

Curado Ltd

Lona Lodge

Inspection report

307 Sutton Common Road
Sutton
Surrey
SM3 9NH

Tel: 02086444824
Website: www.lonalodge.co.uk






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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

This inspection took place on 9 August 2017 and was unannounced. At our last inspection on 19 July 2015 the service met all the regulations we inspected.

Lona Lodge provides accommodation, care and support for up to five people with mental health needs. The aim is to help people to live with more independence in the community and the average length of stay is approximately two years. There were five people using the service when we visited.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 told us they felt safe with the service they received. There were arrangements in place to help safeguard people from the risk of abuse. Staff were aware of the provider's policies and procedures about how to identify potential abuse and how report abuse.

We looked at the systems in place for managing medicines and found the systems in place for medicines management were not always safe.

People had risk assessments and risk management plans to reduce the likelihood of harm. Staff knew how to use the information to keep people safe and work with them positively to help them be as independent as possible.

The registered manager ensured there were safe recruitment practices to help protect people from the risks of being cared for by staff assessed as unfit or unsuitable.

People received effective care because staff were appropriately trained and supported to do their jobs. The registered manager acknowledged the need to increase the frequency of staff supervisions in line with the provider's policy.

All the people living in the home had the capacity to make decisions. Staff had received appropriate training and had a good understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure people are only deprived of their liberty in a safe and correct way.

People were encouraged and supported by staff to become more independent by developing the knowledge and skills to do so. This included eating well and staying healthy. When people needed care and support from healthcare professionals, staff ensured people received this promptly. Relatives and other visitors were made to feel welcome and staff told us they were free to visit people in the home.

People had care plans outlining the goals they wished to achieve whilst at the service and what support they required from staff to achieve them. People were involved in planning their care and their views were sought and planned for as a central and important part of the process. The service regularly monitored people's changing needs and involved them in discussions about any changes that needed to be made to their care plans.

Staff respected people's privacy and treated them with respect and dignity.

The provider encouraged people to raise any concerns they had and responded to them in a timely manner. People were aware of the complaints policy.

Records relating to people's care and the management of the service were not always maintained up to date. Some information was difficult to access.

People gave positive feedback about the management of the service. The registered manager and the staff were approachable and fully engaged with providing good quality care for people who used the service. The provider had systems in place to continually monitor the quality of the service and people were asked for their opinions via feedback surveys. Action plans were developed where required to address areas that needed improvements.

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 consistently safe. People's medicines were not always managed in a safe way. People received their prescribed medicines when they needed them.

There were enough suitable staff to support people. Staff knew how to recognise and report any concerns they had in order to protect people from the risk of abuse or harm. The provider had taken appropriate steps to protect people from the risks of being cared for by unfit or unsuitable staff through effective staff recruitment.

Regular checks of the environment and equipment were carried out to ensure risks were identified so they could be dealt with. There were appropriate plans in place to minimise and manage risks to people, and to keep them safe from injury and harm in the home and community.

Requires Improvement ●

Is the service effective?

The service was effective. Staff had the knowledge and skills to support people who used the service. They received regular training and support to keep their skills and knowledge updated.

People were encouraged and supported by staff to become more self-sufficient by developing the knowledge and skills to do so. This included eating well and staying healthy. When people needed care and support from healthcare professionals, staff ensured people received this promptly.

All those people living in the home had the capacity to make decisions. Staff had received appropriate training and had a good understanding of the Mental Capacity Act 2005 and the DoLS to help protect people's rights.

Good ●

Is the service caring?

The service was caring. People said staff were kind, caring and supportive.

People were central in making decisions about their care. Their views were listened to and used to plan their rehabilitation care

Good ●

and support plans.
Staff respected people's dignity and right to privacy. They told us friends and relatives were free to visit people in the home.

Is the service responsive?

Good ●

The service was responsive. People's needs were assessed and care plans were in place which set out how these should be met. These plans reflected people's individual choices and preferences for how they wanted to live their lives in the home and community.

People were encouraged to maintain relationships with the people that were important to them. People were supported to live an active life in the home and community.

People told us they were comfortable raising any issues or concerns they might have and they felt these would be dealt with appropriately.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led. Records relating to people's care and the management of the service were not always maintained up to date. Some information was difficult to access.

Staff told us they thought the service was well managed and they experienced a positive working environment. People's views and those of their relatives were sought about the quality of care and support they experienced. The provider analysed the feedback information and used it to improve the service.

Lona 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 9 August and was unannounced.

This inspection was carried out by a single inspector. We reviewed the information we had about the service prior to our visit and we looked at notifications that the provider is legally required to send us about certain events such as serious injuries.

We gathered information at the inspection by speaking with three of the people living at Lona Lodge, two of their relatives, the director and two members of staff. We observed the provision of care and support to people living in the home. We looked at five people's care records and three staff records and reviewed records related to the management of the service. After the inspection we spoke with the registered manager, a social worker and a community psychiatric nurse.

Is the service safe?

Our findings

We looked at the systems in place for managing medicines in the service and found the systems in place for medicines management was not always safe. We looked at the medication administration records (MAR) for people and we found gaps in the records for three people. We also undertook a stock take check of the same three people's medicines and found that where errors were found in the MARs the amounts of medicines did not tally with the records. This indicated that the medicines were administered by staff but were not recorded appropriately. The registered manager told us that there was a daily audit of the stocks of medicines held in the home and we inspected these records. We saw that these audits were also incorrect and failed to highlight the errors. We spoke with the registered manager about this and they acknowledged the omissions in the records. They told us they would monitor the audits each week and ensure all staff were made aware of the importance of maintaining accurate records for people's medicines.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked people if they felt safe. One person told us "This is a comfortable house, small enough for us all to know each other pretty well. Yes, I feel safe." Another person said, "It's alright here, I feel safe but I want to move on to get my own place." From our observations of the interactions between staff and people we saw they were kept safe by staff.

The service helped people to be protected from abuse. Staff told us they had received all the training they needed to carry out their safeguarding roles and responsibilities. They described how they would recognise the signs of potential abuse and what they would do to prevent and report it, if it occurred with the people they supported. We saw certificated evidence for those staff whose records we checked for safeguarding adult's training. The registered manager told us if there were any concerns or safeguarding incidents they would report them to the CQC and to the local authority safeguarding teams.

Staff told us they were required to read and understand the provider's policies and procedures to help safeguard people, which included; staff whistle blowing, how to make a complaint, and reporting accidents and incidents. They said they had to sign to say they had read and understood them. We saw evidence of this.

There were risk assessments in place to cover activities and health and safety issues including moving and handling and the use of public transport for people's community activities. The risk assessments were supported by care plans that detailed how staff should respond to any issues. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions.

The service had other risk assessments and risk management plans in place to ensure identified risks were minimised so that people and staff were helped to keep safe and protected. Regular service and maintenance checks of the home and equipment had been undertaken. There was an up to date fire risk

assessment, an environment audit and a quarterly health and safety check to help ensure any risks were identified so they could be dealt with. We saw records that confirmed what we were told and we saw these had been maintained to date. We observed the home was clean, tidy and kept free of clutter. This meant that risks to people being able to move safely around the home were minimised.

Any accidents and incidents were monitored by the registered manager and the provider to ensure any trends were identified and acted upon. There were systems in place to make sure any accidents or incidents were reported. Staff we spoke with were aware of their responsibility to report any accidents or incidents to the registered manager.

Through our observations and discussions with staff and people, we found there were enough staff with the right experience to meet the needs of the people. The registered manager said staffing levels were kept under review and adjusted according to the dependency levels of people who used the service. We looked at the rota and we saw that the staff ratio to people provided sufficient cover to meet the needs of people.

Staff files we inspected showed there were recruitment checklists in each file to document all the stages of the recruitment process and to ensure that the necessary steps had been carried out before staff were employed. These included criminal record checks, proof of identity and the right to work in the UK, declarations of fitness to work, suitable references and evidence of relevant qualifications and experience. This showed that the provider had taken appropriate steps to protect people from the risks of being cared for by unfit or unsuitable staff.

Is the service effective?

Our findings

As part of the inspection we looked at staff training records which showed staff had completed a wide range of appropriate training sessions. The training records showed staff were up to date with their required training. If updates were needed they had been identified and booked to ensure staff practice remained up to date. Training included, person-centred care planning, the Mental Capacity Act, substance misuse, safeguarding, medication, moving and handling and first aid. The registered manager told us some of the training was provided in house, some by the London Borough of Sutton and some through e-learning.

Staff we spoke with confirmed they had supervision with the registered manager which gave them an opportunity to discuss their roles and any issues as well as identifying any training needs. During our inspection we looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. The staff files we looked at evidenced that each member of staff had received supervision with the registered manager. However we found that the frequency of staff supervision over the last year had reduced and was not in line with the provider's own policy of staff supervision every four to six weeks. The director and the registered manager acknowledged the need to increase the frequency of staff support in this way and they told us this would be carried out immediately following the inspection.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

People were able to make decisions about their everyday life and were asked for their consent before care and support was provided. It was clear from speaking with people they were actively involved in their rehabilitation programmes and were encouraged to make decisions about their care and support needs. The aim of the programme of care and support provided at Lona Lodge is to enable people to move on to more independent accommodation and to successfully support themselves wherever possible. The care records we saw showed wherever people were able to do so, they were involved in making decisions about their care and support and their consent was sought and documented. All the people living at Lona Lodge had the capacity to make decisions about specific aspects of their care and support at the time of this inspection. The registered manager said that people's capacity to make important decisions was always discussed at their care planning meetings so everybody was aware of the person's ability to decide on what was in their best interests.

As a part of their rehabilitation plan people were assisted as necessary and encouraged to be independent with the planning, preparation and cooking of meals. Every week a menu plan was made for meals so that people knew what was necessary for them to do and where staff support was needed. People were given a choice in the menu planning as well as assistance to help ensure they had healthy food options and appropriate diets to meet their needs. We saw staff helping people to choose foods and provide help

checking and explaining what labels meant. Staff provided support in putting away items in the kitchen and with cooking. People who used the service said they enjoyed the food. We found that people's dietary needs were being met and staff encouraged people to eat a varied and balanced diet. One person who used the service said, "The food is nice, I cook for all the people in the house once a week and independently at other times. Staff will help me where and when I need help."

We saw the provider had a key worker system which meant that people who used the service had a named member of staff who took a specific interest in their care and support requirements. Care plans evidenced that people had access to healthcare services when they needed them. We saw records relating to input from a range of professionals including community psychiatric nurses and GPs. A member of staff we spoke with said, "People are supported with all their health care needs. We check people have regular health check-ups such dental appointments as well as care programme approach meetings where all the health and social care professionals involved in their care attend to review their care." Care files confirmed that all the people were registered with a local GP and had regular annual health checks. People's health care needs were also well documented in their care plans. We could see that contacts people had with health care professionals were recorded in their health care plan.

Is the service caring?

Our findings

One person said, "I do want to move out from here and into my own place. The staff are helping me to do that. I think the staff are caring." Another person said, "Yes the staff are caring. They are really nice. I like it more than my last place." A social worker we spoke with said, "Yes they do care about the people who live there."

When we inspected people's care files we saw that comprehensive referral information had been provided by agencies for people hoping to live at Lona Lodge. There was also good needs and risk assessment information on the files. Staff told us they were expected to read this information so that they had a better understanding of people, their personal histories, their preferences, their needs and their aspirations. During the inspection we saw the conversations and interactions between people and staff were warm and friendly yet respectful. Staff knew people well and they used this knowledge to build trusting relationships with people. Staff told us they did this so they could best engage with people to help them build their self-confidence and to develop strategies that would help them achieve their goals of moving on successfully into more independent living. In our conversations with staff we noted they talked about people in a caring and respectful way.

As an important part of the rehabilitative programme people were encouraged to express their views and be involved in making as many decisions about their care and support as possible. People's records showed that people and where appropriate their family members and other healthcare professionals had been involved in the planning of their care and support needs. As part of this process people's views and preferences had been sought and discussed which meant the care and support they received was reflective of their personal preferences. We saw that advocacy services were advertised on notice boards in the home and were available for people to use if they or their relatives wanted to do so.

We saw that people's right to privacy and dignity was respected. Care plans set out how these rights should be supported by staff. This included maintaining people's privacy and dignity when their care was being discussed. Staff told us they ensured this was done out of the earshot of anybody else. During the inspection we observed staff knocked on people's doors and waited for permission before entering. We also observed instances where staff positively encouraged people to respect the personal space and boundaries of other people in the home. People's records were kept securely within the home so that their confidential personal information was protected.

People were supported to be independent in the home and community. Records showed each person had time built into their weekly activities timetable for laundry, cleaning, shopping and any other tasks aimed at promoting people's independence.

Staff told us there were no restrictions on friends or relatives visiting people living at Lona Lodge. The service held regular events at the home such as summer barbeques and other celebratory events and friends and family were invited to attend and participate.

Is the service responsive?

Our findings

We looked at how people were involved with their care planning. We saw evidence in the care files we inspected that people's plan of care and key decisions had been discussed with them, their health and social care professional and/or their relative.

We saw copies of reports from meetings people had with their healthcare professionals involved in the treatment of their mental health. These enabled staff to be informed of any changes in people's support needs and to identify progress the person had made since being at the service. We saw from the records there was good joint working with other professionals involved in people's care. The community psychiatric nurse we spoke with confirmed joint working was really effective and told us that people were encouraged and supported by staff to undertake various activities and tasks

We saw that care files contained a detailed pre-admission assessment completed prior to people moving into the home; this ensured the service was aware of people's needs and that they could be met effectively from the day they moved in.

People had a plan of care and these were specific to the individual person. A care plan provides direction on the type of care an individual may need following their needs assessment. The care plans we saw recorded information which included areas such as, personal care, health support, mobility, social support nutrition and communication. Care plans provided individual information about the person in respect of their health and social care needs, choices and preferences.

People told us they were able to make choices and these were clearly recorded. For one person we saw a good example of how staff together with the person concerned had made adaptations to their diet. They wanted to lose weight and become fitter and were used to eating high calorie foods.

Staff we spoke with demonstrated a good knowledge of people's individual care, their needs, choices and preferences. It was evident the staff knew people well and staff respected their decisions. There was reference to people's social and forensic backgrounds to help the staff get to know people's life history before taking up residency in the home.

We looked at how people's social activities were organised. Records showed people had individual goals and aspirations which had been agreed with them and was aimed at increasing their independence in the home and community. We saw from activity records we inspected people had a varied and wide timetable including courses and adult education classes as well as gym, voluntary work and gardening in the provider's allotment.

The complaints process was displayed in one of the communal areas so all people were aware of how to complain if they needed to. We reviewed the complaints received in the last year. We saw that where a complaint was made, this had been investigated and the complainant was responded to with the outcome of the registered manager's investigation. We saw that complainants could be invited to a meeting if they wanted to discuss a complaint further.

Is the service well-led?

Our findings

During the inspection, we found a number of the home's records had not been completed or updated in line with the provider's own policies and procedures. People's monthly weight records were seen to be incomplete and other records such as those that recorded people's health appointments were also incomplete. We mentioned earlier in the report about the gaps we found in three people's medicines administration records (MAR sheets). Other records were difficult to find at this inspection and information such as that for the quality assurance feedback questionnaires were provided to us by the director after the inspection. As a result people were not fully protected against the risks of unsafe and inappropriate care because records were not accurate, complete and contemporaneous enough.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The director and the registered manager recognised this and agreed to implement a review of all the recording systems in place in the home to ensure access to information was improved and the provider's policies and procedures were fully met in practice.

People were complimentary about the registered manager and the staff. They said the atmosphere in the home was friendly and welcoming and staff worked as a team. A relative told us, "I often see the manager when I visit and I can talk to them any time I want to." One member of staff said, "The manager is always around and is very approachable." Another member of staff said, "We all help each other. This is a good place to work in, it's like a family." Staff told us they were well supported by the registered manager.

New staff members said they were well supported by the manager and by the induction process as well as by their colleagues. They said the induction process that included shadowing a more experienced member of staff for two weeks had been particularly helpful for them to get to know their roles and responsibilities. Other staff felt the management team included them in discussions about the service and they felt involved in service progression and development.

The registered manager told us there were a variety of regular meetings held with key stakeholders including the people who use the service, their families and relatives, health and social care professionals and staff. We saw from the minutes of these meetings they were held quarterly and that staff meetings were held every six weeks. The registered manager told us they used the staff meetings to discuss any issues or concerns about current working practices and any updates and changes within the home that staff needed to be aware of.

The provider had systems to evaluate and monitor the quality of the service provided to people. We were shown evidence of monthly quality monitoring visits where the provider spoke with people using the service and staff about living and working in the home. They inspected the premises, reviewed records, incidents and accidents, complaints and activities.

We asked the director about the quality assurance systems in place to review the quality of care provision for people. We were told that feedback surveys for people who used the services, their relatives and visiting professionals were in place and were sent out in July 2017. The feedback information was positive from all groups and the director supplied us with an analysis of this information. We were told by the director that this feedback evidence would be used to inform the development of the home and of the service.

We were told the registered manager undertook other audits to review the quality of the care provided for people using the service. These included a six monthly infection control audit, the medicines audit referred to earlier in this report and care plan reviews and this reviewed each person's placement and their needs. This was in order to ensure their care plan objectives remained appropriate to their needs. A quarterly monitoring report was also undertaken that included audits of the health and safety processes and fire safety equipment.

The registered manager ensured that statutory notifications were sent as required. Information was included to do with incidents that required notification to the CQC and the registered manager was clear about what was required to be reported.

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 Medicines were not always managed in a safe way
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The auditing system was not yet fully effective and records were not accessible.