

London Borough of Greenwich

167 Lodge Hill

Inspection report

Abbey Wood
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

167 Lodge Hill provides accommodation for persons who require nursing or personal care for up to six adults who have a range of needs including learning disabilities. There were four people receiving personal care and support at the time of our inspection.

At our last comprehensive inspection on 6 and 7 August 2015 we had found a breach of regulations as where people did not have the capacity to consent, the provider had not always acted in accordance with legal requirements. We asked the provider for an action plan to address the breach identified. The provider sent us an action plan telling us how they would address this issue and when they would complete the action needed to remedy the concern.

This unannounced comprehensive inspection took place on 28 and 29 December 2016. At this inspection 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 were being met. The provider had taken action to ensure the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were followed.

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.

Relatives of people who used the service told us they felt safe and that staff and the registered manager treated them well. The service had clear procedures to support staff to recognise and respond to abuse. The registered manager and staff completed safeguarding training. Staff completed risk assessments for every person who used the service which were up to date and included detailed guidance for staff to reduce risks. There was an effective system to manage accidents and incidents, and to reduce the likelihood of them happening again. The service had arrangements in place to deal with emergencies. The service carried out comprehensive background checks of staff before they started working and there were enough staff on duty to support to people when required. Staff supported people so that they took their medicines safely.

The service provided training, and supported staff through regular supervision and annual appraisal to help them undertake their role. Staff prepared, reviewed, and updated care plans for every person. The care plans were person centred and reflected people's current needs.

Staff assessed people's nutritional needs and supported them to have a balanced diet. Staff supported people to access the healthcare services they required and monitored their healthcare appointments.

People and their relatives where appropriate, were involved in the assessment, planning and review of their care. Staff considered people's choices, health and social care needs, and their general wellbeing.

Staff supported people in a way which was kind, respectful and encouraged them to maintain their independence. Staff also protected people's privacy and dignity.

The service supported people to take part in a range of activities in support of their need for social interaction and stimulation. The service had a clear policy and procedure about managing complaints. People knew how to complain and told us they would do so if necessary.

There was a positive culture at the home where people felt included and consulted. Relatives of people commented positively about staff and the registered manager. Staff felt supported by the registered manager.

The service sought the views of relatives of people who used the services and healthcare professionals to help drive improvements. The provider had effective systems in place to assess and monitor the quality of services people received, and to make improvements where required. Staff used the results of audits to identify how improvements could be made to the service. However, we found that the provider had not notified the Care Quality Commission (CQC) of the authorisations of Deprivation of Liberty Safeguards (DoLS) as required. As a result of the inspection feedback, the provider then notified the CQC. We saw there was no negative impact on the people who used the services.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Relatives of people who use the service told us they felt safe and that staff and the registered manager treated them well. The service had a policy and procedure for safeguarding adults from abuse, which the staff understood.

Staff completed risk assessments for every person who used the service. Risk assessments were up to date and included guidance for staff on how to reduce identified risks. The service had a system to manage accidents and incidents to reduce reoccurrence.

The service had enough staff to support people and carried out satisfactory background checks before they started working.

Staff kept the premises clean and safe. They administered medicines to people safely and stored them securely.

Is the service effective?

Good ●

The service was effective.

The service supported all staff through training, supervision and annual appraisal in line with the provider's policy.

Relatives commented positively about staff and told us they were satisfied with the way their loved ones were looked after.

Staff assessed people's nutritional needs and supported them to have a balanced diet.

The registered manager and staff knew the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, and acted according to this legislation.

Staff supported people to access the healthcare services they needed.

Is the service caring?

Good ●

The service was caring.

Relatives of people who used the service told us they were happy with the service. They said staff were kind and treated their loved ones with respect.

People were involved in making day to day decisions about the care and support they received.

Staff respected people's choices, preferences, privacy, dignity, and showed an understanding of equality and diversity.

Is the service responsive?

Good ●

The service was responsive.

Staff assessed people's needs and developed care plans which included details of people's views and preferences. Care plans were regularly reviewed and up to date. Staff completed daily care records to show what support and care they provided to each person.

Staff met people's need for stimulation and social interaction.

People and their relatives knew how to complain and told us they would do so if necessary. The service had a clear policy and procedure for managing complaints.

Is the service well-led?

Good ●

The service was well-led.

Relatives of people who used the service commented positively about the registered manager and staff.

The service had a positive culture. Relatives and healthcare professionals felt the service cared about their opinions and included them in decisions about making improvements to the service.

The service worked effectively with health care professionals. Regular staff meetings helped share learning and best practice so staff understood what was expected of them at all levels.

The service had effective systems and processes to assess and monitor the quality of the care people received.

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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 28 and 29 December 2016 and was unannounced. The service was inspected by one adult social care inspector.

Before the inspection we looked at all the information we held about the service. This information included the statutory notifications that the service sent to the Care Quality Commission. A notification is information about important events that the service is required to send us by law. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Due to technical problems a PIR was not available and we took this into account when we inspected the service and made the judgements in this report. We also looked at the local authority quality audit report for feedback about the service. We used this information to help inform our inspection planning.

We spoke with one person who used the service, one relative, five staff, and the registered manager. Not everyone at the service could communicate their views to us, so we observed the care provided to help us understand the experience of people who could not talk with us. We looked at four people's care records and four staff records. We also looked at records related to the management of the service such as details about the administration of medicines, complaints, accidents and incidents, safeguarding, Deprivation of Liberty Safeguards authorisations, health and safety, and quality audits.

Is the service safe?

Our findings

People were not able to communicate their views to us about their safety but we observed the care provided to help us understand the experience of people who could not talk with us. People appeared comfortable with staff and those who could, approached them when they needed something. Relatives of people who used the service told us they felt safe and that staff and the manager treated their loved ones well. One relative told us, "I think my [loved one] is safe, staff keep a watch on him, he is safe."

The service had a policy and procedure for safeguarding adults from abuse. Staff understood the types of abuse, and the signs to look for. Staff knew what to do if they suspected abuse had occurred. This included reporting their concerns to the registered manager, the local authority safeguarding team, and the Care Quality Commission (CQC). Staff we spoke with told us, and records confirmed that they had completed safeguarding training. They were aware of the provider's whistle-blowing procedure and said they would use it if they needed to. The registered manager told us there had been no safeguarding concerns since the previous inspection of the service in August 2015. Safeguarding records we saw confirmed this.

Staff completed risk assessments for every person who used the service. These covered areas including manual handling, falls, eating and drinking, transport, risk of choking, and epilepsy. We reviewed four people's risk assessments and found these were up to date with detailed guidance for staff on how to reduce identified risks. For example, where one person had been identified as being at risk of falls, a risk management plan had been put in place which identified the use of equipment and the level of support the person needed to reduce the level of risk. In another example, we saw staff guidance was in place to support one person where a swallowing difficulty had been identified as a risk of choking.

The service had a system to manage accidents and incidents to reduce the risk of them happening again. Staff completed accidents and incidents records. These included details of the action staff took to respond and to minimise future risks, and who they notified, such as a relative or healthcare professional. We saw examples of actions taken by staff after incidents occurred to improve safety. For example, we noted the GP's advice was sought when a person experienced changes to their skin on one occasion and records showed that actions to reduce future risks were also discussed in staff meetings to embed learning.

The service had enough staff to support people safely in a timely manner. The registered manager carried out a dependency assessment to identify staffing levels required to meet the needs of people using the service. The dependency assessment was kept under regular review to determine if the service needed to change staffing levels to meet people's needs. The staff rota showed that staffing levels were consistently maintained to meet the assessed needs of people and that staffing levels increased in line with changes in people's needs where required. For example, when people needed extra support to help them to access community or healthcare appointments, they arranged additional staff cover. During the inspection we saw the provider increased staff numbers to support a person's specific needs.

The service carried out comprehensive background checks of staff before they started work at the service. These checks included details about applicants' qualifications and experience, their employment history

and reasons for any gaps in employment, references, a criminal records check, and proof of identification. This helped to ensure people received care from staff who were suitable for their roles.

Staff kept the premises clean and safe. The provider had procedures in place in relation to infection control and the cleaning of the home and these were followed by staff. Staff were clear about the infection control procedure in place at the home and explained how they cleaned each bedroom and communal areas to maintain standards of cleanliness. Staff and external agencies where necessary, carried out safety checks for fire equipment, environmental and equipment hazards including safety of gas appliances.

The service had arrangements to deal with emergencies. The service carried out regular fire drills. Records we saw confirmed this. Staff completed personal emergency evacuation plans (PEEP) for every person who used the service. These included contact numbers for emergency services and provided advice for staff on what to do in a range of possible emergency situations. Staff received first aid and fire awareness training so that they could support people safely in an emergency.

Staff supported people to take their medicines safely. The provider trained and assessed the competency of staff responsible for the administration of people's medicines. People's Medicines Administration Records (MAR) were up to date and accurate. They showed that people had received their medicines as prescribed and remaining medicine stocks were reflective of the information recorded. The service had up to date PRN (when required) medicines protocols. These advised staff when and under what circumstances individuals should receive or be offered their PRN medicine. Staff had a clear understanding of these protocols. Medicines were stored securely and safely. For example, staff monitored fridge and room temperatures. Staff carried out medicine checks for each shift handover to ensure people received their medicines safely. The registered manager conducted monthly medicine management audits and analysed the findings from the audits and shared any learning outcomes with staff to ensure people received their medicines safely.

Is the service effective?

Our findings

At our last comprehensive inspection on 6 and 7 August 2015 we found when people did not have the capacity to consent, the provider had not always acted fully in accordance with legal requirements. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We had asked the provider for an action plan to address the breaches identified. The provider sent us an action plan telling us how they would address this issue and when they would complete the action needed to remedy the concern. At this inspection we checked to ensure the action plan had been completed and to see whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Records showed that people's mental capacity had been assessed relating to specific decisions about the support they received, where staff suspected people may not have capacity to make the decision for themselves. Assessments had been completed in accordance with the requirements of the MCA. Where people had been assessed as lacking capacity we saw that the relevant decision had been made in their best interests, with the involvement of staff, relatives and/or healthcare professionals, where appropriate. For example, about their specific healthcare needs.

The registered manager knew the conditions under which an application may be required to deprive a person of their liberty in their best interests under DoLS. Records showed that appropriate referrals had been made, and authorisations granted by the relevant 'Supervisory Body' to ensure people's freedoms were not unduly restricted.

Staff asked for people's consent, when they had the capacity to consent to their care. Care records clearly evidenced people's choices and preferences about their care provision. Staff we spoke with understood the importance of gaining people's consent before they supported them. For example, staff sought consent, prior to giving personal care. .

Staff were supported through supervision and annual appraisals in line with the provider's policy. Records seen confirmed this and at these supervisions sessions staff discussed topics including progress in their role and any issues relating to the people they supported. Annual appraisals were completed for staff that had completed one year in service. Staff told us they felt supported and able to approach the registered

manager, at any time for support.

People were supported by staff who had the skills and knowledge to meet their needs. One relative told us, "Oh yes, staff are well trained and they are quite good with my [loved ones]."

Staff completed training relevant to their roles and responsibilities. Staff completed mandatory training, which covered areas from food hygiene, infection control, management of medicines, health and safety, safeguarding, to moving and handling, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff training records we saw confirmed this. Staff told us the training programmes enabled them to deliver the care and support people needed. The registered manager told us that they have regular refresher courses for staff and that two staff had been booked for equality and diversity refreshers training in March 2017.

Staff assessed people's nutritional needs and supported them to have a balanced diet. Staff recorded people's dietary needs in their care plan to ensure they received the right kind of diet in line with their preferences and needs. For example, we noted that staff sought advice from the Speech and Language Team (SALT) where a person had been identified as having swallowing difficulties. There was clear written guidance for staff in care plans with appropriate risk assessments and protocols around potential emergencies arising from possible choking.

We carried out observations of the support provided at meal times. We saw positive staff interactions with people. We saw staff supported people who required assistance to eat and drink, taking time and encouraging them to finish their meal. The atmosphere was relaxed and not rushed.

Staff supported people to access healthcare services. One relative told us, "Staff book appointments for my [loved one] and they let us know and a member of staff goes with my [loved one] for appointments." We saw the contact details of external healthcare professionals, such as the GP, dentist, district nurses and podiatry in every person's care record. Staff completed health action plans for everyone who used the service and monitored their healthcare appointments. During the inspection we saw a member of staff coordinated a healthcare appointment and after their visit completed the healthcare monitoring record. Staff attended healthcare appointments with people to support them where needed. Staff completed hospital passports for every person who used the service, which outlined their health needs for healthcare professionals to know when they attended the hospital.

Is the service caring?

Our findings

Relatives of people who use the service told us they were happy with the service and that staff were kind and treated their loved ones with respect. One relative told us, "I am quite satisfied how my [loved one] is cared for and looked after, my loved one is happy with all the staff."

Staff treated people with respect and kindness. We saw staff used enabling and positive language when talking with or supporting people who used the service. Due to the complexity of some people's needs, staff used a variety of communication methods, for example, sign language, or by using objects of reference such as variety of soft toys and facial expression. We saw that people were relaxed and comfortable. This included meal times, administration of medicines, and in the communal areas.

Staff involved people or their relatives where appropriate in the assessment, planning and review of their care. One relative told us, "We are going to a meeting with the healthcare professionals in January 2017, to review the healthcare needs of my [loved one];" The manager told us they had involved relatives where appropriate in the care reviews and care planning process. Care records we saw confirmed this.

Staff respected people's choices and preferences. For example where people preferred to spend time in their own rooms, or in the lounge, we observed this happening. We saw that staff regularly checked on people's wellbeing and comfort. Staff could tell us people's preferred forms of address and how some people requested staff use their preferred first name. These names were recorded in their care plans and used by staff. Relatives told us there were no restrictions on visitor times and that all were made welcome. One relative told us, "Whenever we visit the home, they [staff] always welcome us."

Staff respected people's privacy and dignity. We saw staff knocked and waited for a response before entering people's rooms, and they kept people's information confidential. Staff told us people's bedroom doors were closed when they delivered personal care. People were well presented and we saw how staff helped people to adjust their clothing to maintain their dignity. Records showed staff received training in maintaining people's privacy and dignity.

Staff encouraged people to maintain their independence. Staff prompted people where necessary to dress and undress, eat and drink, and participate in doing their own washing and laundry. Care records we saw confirmed this.

Staff showed an understanding of equality and diversity. Staff completed care records for every person who used the service, which included details about their ethnicity, preferred faith, culture and spiritual needs. Staff told us that the service was non-discriminatory and that they would always seek to support people with any needs they had with regard to their disability, race, religion, sexual orientation or gender. Staff confirmed that people were supported with their spiritual needs where requested. Records we saw showed that staff supported people to attend places of worship.

Is the service responsive?

Our findings

Staff carried out a pre-admission assessment of each person to see if the service was suitable to meet their assessed needs. Where appropriate staff involved relatives in this assessment. Staff used this information as a basis for developing tailored care plans to meet each person's needs. These contained information about their personal life and social history, their physical and mental health needs, allergies, family and friends, preferred activities and contact details of health and social care professionals. The care plans also included the level of support people needed and what they could manage to do by themselves. The registered manager updated care plans when people's needs changed and included clear guidance for staff. We looked at four care plans and all four were up to date.

Staff completed daily care records to show what support and care they provided to each person. Staff discussed any changes to people's needs during the daily shift handover meeting, to ensure continuity of care. They used a communication log to record key events such as health and safety, maintenance of the premises, and healthcare appointments for people.

Staff supported people to follow their interests and take part in activities they enjoyed. One relative told us, "My [loved one] goes to France once in two years for a holiday, he went in June this year and he will go again in 2018, we are very happy with that." Each person had an activity planner, which included a record of the activities they took part. These included attending a day care centre, visiting places of worship, accessing the community, and meeting family and friends. Staff maintained a daily activity record for each person to demonstrate what activity they participated in.

Relatives told us they knew how to complain and would do so if necessary. One relative told us, "We are quite pleased with the service, and have no complaint; our [loved one] is well settled. If I want, I can complain but I never had any reason to complain." The service had a complaints procedure which clearly outlined the process and timescales for dealing with complaints. Information was available for people (in a pictorial format) and their relatives about how they could complain if they were unhappy or had any concerns. The registered manager told us they had not received any complaints since the previous inspection in August 2015 and the records we saw confirmed this.

Is the service well-led?

Our findings

Relatives of people who used the service commented positively about staff and the service. They told us how accessibility of staff was a key aspect of the service offering timely care which was well led. One relative told us, "They [staff] make sure that care information about my [loved ones] is available and they always keep in touch with us." We saw meaningful interactions between staff and people and the atmosphere in the home was calm and friendly.

There was a registered manager in post. They had detailed knowledge about all of the people who used the service and ensured staff were kept updated about any changes to people's care needs. We saw the registered manager interacted with staff in a positive and supportive manner. Staff described the leadership of the service positively. One member of staff told us, "The manager does empower us, encourages us to explore new ways. For example, I can contact doctor and any other relevant professionals if necessary and I don't have to wait for manager's approval." Another member of staff said, "The manager is very supportive." A third member of staff said, "If you have got any questions, you can ask anytime."

Regular staff meetings helped share learning and best practice so staff understood what was expected of them at all levels. Staff attended handover meetings at the end of every shift and regular staff team meetings were held. Records of the meetings included people's and relatives views and guidance to staff about the day to day running of the service. For example, any changes in people's needs, appointments with external health care professionals, daily activities, and staff training needs. These meetings kept staff informed of any developments or changes within the service and supported staff in their roles as well as identifying any individual training needs.

The service worked effectively with health care professionals. We saw the service had made improvements following recommendations from these professionals. For example we noted that staff followed the advice from the dietician where people had been identified as needing specialist feeding.

The service had an effective system and process to assess and monitor the quality of the care people received. This included audits covering areas such as the administration of medicine, health and safety, accidents and incidents, house maintenance, care plans, risk assessments, food and nutrition, and staff training. We noted that improvements had been made in response to audit findings. For example, these included the review and update of risk assessments, care plans and staff completed additional training as required.

We found that the provider had not notified to the Care Quality Commission (CQC) as required, about the authorisations under the Deprivation of Liberty Safeguards (DoLS) because some people required continuous supervision by staff for their own safety. We saw there had been no negative impact on the people who used the services as a result. The registered manager told us this has been an oversight, and in future they would notify CQC in a timely manner. The registered manager sent the relevant notifications to CQC during the inspection. The registered manager told us they would inform their quality assurance team to review their quality assurance systems and procedures to ensure requirements for notifications to CQC

were complied with. We will monitor progress with this at our next inspection.

The service had a positive culture, where people and staff felt the service cared about their opinions and included them in decisions. We observed a person was comfortable approaching the staff and their conversations were friendly and open.

Relatives and healthcare professionals completed feedback surveys about the service. . We looked at the completed survey forms. The areas covered in these surveys included individual needs and choices, healthcare support, activities, equality and diversity, complaints, the home environment, and staffing. All the responses were positive. One healthcare professional said, "Staff are very friendly, helpful, caring and skilled in what they do. The residents seem to be well looked after and their needs are met as much as possible by the staff. They keep me informed and contact me when needed so I can offer my expertise."