

Bertinaley Care Limited

Angel Lodge

Inspection report

12 Mayfield Road
South Croydon
Surrey
CR2 0BE

Tel: 02086579046

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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

About the service:

Angel Lodge is registered to provide accommodation for a maximum of five adults. On the day of our inspection there were five adults living in the home with mild learning disabilities and/or mental health conditions.

Angel Lodge is located on a residential road in South Croydon close to local shops and good transport links.

At the time of our inspection the provider was in administration. This means that the role of the provider company had been taken over by a licensed insolvency practitioner. The service was being run by a management company instructed by the licensed insolvency practitioner.

Rating at last inspection:

At the previous inspection in March 2018, the service was rated good overall. Although we found good practice, the rating for the key-question "Well-led" was requires improvement because the provider had not demonstrated consistent good practice over a significant period of time.

Why we inspected:

We inspected Angel Lodge on 21 February 2019. This was a planned comprehensive inspection to check that the service remained good and continued to be well-led. At this inspection the overall rating to this service remains Good.

People's experience of using this service:

People were protected from abuse because staff knew how to recognise abuse and report any concerns. There were enough staff during the day and night to support people safely and meet their needs. Staff had been trained in the safe administration of medicines and there were systems in place to make sure that people received their medicines as prescribed.

Some parts of the home were in need of redecoration including the kitchen, hallway and some people's bedrooms.

The home was clean and tidy. Staff were aware of the importance of protecting people from the risk and spread of infection and followed the provider's infection control procedures.

People were cared for by staff who had the knowledge, skills and experience required to carry out their roles effectively. Staff worked well as a team and felt supported by the registered manager.

The registered manager and staff understood the principles of the Mental Capacity Act 2005 and the specific requirements of the Deprivation of Liberty Safeguards (DoLS).

People were supported to have enough to eat and drink and to maintain a balanced diet. People's physical and mental health were regularly monitored and they had access to a variety of external healthcare professionals and services.

People's needs were assessed before they began to use the service to make sure staff could meet their needs. People and their relatives were involved in their care planning and felt in control of the care and support they received.

The care people received had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service lived as ordinary a life as any citizen.

People were supported by staff who were caring and committed to providing care which met people's needs. People were satisfied with the quality of care and support they received. Staff respected people's right to choose every aspect of their care and how they spent their time day to day. People led full and active lives which reflected their age, gender and interests.

There was a consistent staff team who knew people well. People and staff had a good rapport and there was a calm, relaxed atmosphere in the home.

People had regular opportunities to feedback to staff on the support they received, their home environment and the changes they wished to make.

The registered manager was very involved in the day-to-day running of the service and was accessible to people and staff. People felt able to approach her with any comments, suggestions or complaints and felt their comments would be acted on.

There were effective systems in place to monitor and improve the quality of care people received.

For more details, please see the full report.

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.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-led findings below.

Angel Lodge

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out on 21 February 2019 by an adult social care inspector.

Service and service type:

Angel Lodge is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission (CQC) and a representative of the management company is the Nominated Individual registered with CQC. This means that they and the provider company are responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced. This means we did not give the registered manager any notice of the inspection.

What we did:

Before the inspection we reviewed information we held about the service including any notifications we had received. A notification must be sent to the Care Quality Commission every time a significant incident takes place which has or may affect people using the service.

We looked at the Provider Information Return (PIR). The PIR is a document the provider sends to us describing what they do well and any planned improvements. We also read the previous inspection report and the provider's reports of actions taken to improve the service.

During the inspection visit we spoke with three people who use the service to obtain their feedback on the quality of care provided. We also spoke with the registered manager and a member of staff. We looked at three people's care files, two staff files which included their recruitment, training and supervision records as well as policies and records relating to the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- ☐ People told us they felt safe living at Angel Lodge and with the way they were supported by staff.
- ☐ People knew what to do and who to contact if they were concerned about their safety. One person told us, "I'd tell [the registered manager] if I was worried about anything but I am safe here." Other people told us, "Yes I am safe I like it here" and "I feel safe."
- ☐ Staff had been trained in how to protect people from abuse.
- ☐ Staff spoke knowledgeably about how to recognise the signs of abuse and how to report any concerns.
- ☐ The registered manager submitted relevant notifications to CQC and notified the relevant local authority appropriately when there were concerns about a person's safety.

Assessing risk, safety monitoring and management:

- ☐ People's care was planned to minimise the risk of avoidable harm.
- ☐ People had personalised risk assessments which identified a variety of risks and gave staff guidance on how to manage the risks identified.
- ☐ Staff knew the individual risks people faced and how to manage these risks safely and effectively.
- ☐ People's risk assessments were regularly reviewed, and promptly updated following an accident, incident or change in a person's circumstances.
- ☐ There were environmental and health and safety risk assessments in place to make sure the premises was safe.

Staffing and recruitment:

- ☐ Staff had been recruited using safe recruitment practices.
- ☐ Appropriate checks were carried out before staff began to work with people including their right to work in the UK, criminal record checks and checking they were physically and mentally fit to carry out their role.
- ☐ There was enough staff to care for people safely and meet their needs. The staffing arrangements were flexible enough to ensure that replacement staff were available if a staff member was off through sickness or other unplanned event.

Using medicines safely:

- ☐ The registered manager and staff followed current national guidance about the safe management of medicines.

- ☐ Staff responsible for giving people their medicines had been trained to do so.
- ☐ People's care plans contained detailed information on the medicines they had been prescribed.
- ☐ The medicines people were taking were reviewed regularly by external healthcare professionals.
- ☐ Records confirmed that people received their medicines as prescribed.
- ☐ People's medicines were stored and disposed of safely.

Preventing and controlling infection:

- ☐ People were protected from the risk and spread of infection.
- ☐ Staff worked according to a daily cleaning schedule and the home was clean.
- ☐ The registered manager made sure that up to date infection control policies and procedures were in place and that staff applied these procedures in practice.
- ☐ Staff were aware of their individual roles and responsibility in relation to infection control and good hygiene.

Learning lessons when things go wrong:

- ☐ Staff understood their responsibility to record and report accidents and incidents involving people living in the home.
- ☐ When things went wrong the registered manager investigated and took action to help prevent the incident happening again.
- ☐ Following an accident or incident, the registered manager submitted relevant notifications to the CQC as required by law.

Is the service effective?

Our findings

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

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

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

- ☐ The registered manager assessed people's needs before they began to use the service.
- ☐ The assessments formed the basis of people's care plans.
- ☐ Staff knew people's needs and how to meet the needs of people with a learning disability and/or a mental health condition.

Staff support: induction, training, skills and experience:

- ☐ People were confident that staff had the required skills to support them safely and effectively.
- ☐ Staff continued to receive an induction, relevant training, supervision and appraisal.
- ☐ Staff had the opportunity to obtain further qualifications relevant to their role.
- ☐ Staff felt supported in their role and able to approach the registered manager for guidance.

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

- ☐ The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves.
- ☐ The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed.
- ☐ When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- ☐ People can only be deprived of their liberty to receive care and treatment with appropriate legal authority.
- ☐ In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- ☐ We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- ☐ The registered manager and staff had received training in the MCA and had a good understanding of how it applied to people in their care.
- ☐ Mental capacity assessments had been conducted
- ☐ Best interest meetings were held involving relevant people such as staff and health and social care professionals when a person was assessed as being unable to make a particular decision.
- ☐ Where the registered manager thought there were restrictions on people's liberty applications had been

made to the local authority.

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

- ☐ People told us they had enough to eat and drink and that they were satisfied with the quality of food they received.
- ☐ One person told us, "I like the food." Another person told us, "I can eat a lot of food and sometimes I help to make it."
- ☐ People received nutritious meals and were supported to have a balanced diet.

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

- ☐ Care plans contained health care information which was useful to external healthcare professionals. This included people's personal details, their communication and healthcare needs and how healthcare professionals should best approach and support them.
- ☐ Referrals to healthcare professionals were made promptly when people experienced pain or there was a change in their healthcare needs.
- ☐ Staff supported people to maintain good health by ensuring they attended appointments with their GP, hospital consultants or other healthcare professionals.
- ☐ Staff followed the recommendations of other professionals involved in people's care to make sure people received consistent care.

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

- ☐ There were areas of the home which needed to be redecorated including the kitchen, hallway and some people's bedrooms.
- ☐ The registered manager told us that plans to have this work done had been approved.
- ☐ The home was of a suitable layout and design to meet the needs of people living there.
- ☐ People's rooms were personalised and contained items which reflected their age, gender and interests.

Is the service caring?

Our findings

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

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; respecting and promoting people's privacy, dignity and independence:

- ☐ People were complimentary about the registered manager and staff. They told us, "The staff are nice to me." and "I like it here. I like everybody. I want to stay."
- ☐ There was a calm, relaxed atmosphere in the home.
- ☐ People were comfortable and at ease interacting with each other and staff.
- ☐ People told us and we observed that they were treated with respect.
- ☐ People's privacy was maintained; people who preferred to stay in their room did so.
- ☐ Staff gave people the support they required to stay safe but did not get involved in supporting people when they did not need it.
- ☐ People felt in control of the care they received.
- ☐ People lived their lives as they wanted to.
- ☐ Staff supported people to maintain relationships with their family and friends. Some people were supported to visit relatives regularly while others received regular visitors.

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

- ☐ People were involved in their care planning and how their care was provided.
- ☐ People able to approach staff and the registered manager when they needed assistance or to discuss any aspect of their care.
- ☐ People had regular opportunities to attend meetings with staff and the registered manager to give feedback on the way their support was provided.
- ☐ People's feedback helped to shape the way they were supported.

Is the service responsive?

Our findings

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

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- ☐ People were satisfied with the way they were supported and the quality of care they received.
- ☐ People received personalised care which met their needs because they were involved in the care planning process.
- ☐ People's life history, needs, preferences, routines and interests were detailed in their care plans and known by staff.
- Care plans were designed to achieve effective outcomes for people. For example, where people needed support to manage behaviours which could be challenging to others, their care plans included details of possible triggers and how to avoid them. Care records indicated that through positive behaviour support incidents of people displaying behaviour which may challenge others had significantly reduced.
- ☐ The registered manager told us that the service aimed to support people how and when they needed it. We observed that this goal was being achieved.

Improving care quality in response to complaints or concerns:

- ☐ People felt able to request a change in the way their care was delivered and were confident their requests would be responded to.
- ☐ There continued to be an appropriate complaint's procedure in place to record, investigate and respond to complaints.
- ☐ People told us they were aware of the complaints procedure and how to use it.
- ☐ There had been no complaints since our previous inspection in March 2018.
- ☐ Staff were aware of their responsibility to support people using the service to make complaints or raise concerns.

End of life care and support:

People were given the opportunity to plan their end of life care and state their wishes for their funeral.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- ☐ People's care plans were person-centred and contained lots of information about people's routines, likes, dislikes and what mattered to people.
- ☐ The registered manager understood what was required to provide high-quality care to people with a learning disability or mental health conditions.
 - The registered manager and staff were open in communications with people and others involved in their care.
- ☐ People told us and we observed that the registered manager and staff were approachable. They knew people well and understood how they preferred their care to be provided.
- ☐ Staff were well-supported by the registered manager and felt able to report concerns, mistakes and seek guidance.

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

- ☐ The registered manager and staff understood the responsibilities of their role.
- ☐ The registered manager knew the circumstances in which notifications had to be sent to the CQC. Notifications are important as they allow the CQC to monitor events at the service.
- ☐ The registered manager was aware of their obligation to display their rating given by the CQC. The rating from our previous inspection was displayed on a noticeboard in the entrance to the home. This is important as it allows the people, relatives and the public to know how the service is performing.
 - There were appropriate arrangements in place for checking the quality of the care people received.
 - The registered manager regularly reviewed people's care plans, how medicines were stored and administered, and staff training needs. There were systems in place to make sure that the premises was well maintained and clean.
 - We saw confirmation that where issues were found they were raised with staff and monitored.
- ☐ People's care records including their medicine administration records were accurate and up to date. They were securely stored to protect people's confidentiality.

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

- People had the opportunity to voice any concerns, give feedback on staff conduct and the quality of care they received.
- The provider held staff meetings which gave staff the opportunity to contribute to the development of the service.
- The provider was aware of their responsibility to make sure that staff and people's differences were respected and protected in the way the service was organised and care was provided.

Working in partnership with others:

- The registered manager and staff worked well with other health and social care professionals. This helped people to receive a person-centred approach to their care.
- Where appropriate, relatives were involved in the care planning process and involved in supporting staff to make sure people received consistently high-quality care which met their needs.
- The registered manager worked with a local authority to make sure that staff received relevant training and updates on good practice.