improve the quality and safety of the service.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support achieved good outcomes.

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

- People had their needs assessed across a wide range of areas before they moved to the service.
- The assessment process identified initial support needs and enabled the service to determine whether they could meet those needs.
- Initial assessments were used to develop care plans for people. Care plans included, social interests and hobbies, cultural needs, physical needs, mental wellbeing, mobility, nutrition and hydration.

Staff support: induction, training, skills and experience

- Staff were required to complete the provider's mandatory training such as moving and handling, health and safety, safeguarding people from harm, Mental Capacity Act 2005 and fire awareness to ensure they had the right skills, knowledge and experience to deliver effective care.
- Staff received an induction, and support they required to meet people's individual needs. This included shadowing experienced members of staff, fire safety and emergency procedures and getting to know people.
- Staff spoke positively about working at Friary Lodge. They told us they felt supported in their roles and received supervision. They said the registered manager was approachable and available for support and guidance at any time as well as working with them providing care and support to people.

Supporting people to eat and drink enough to maintain a balanced diet

- The daily menu was written on a blackboard in the dining area so people could see what was on offer. However, there was no easy to read menu available to help people living with dementia and people who found it difficult to choose their meals make an informed choice.

We recommend that the provider research good practice guidance in relation to menu planning and assisting people to make informed choices.

- People's care plans recorded their dietary needs and preferences.
- Staff informed us that people were offered choices for their food and if they did not like the main options the chef would be happy to make something else for them. Hot and cold drinks were offered to people throughout the day to ensure they drank well to maintain their hydration.
- People told us they enjoyed their meals. Comments included, "Food is good, the chef is good. If you don't like something you get something else to eat" and "It's very good here. Food is excellent".
- We observed people enjoying their meals in a relaxed environment, at their own pace and with staff on hand to help them if needed. Staff engaged with people and encouraged them to focus on their eating.

- However where people required a soft diet, staff did not have guidance to follow from SALT on what texture food was appropriate and how to reduce the risk of choking. We have reported on this under the key question 'Safe'.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with other organisations to deliver effective care and support to people.
- People told us that staff helped them arrange healthcare appointments such as seeing their doctor when needed. GP's and district nurses visited the service regularly to help people to maintain their health.
- We saw records of referrals and visits from health care professionals, including opticians, district nurses and chiropodists.
- Relatives told us they were kept informed if there were any concerns about their loved one's health and that their health needs were met. One relative said, "(Registered manager) contacts us if she is worried. For example, mum was unwell overnight and they phoned straight away to say they had called an ambulance. I go to bed knowing she is safe and being cared for."
- A visiting health care professional commented, "Staff are very good. They always seek advice if they have any concerns. They follow up on any advice or guidance given and they follow treatment plans where required."

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

- People's bedrooms were personalised and decorated with personal effects, furnished and adapted to meet their individual needs and preferences.
- People had access to the first floor of the building via a stair lift.
- People told us they could access the garden easily and enjoyed spending time there. One person said, "Beautiful garden. When it's sunny I love going out and lie on the grass. There is a patio. It's like being in a park. When it's nice people move the chairs onto the grass and we have refreshments."
- We observed that the lighting in the hallway downstairs was dim, the paintwork and other areas of the building were in need of some care and attention.

We recommend the provider seek advice and guidance on developing an on-going programme to redecorate and make other upgrades to the premises where needed.

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 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Care plans demonstrated people's consent to care was sought and recorded.
- We observed and staff confirmed they sought verbal consent prior to providing care.

- Staff we spoke with had a good awareness of the MCA.
- The registered manager was aware of their responsibilities, had liaised with professionals and made appropriate applications for people who needed this level of support to keep them safe.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Outstanding. At this inspection this key question was now rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us staff were kind and caring towards them. Comments included, "Staff are nice people, very pleasant. He is well looked after", "Mum always looks well cared for, washed and clean. They treat mum with respect" and "Staff are all very good. Everyone is helpful and friendly and I don't think I could do better."
- People's bedrooms and the communal areas of the service contained items, which included pictures, furniture and ornaments. This combined with information in care plans, provided staff with a wealth of information about people, which staff could use to engage them in conversation.
- Staff had a good understanding of people's personal history and what was important to them.
- We observed staff speaking with people in a kind and compassionate way, bending down to speak with people at their level.
- Staff told us they enjoyed their work and enjoyed spending time with the people they supported. They were kind, compassionate and caring and spoke with enthusiasm about their work.
- People were receiving care and support which reflected their diverse needs in respect of the protected characteristics of the Equalities Act 2010 which included age, disability, gender, marital status, race, religion and sexual orientation. For example, a representative from the local church came to the service to support people's religious needs.
- Staff told us that they had not seen any discrimination towards people using the service or other members of staff.

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

- People were encouraged to express their views about their care and support and this was listened to and acted upon by the registered manager and staff. One person told us, "Registered manager is very caring. If you make a suggestion she tries to do it."
- Staff supported people to make decisions about their care and people were encouraged to make decisions about their appearances, for example what they wished to wear. We saw staff asking for consent from people before supporting them.
- People were relaxed with staff and shared in familiar banter and discussed their experiences throughout our visit.
- Senior staff we spoke with told us that no one was using advocacy services at this time but they would support people to access advocacy if required. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves.

Respecting and promoting people's privacy, dignity and independence

- Staff told us how they supported people to maintain their privacy and dignity. They described, for example, that they made sure curtains were closed as well as people's bedroom doors and always helped people to remain as covered up as possible when providing their personal care.
- People appeared well cared for and staff supported them with their personal appearance in ways that promoted their dignity.
- Care plans recorded the level of assistance or support people required and whether they needed encouragement to be independent.
- People were supported to maintain their independence by doing as much as they could for themselves. Staff were seen patiently walking by the side of people when moving from one part of the service to another to give encouragement and support.
- Information about people was kept confidential. Records were locked away as necessary in a secure cupboard and filing cabinets. Computer used by the provider and staff were password protected to keep information secure.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People contributed to the planning of their care. Care plans were person centred and identified people's personal care needs and how these were to be met.
- Care records included information about people's likes and dislikes, religious and cultural preferences and information about their past history regarding work, family and any personal interests that they had.
- However, we found some care plans and records were not reflective of all current information and we saw that guidance from a healthcare professional was not added in a timely manner. There was a risk that people would not receive safe care and treatment because of this. We discussed this with the senior staff on the day of the inspection, who reassured us they would review and update the relevant care records.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified and recorded in their care plan so all staff had the guidance needed to understand where people had difficulties, for example, people needing time to process information slowly before responding.
- Staff were aware of people sensory needs. They demonstrated this by the way that they communicated with each person. For example, where a person had a hearing deficit they made sure that they were close to the person and raised their voice slightly to ensure they were heard. Staff also ensured they were at the same level with the person so they could see their face and read lips more easily.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to use the communal areas to relax and engage in activities individually or with others. People told us, "There are cards and scrabble. I watch television in the lounge, I did not want a television in my room" and "(Registered manager) encourages me to go out."
- People were encouraged to practice their hobbies and follow their interests. For example, one person used to teach music and staff encouraged them to play their musical instrument. The person demonstrated their skills in this area with pride and this gave them a sense of achievement. They told us, "I am a musician and sometimes I entertain residents."
- Staff encouraged people to maintain relationships that were important to them, for example, family and friends. This helped protect people from the risk of social isolation and loneliness.

- Some people sat in the lounge chatting with staff whilst people moved between spaces seeking staff out regularly for reassurance that was provided each time.
- Relatives said they could visit the service at any time and were always made to feel welcome. We saw there were no restrictions on people visiting the service.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which was displayed in the service.
- People and their relatives were aware of the complaint procedure. They told us that they did not have any complaints or concerns. They said that they would speak to the registered manager if they did.
- There were no complaints received in the last 12 months.
- The registered manager kept a log of all the compliments they had about the service and these demonstrated how happy people were with the service they and their loved ones had received.

End of life care and support

- End of life care was provided sensitively and in line with people's needs and preferences.
- People's preferences relating to their end of life care were recorded in their care plans.
- We saw that people had Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) orders in place so that their wishes were clear to visiting professionals.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence 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 now 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

- Quality assurance processes, auditing and record keeping were not robust. There was a lack of audits and checks to monitor the quality of service provided to people.
- At this inspection, we saw there was a lack of risk assessments to ensure people were kept safe. Where people were known to be at risk of choking and were on modified diets, referrals to SALT had not been made in a timely manner.
- Where health care professionals had been contacted and visited people, care records had not been amended to reflect the person's changing needs, leading to a risk to their health and well-being.
- Infection control checks did not follow the provider's policy and procedures and were not being well managed as their audit did not pick up on bad practice.
- The provider's quality assurance processes did not identify the concerns we found during this inspection.

The failure to ensure that effective systems are in place to monitor the quality and safety of the care provided is a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- Registered managers are required to notify CQC about events and incidents such as abuse, serious injuries and deaths. The registered manager understood their role and responsibilities, had notified CQC about all important events that had occurred and had met all their regulatory requirements.
- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed a copy of their ratings in the main entrance to the service.
- Records were kept securely in a locked office accessible only to the registered manager and senior staff.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 was also the provider. They were not present at the time of this inspection. We were supported by a senior staff present at the time.
- Following the inspection, the registered manager responded promptly to our requests to see further

information and evidence.

- The culture in the service was open, transparent and person-centred. Staff we spoke with were keen to improve their practice, in turn improving the outcome for people using the service.
- People and the relatives we spoke with were all complimentary of the registered manager. Comments included, "(Registered manager) is very caring. She runs the home very well", "Friary Lodge is overseen by (registered manager) and she is very good. She keeps an eye on us" and "It is like a home not a care home. Just so friendly. I feel so grateful, they put mum's interest first. It is like a big family."
- All people and relatives we spoke with told us they would recommend the service to others. One relative said, "It is absolutely excellent, home from home. (Registered manager) is amazing. It is well-led and staff respect her...I would recommend it 100%. I said to my husband 'put my name now if something happens to me'."
- The registered manager was aware of and understood their duty of candour responsibility.
- Registered persons are required to notify CQC about events and incidents such as abuse, serious injuries, Deprivation of Liberty Safeguards (DoLS) authorisations and deaths. The registered manager had notified CQC about important events such as deaths that had occurred in the service.

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

- People were asked for feedback about the service as part of their review. This showed people were asked about the support they were receiving and asked to comment on any issues.
- The registered manager also held regular meetings with people to ask them their views and if there was anything people wanted to change. People told us they felt listened to.
- Staff meetings took place giving staff the opportunity to raise any ideas or concerns about the service. We could see meetings were informative and were a means to encourage staff to continuously look to improving their performance and care.
- Staff told us how supported they felt by the senior staff and registered manager and enjoyed working at the service. They were respected, encouraged, and felt able, to share their views and put forward any suggestions.
- Staff told us that they had not had to approach the registered manager with any concerns or consider whistleblowing on any practice but were comfortable to do so if needed. One staff member said, "I am aware of the whistle blowing process. If I have any safeguarding concerns, I would speak with the manager and I am 100% confident that she will deal with it."

Continuous learning and improving care; Working in partnership with others

- Following the inspection, the registered manager provided evidence that we asked for promptly and gave us confidence that they were putting measures in place to improve the issues identified during the inspection.
- The registered manager and staff team worked with external agencies to support the delivery of good care. The service worked very closely with visiting professionals such as GP's, specialist nurses and district nursing teams. A healthcare professional said, "The communication is very good; the manager is approachable."

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks were not always assessed and minimised.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality assurance processes had not identified shortfalls in the safety and quality of the service.