

# Supreme Care Services Limited

## Liberty Lodge

### Inspection report

13 Grasmere Road  
Purley  
Surrey  
CR8 1DY

Tel: 02086602666  
Website: [www.supremecare.co.uk](http://www.supremecare.co.uk)

Date of inspection visit:  
28 July 2016

Date of publication:  
18 August 2016

### 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

This inspection took place on the 28 July 2016 and was unannounced.

The aim of the inspection was to carry out a full comprehensive review of the service and to follow-up on the compliance action and recommendation made at the previous inspection in July 2015. At this inspection we found the provider had followed their action plan and improvements had been made in the required areas.

Liberty Lodge provides care and accommodation for up to five people who have mental health needs. There were four people using the service at the time of this inspection.

There was a registered manager at the service. 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.

The registered manager had taken action to review records about people's care and undertook more robust assessments before people started to use the service. Care plans for people accurately reflected their identified needs and the associated risks to their health and welfare. People's needs were regularly monitored and reviewed to make sure the care was current and relevant.

We found there were improvements with the ways medicines were managed. Medicines were managed, stored, given to people as prescribed and disposed of safely. There were systems for checking that people received their medicines correctly and that staff administered medicines safely.

People told us they felt safe at the home. Staff were trained in adult safeguarding procedures and knew what to do if they considered people were at risk of harm or if they needed to report any suspected abuse. Risks to people's health and safety were being well managed and the service encouraged people to take positive risks.

People were treated with dignity and respect and staff encouraged them to maintain and develop their independence. Individuals spoke positively about their experiences of the home. Staff understood the needs of the people who used the service and how they liked to be supported. We found that staff communicated well with people and with each other.

The Care Quality Commission monitors the operation of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. This is legislation that protects people who are not able to consent to care and support, and ensures people are not unlawfully restricted of their freedom or liberty. People at the service had capacity and the staff sought people's consent about arrangements for their care. Staff were trained in the MCA and DoLS and understood their responsibilities.

People were supported to keep healthy and were encouraged to maintain a healthy lifestyle. Their mental and physical healthcare needs were met and other professionals were involved when people became unwell or required additional services. The registered manager sought and took advice from relevant health professionals when needed.

The provider's recruitment and employment processes were robust and protected people from unsafe care. People received support from staff who knew them well, and had the skills to provide the care they required. Staff received the necessary training to fulfil their role and had ongoing support and supervision from the registered manager.

People knew how to raise any concerns. Staff listened and acted on what people said and there were opportunities for people to contribute to how the service was organised. The views of people, relatives, health and social care professionals and staff were sought as part of the quality assurance process.

There was an open and inclusive atmosphere in the service and the registered manager showed effective leadership. Staff felt well supported and had confidence in the registered manager.

There were systems in place for checking and auditing the safety and quality of the service. Where improvements were needed, action was taken.

## 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. People's medicines were managed safely and they received them as prescribed.

Individual risks to people's health and welfare were assessed and managed appropriately.

People felt safe and staff knew how to protect them from the risk of abuse and harm. Staff understood their responsibilities to report any concerns.

Appropriate staff recruitment checks were undertaken. There were sufficient numbers of staff to meet people's needs and keep them safe.

### Is the service effective?

Good ●

The service was effective. People were supported by trained staff with appropriate skills and knowledge to meet their needs. Staff were supported through ongoing supervision and work appraisal with the registered manager.

Staff were aware of the requirements of the Mental Capacity Act 2005 and how to apply these in practice.

People were supported to maintain a healthy, balanced diet and received the healthcare services they needed. Staff worked well with health and social care professionals to identify and meet people's needs.

### Is the service caring?

Good ●

The service was caring. People were consulted about their care and had opportunities to maintain and develop their independence.

There were positive relationships between people who lived at the home and the staff who supported them. Staff respected people and supported their privacy and dignity.

People were supported to maintain relationships with their friends and relatives. Staff knew people well and what was

important to them.

### Is the service responsive?

Good ●

The service was responsive. We found that action had been taken to improve the assessment and care planning process for people using the service.

People's needs were fully assessed and risks to their health and welfare were identified and managed. Care plans had been updated, were more personalised and clearly described how people should be supported.

People were asked about their preferences, staff encouraged them to follow their interests and to develop independent living skills.

People felt comfortable to talk to staff if they had a concern and were confident it would be addressed. The provider had a complaints procedure to support this.

### Is the service well-led?

Good ●

The service was well-led. There was a positive culture within the service. The registered manager was open and supportive and demonstrated effective leadership. People spoke positively about how the service was run.

Staff were clear about their roles and responsibilities and worked as a team.

Quality assurance systems were used to monitor and improve the quality of the service. Regular audits and checks were undertaken to ensure the service was safe and running effectively.

# Liberty 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.

Before the inspection, the provider completed 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. Prior to our visit we reviewed the information we held about the service. This included the inspection history and any safeguarding or complaints and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law.

We carried out this inspection on the 28 July 2016. The inspection was unannounced and carried out by one inspector.

We met with the four people using the service who gave us direct feedback about their care and experiences. We also spoke with the registered manager, two members of staff and a visiting professional during the course of our visit.

We looked at two people's care records to see how their care was assessed and planned. We reviewed how medicines were managed and the records relating to this. We checked three staff recruitment files and the records kept for staff allocation, training and supervision. We looked at records for the management of the service including quality assurance systems, action plans and health and safety records.

After our inspection visit we received feedback about the care provided from one person's relative.

# Is the service safe?

## Our findings

At our previous inspection in July 2015 we made a recommendation that the provider referred to current best practice as outlined in the NICE Guidance on Managing Medicines in Care Homes. This was because the service did not follow consistent safe practice for the recording and safe administration of people's medicines.

At this inspection we found the provider had met the recommendation and improved arrangements for the management of medicines.

Staff received training on how to give people their medicines safely and this was repeated yearly. Records confirmed that all staff had updated their training through the supplying pharmacist in May 2016. Staff we spoke with were clear about their roles and responsibilities in relation to medicines. They had recently learnt about the correct procedures for handling controlled medicines in order to support a person who had recently moved in.

We found that audits were undertaken more frequently to make sure that staff administered medicines correctly and they maintained accurate records. The pharmacist had completed a full medicines audit and the few recommendations had been addressed. The registered manager also completed observations of staff practice to ensure they were competent in the administration of medicines.

People told us they received their medicines when they needed them. Some people collected their medicines independently from community mental health services and gave them to staff for safe keeping. Medicines were stored safely in a locked cabinet in the office.

People had written profiles about their medicines which included details about the name of the medicine, the dose and date of prescription. Protocols for 'as required' (PRN) medicines were in place to guide staff when these might be needed. A PRN protocol describes the circumstances when a person can take a certain medicine so that it can be administered safely and consistently. This guidance directed staff on how to identify signs people were becoming unwell and how staff should use medicines to respond to these. People had regular medicine reviews with relevant professionals to promote good health.

Staff kept up to date records for the receipt, administration and disposal of people's medicines. We checked the medicines for two people which corresponded with their medication administration records (MAR). The records were up to date and had no gaps showing and all medicines had been signed for.

People told us they felt safe living at Liberty Lodge and there were enough staff available to meet their needs. One person said, "I am safe living here, staff are really supportive." Another person told us, "There is always someone to talk to if I need them [staff]."

At the time of our inspection, there were two care staff on duty throughout the day with one staff available at night. Staff allocation records showed that people received flexible staff support and this was planned

according to their needs, for example, when people went on activities or appointments.

Staff were able to describe the potential signs of abuse and what action they would take if they had any concerns, such as reporting to the registered manager, the police or social services. To maintain their knowledge, staff completed training in safeguarding every year. At the time of our inspection, no safeguarding concerns had been reported to us and the registered manager was aware of her duty to protect people and to report potential safeguarding incidents. Records held by CQC showed the service had made appropriate safeguarding referrals when necessary in the past.

The provider's recruitment procedures helped ensure that people were protected from unsafe care. Appropriate recruitment checks took place before staff started work and the manager used a recruitment progress report to ensure that all required checks had been undertaken. Staff files contained a completed application form which included details of their employment history and qualifications. There was a record of checks with the Disclosure and Barring Service (DBS) and references to ensure staff were of good character and suitable for the role. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record. There was also information about employees' physical and mental health and a record of interview questions held on file.

Risks to people's health and welfare were identified and managed appropriately in the least restrictive way. Where risks were identified, there was up to date guidance for staff on the ways to keep people safe in their home and in the local community. Risk assessments were personalised and set out what to do to keep people safe in their day to day support and activities. They were tailored for each person as they reflected the specific risks posed by or to them. These covered risks such as using the local community, managing money, taking prescribed medicines, using the kitchen and smoking. Individual risk assessments included information about protecting people from discrimination and exploitation. Staff knew about situations where people's safety may be at risk. One staff member discussed the importance of monitoring people's mood and to inform the manager if they noticed a change.

The premises were maintained and checked to help ensure the safety of people, staff and visitors. Staff completed health and safety checks which included a walk around the building to monitor any safety hazards. A system was in place to monitor and record any maintenance issues that were found within the service. Staff were aware of the reporting process for any accidents or incidents that occurred.

There were arrangements in place to deal with unforeseen events and staff told us on call support was always available through the manager or senior staff. The provider had emergency policies and procedures for contingencies such as utility failures or in the event of a fire. Staff were trained in first aid to deal with medical emergencies and fire safety. Practice evacuation drills were regularly held to help ensure people were aware of what to do in the event of a fire.



# Is the service effective?

## Our findings

Staff working in the service had the skills, training and support they needed to work with people. New staff completed an induction which involved one to two weeks of mandatory training depending on experience. One member of staff said their induction was good and told us, "I did lots of training and shadowed another staff." They told us this helped them get to know people and understand their needs. A visiting professional told us, "The staff seem well trained" and described them as "confident."

Records showed that staff had completed training the provider considered mandatory, including courses on infection control, fire safety, food hygiene, health and safety, first aid awareness and moving and handling. Other induction training consisted of learning modules that covered key aspects of care such as person centred support, effective communication, equalities and safeguarding. An electronic training record enabled the manager to monitor the training staff received and ensure they were up to date. Staff files also contained certificates to show what training had been completed and when.

Staff were supported in their jobs through ongoing supervision with the registered manager. One member of staff told us, "Supervision is regular, I can talk about things." Records of staff supervision were maintained and covered people's care, training and updates on relevant legislation. Yearly appraisals were held with staff to review their work performance and personal development. The supervision and appraisal systems enabled the manager to monitor staff competency and knowledge and respond to any improvements needed.

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).

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.

At the time of the inspection people living at Liberty Lodge were able to consent to their care and support and nobody lacked capacity to make decisions. Records confirmed that people were involved in developing their care and treatment plans and the provider had asked them about their preferences and choices as part of care planning. Staff were clear about respecting people's rights to refuse and what action to take if they were concerned about the impact on a person's health or wellbeing. We noted one example where a person had been invited for a health screening check and declined to go. Staff had recorded the person's decision in their care plan.

Policies and guidance were available to staff about the legislation there was also a poster displayed about the Mental Capacity Act. Staff had completed MCA and DoLS training to support them in their role. They showed understanding of their responsibilities. One staff member described the five principles of the MCA and said it was important to "not presume capacity" when supporting a person.

People were encouraged to have a healthy diet and participate in food preparation and cooking. People using the service were independent and most were able to prepare their own meals. One person spoke about their progress and that they were now able to do their own cooking. People purchased their own food and this was encouraged by the service. Individuals were allocated their own cupboard in the kitchen to store their food provisions and had access to a communal fridge. The service also provided a stock of basic food and drinks for people to use.

People said they made choices about their meals and commented that they had recently discussed menus at a meeting. One person told us, "We choose the meals and can have an alternative." Care plans included information about people's food preferences, including cultural choices, any dietary needs and any risks associated with eating and drinking. Staff demonstrated they were aware of individuals' needs.

People who used the service were supported to maintain good health and had access to health services for routine checks, advice and treatment. Following a person's admission, a new patient check was arranged with the GP. Care records reflected individuals' healthcare needs and people had seen other specialists where appropriate. Where people had specific health conditions there was information available alongside the care plan which explained more about the condition and how to support someone with it. There was correspondence which showed that the staff team worked closely with other healthcare professionals to ensure that people received the services they needed. Accurate records were kept of these appointments and outcomes.

Each person had a hospital passport. This contained information about how staff should communicate with the individual concerned along with medical and personal details. This document could then be taken to the hospital or the GP to make sure that all professionals were aware of the person's needs.

# Is the service caring?

## Our findings

People spoke positively about the staff and the support they received. One person told us, "Staff are very kind. My keyworker is very caring and loving." Another person said, "They [staff] are all nice." A professional told us, "The atmosphere is good...the staff encourage people to be independent." Feedback from one person's relative included, "We appreciate the work that the team does and the care that [our relative] receives."

There was a welcoming and friendly atmosphere in the home. Staff spent time with people in the communal areas as well as individually and interacted with people in a caring manner. Staff knew people well and the things that were important to them. The registered manager and staff showed detailed knowledge about the people they supported and spoke confidently about people's individual needs, preferences and interests. Their comments corresponded with what we saw in the care plans.

People told us they felt involved, their views were taken on board and they were involved in making decisions about their care. A new person to the service told us, "The staff are good and helping me settle in." The care records recognised individual preferences and showed how people liked things done. We found these records had improved since our last inspection and reflected a more person centred approach. Care records reflected what people told us, were written with the person and recognised people's views. For example, there was more detail about the person, their background, interests and preferred routines such as the time people liked to wake up and go to bed and the types of food they liked and disliked. The details about personal histories enabled staff to know and understand people and their past. Staff said this information helped them form positive relationships with individuals.

People were given information about the standard of care to expect and the services and facilities provided at Liberty Lodge. People had signed individual contracts that outlined the terms and conditions for staying at the home and their rights and responsibilities.

People who used the service were involved in decisions about things that happened in the home. People were assigned keyworkers to give individual and focused support. Individuals told us they felt supported by the staff and had built positive relationships with them. One person said, "I have one to one time with my keyworker, she is supportive, always there for you."

Care plans provided clear guidance for staff to follow and explained how to identify if a person was becoming unwell. Staff knew what incidents or events would affect people's mental and physical health. One staff member told us it was important to "understand the [person's] condition, talk calmly and show patience."

People were supported to maintain relationships with those who were important to them. There was regular contact with relatives or friends of people through telephone calls and visits. Records showed that staff kept relatives informed about people's welfare and families were involved in reviews and other meetings as appropriate. A relative confirmed they received "periodic updates" from the manager.

People were supported to develop their independence and staff empowered them to do so. This included cooking, tidying their rooms and laundry. Staff told us that it was important to encourage people in order to help prepare them for independent living.

People confirmed that staff always respected their privacy and that they chose when to spend time alone or with others in the house. The care plans recognised the importance of rights and values and included outcomes for people such as, "to have maximum choice and control." The staff respected people's own personal space by knocking on doors and allowing individuals time alone if they requested it. People's confidential information was kept private and secure and their records were stored appropriately. Staff knew the importance of maintaining confidentiality and had received training on the principles of privacy and dignity and person centred care.

## Is the service responsive?

### Our findings

At our last inspection in July 2015 we found the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people's care and support needs had not been fully assessed and the provider had not done all that was reasonably practicable to assess and mitigate risks to their health and welfare.

At this inspection we found the process for assessing people had improved and their care records provided the information staff needed to support them safely. The assessment record contained more details about people's care and support needs and their background history. It considered all aspects of the person's life, including their health and social needs, strengths, areas of independence, preferences and risks to their health and wellbeing. The person's views and expectations of the service were obtained prior to admission. People who had recently moved to Liberty Lodge confirmed they had visited the service and met with the registered manager beforehand. Their care records supported what they told us and showed that people were involved in discussions about their care.

Records showed the registered manager consulted with relevant health and social care professionals to make sure she had full information about the person. The manager shared an example where she identified that one person had an allergy through checking their full medical history. We saw assessments, referrals and correspondence from social services confirming organised and planned transitions for people. These assessments were used to develop support care plans that were personalised and relevant.

The service took account of people's changing needs and their care and support needs were regularly reviewed. Care records showed that people regularly saw doctors and nurses from the community mental health teams. We saw that people had their care needs reviewed at a Care Programme Meeting (CPA) at least annually. CPA is a way that services are assessed, planned and reviewed for someone with mental health needs. There were contingency plans that guided staff on what action to take if a person experienced a relapse in their mental health and ensure that they got the support they needed. Staff we spoke with were aware of potential triggers for people's anxiety or changes in their mental health. A professional confirmed they were kept regularly updated about the wellbeing of a person they worked with and that staff always contacted them if they needed advice. They told us, "The staff are good and definitely follow advice within the care plan."

Care plans included short and long term outcomes for the person and also included information about keeping people stable and well. Keyworkers were responsible for co-ordinating people's care and support and wrote a monthly report on whether goals had been achieved as well as other significant events or issues. This review process helped the registered manager and staff evaluate how people's needs were being met. Staff spoke about the progress and achievements people had made to help them return to living independently. For example, two people had gained confidence to cook for themselves again.

Daily records were maintained by staff, these included observations and notes about people's general health and wellbeing. People's individual records contained comprehensive information about various

aspects of their care. Information on the person's progress was also monitored and recorded.

Staff understood and respected people's individuality and they were familiar with people's diverse needs. Staff spoke about how they met these needs such as respecting people's faith or beliefs and supporting people with their cultural food preferences. People were supported to follow their interests and take part in activities. One person told us, "I like relaxing, I've started gardening and planted some vegetables and flowers; I look after them." Other people told us they could come and go as they pleased and staff supported them if needed.

People were involved in the planning and review of their care. Due to the small size of the service, daily conversation took place between people and the staff. There were monthly keyworker meetings for individuals to discuss any matters of concern and to look at progress and achievements. People also shared their views and experiences of the service by meeting together as a group, usually monthly. At the most recent meeting, the two newest people were welcomed by other people using the service. General house issues were discussed such as reminding people how to complain and to inform staff when going out. People talked about respecting each other and maintaining cleanliness and hygiene in the kitchen.

When a person first moved in they were provided with a questionnaire about the home. Monthly satisfaction surveys were provided thereafter and people were asked for feedback on food and nutrition, the environment, support and management of the home.

People said they would speak to the manager or their keyworker if they needed to complain about anything. They were also encouraged to discuss any concerns or worries through monthly meetings with their keyworker. There was a suggestions box for people to leave comments and information about how to make a complaint was displayed. The procedure included details about other relevant organisations if someone wished to raise a concern outside of the home. There had been no complaints about the service and people were confident any issues would be addressed.

## Is the service well-led?

### Our findings

People told us they thought the service was well run and the registered manager demonstrated effective leadership. One person told us, "It's a perfect little home and well managed." A relative commented, "[Registered manager] seems to be doing a good job." A professional told us, "The manager is very compassionate and has good communication skills.....she encourages people."

During the inspection, we observed that people were comfortable to approach the registered manager for advice, support and reassurance. Staff told us they worked well together as a team and felt well supported by her. A member of staff described the manager as "a very nice person" and said, "She does her job diligently and communication is perfect." Staff communicated effectively with each other and other services to make sure people received the right care and support. They were clear about their roles and the home's ethos to enable people to move on to living independently.

Staff said they were kept up to date about people's needs and matters that affected the service. This was achieved through regular meetings, a communication book and daily shift plans. Regular staff meetings helped share learning and best practice so staff understood what was expected of them at all levels. Recent staff meeting minutes confirmed discussions took place around the role of the support worker and the principles of the MCA. There was a whistleblowing procedure available to staff. Staff understood their right to share any concerns about the care at the service and were confident to report poor practice if they witnessed it.

The registered manager also managed a second service nearby and organised her time between the two homes accordingly. For example, she had recently spent a full week at Liberty lodge to oversee and support the two people who had recently moved in.

The manager recognised the importance of effective governance and there were a range of audits and checks to monitor the quality of the service. These included checks on aspects of care such as medicines, care plans, risk assessments, health and safety and the presentation of the environment. Any areas for improvement were identified in an action plan. The PIR also gave us information about how the service performed and what improvements were planned. This focussed on supporting people to prepare for independent living. For example, to set up a programme for people to self-administer their medicines.

Since our last inspection we found that the arrangements for assessment and care planning and medicines management had improved. The manager told us about other improvements as a result of feedback or audits. To enhance people's safety, CCTV had been installed in the communal areas and people confirmed they felt more secure in the home. There were plans to install a handrail to the entrance of the building as recommended in the home's latest risk assessment for fire safety.

People's relatives, staff and professionals were asked for feedback annually through a survey. The most recent survey was in May 2016 and the responses were all positive. A professional involved with the service wrote, "The team is very efficient, the manager has excellent communication skills."

The registered manager was supported by an area manager visited the service every three months and wrote reports about these visits. We noted that reports referred to old legislation and standards. We discussed using more up to date methods that followed the fundamental standards, regulations and the new inspection approach set by the Care Quality Commission. This was acknowledged by the manager.

The registered manager kept her practice and knowledge base up to date by attendance at training courses and care forums run by the local authority. She worked in partnership with other professionals to ensure people received the most appropriate support to meet their needs and met regularly with the commissioning and community mental health teams. In November 2015 the local authority undertook a monitoring visit and their report reflected positive outcomes for people.

Any incidents or accidents were investigated, recorded and dealt with appropriately. Registered persons are required by law to notify CQC of certain changes, events or incidents at the service. CQC records showed that the manager had sent us notification forms when necessary and kept us promptly informed of any reportable events. A notification provides details about important events which the service is required to send us by law.