

Ms Maisie Melanie Bell & Mr Percival Fitzroy
Drummond

Ms Maisie Melanie Bell & Mr Percival Fitzroy Drummond - 40 Lewisham Park

Inspection report

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Date of inspection visit:
30 November 2017

Date of publication:
16 February 2018

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

Ms Maisie Melanie Bell & Mr Percival Fitzroy Drummond - 40 Lewisham is a residential care home for up to three people living with learning difficulties. 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. At the time of the inspection there was one person using the service. The person had access to their own private bedroom for their sole use.

This service was not required to have a registered manager. This was because they were providing daily care and support to the person. There were no other employees at this service.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good. We found that the service continued to meet all relevant fundamental standards.

Staff understood how to protect people from abuse and they described the actions they would take to report any allegations of abuse. Staff received training in safeguarding adults and understood types of abuse. Staff had access to support and training that increased their knowledge and supported them in their caring role. There was enough staff available to care for people safely.

Risks to people were identified. Clear guidance was developed for staff about how to manage known risks to keep them safe. The recorded accidents and incidents that occurred at the service. Lessons were learnt from these and the outcome used to improve the service.

At the time of the inspection the person was not supported with the administration of medicines. The registered provider had a process in place for the safe management of medicines if this was required.

The registered providers had developed working relationships with external health and social care services. This helped to ensure that appropriate care was arranged and delivered to people using the service.

The environment met the needs of people that lived at the service. The design and layout of the service met the needs of people.

Staff were caring at the service and knew how to protect people's dignity and privacy in a compassionate way. Care records were produced in a format that people with a learning difficulty were able to understand.

Assessments were completed that took into account people's views and opinions. Care records accurately reflected people's care and support needs.

Staff knew the person they cared for well. Staff supported them with their daily tasks, including personal care and support with meals and their nutritional needs.

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

The registered provider provided support to ensure that the service was managed well. The registered provider completed internal audits of the quality of care provided to people. People were asked for their opinion and feedback about the service. The registered provider had developed partnership working with external health and social care agencies.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Ms Maisie Melanie Bell & Mr Percival Fitzroy Drummond - 40 Lewisham Park

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 comprehensive inspection took place on 30 November 2017 and was announced. We gave the service 48 hours' notice of the inspection visit because the location was a small care home and people using the service and the registered providers are often out during the day. We needed to be sure that they would be in.

One inspector carried out the inspection of this service. We did not speak with the person living at the service because they were not at home. We spoke with the registered providers of the service. They managed the service and supported the person using the service each day.

We completed general observations of the person's bedroom and the environment of the service. We reviewed one person's care record, and other records regarding the maintenance and management of the service.

Is the service safe?

Our findings

People were protected from the risk of abuse and harm. Guidance for staff was available that provided them information about how to safeguard adults from abuse. The registered provider's safeguarding records contained a safeguarding policy and process. The registered providers knew how to report concerns to the local authority. They described what actions they would take to keep people safe from abuse and harm. The person using the service had a copy of the safeguarding process in a format that they could understand and had regular contact with their advocate so they could raise any concerns.

Risks to people's health and wellbeing were identified and managed safely. Risk assessments and management plans were in place which identified and mitigated known risks to the person. Risks identified related to their health, road safety and personal care needs. These were recorded in the care records and included a plan for staff about how to manage and reduce the risks safely.

There were enough staff available to support people with the care and support they needed. Staff were available to support the person with their day to day care needs. We saw records that showed that the person spends some of their time at home and other times they went out for activities outside the home. The providers told us they were always around to provide support when the person using the service needed it. There were no plans to recruit additional staff at the time of the inspection.

The administration of medicines did not take place at the service. This was because the person was not prescribed any medicines at the time of this inspection. Despite this, the registered provider had a process in place that described how staff would manage people's medicines if they needed this support. The registered provider was aware of current guidance relating to the management of medicines for people receiving care. They described the process they would follow to ensure medicine administration was safe, including the ordering, storage and disposal of medicines.

People were protected from the risk of infection. Staff we spoke with and records showed that staff had completed infection control training. Staff had access to personal protective equipment (PPE) when required to reduce the risk of infection. Staff understood the principles of infection control and how to promote good hygiene and cleanliness within the service.

Staff learnt from incidents that occurred to improve the quality of care and support. The registered provider had a system in place that allowed for accidents and incidents to be managed effectively. This included investigating concerns in a timely way and reducing the risk of a recurrence. We looked at the provider's accident and incident records. These showed whether an incident occurred in the home or when the person was in the local community, incidents were reported, investigated and resolved quickly.

Is the service effective?

Our findings

People were involved in making choices about their care and support. They were involved in their plan of care review with the support of their advocate who supported the person to make choices. An advocate is a person who speaks up on behalf of someone who may not be able to do this for themselves and supports them to ensure that their needs are met and their rights protected.

Staff had updated their training needs regularly to ensure their knowledge was up to date. For example, the registered provider had updated their knowledge about food and nutrition. This was in response to a change in the person's health needs to ensure that they could effectively care for them.

There was enough food and drink available for people. We saw that staff prepared meals for the person each day. Their care records contained information on the person's food preferences. Meals were prepared that met the person's needs. Following a medical check-up with the GP it was found that changes were required in their diet to maintain their health. Staff incorporated this advice from the health professional. The person's diet was changed to reflect the health advice so the person had nutritiously balanced meals. The nutritional advice was also shared with the staff at the daycentre the person attended where they also ate meals.

The person had access to their own bedroom. We visited their room and this was decorated in accordance with the person's choice. We saw their room had their personal possessions displayed. There was art work on the walls which the person had completed at the daycentre. There were photographs displayed of the person's family and people that mattered to them.

The registered provider obtained consent to care before delivering it. We found that staff had acted in accordance with the Mental Capacity Act 2005 (MCA). People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The person who lived in the service had an approved DoLS authorisation from the local authority. We checked the records for the DoLS. We found that a mental capacity act assessment was completed. Following this a best interests meeting took place and a decision recorded which demonstrated that the person had met the requirements of a DoLS application to be made. The MCA, best interests' decisions and DoLS outcomes were recorded and held on the person's records.

Is the service caring?

Our findings

The registered providers displayed kindness and compassion while talking to us about the person they supported. The person had lived at the service for over 10 years so they knew each other very well. Staff demonstrated that they respected the person they cared for. The registered provider described the person's favourite hobbies, this included taking part in music and artwork workshops. Staff respected people's choices and facilitated them to attend activities they chose.

The views of the person using the service were obtained. Records showed that the person was involved in care decisions. The person was supported by an advocate who represented their views and contributed to care assessments and care planning. The registered provider said, "The advocate has known [the person] for many years before they came to live here. They know each other well." The person's view about how their care and support was managed was respected.

Care records detailed the person's preferred method of communication. The registered provider was aware of the needs of the person using the service. The person had different ways of communicating their needs. The person used non-verbal communication to indicate their needs. We saw records that clearly described how the person communicated their views and needs. For example there was a record that showed that the person was anxious, this was written in their care records and also in a format the person could understand.

The providers demonstrated they understood how to respect people's dignity. They told us that care and support was carried out in privacy in the bathroom or in the person's bedroom. The registered providers respected the person's personal space. They were able to use all areas of the home as they chose. The person spent time in their room and the registered providers respected their privacy. They knocked on the person's door before entering which promoted their dignity.

People were cared for in a way that respected their cultural identity. The registered provider had an understanding of people's cultural and religious needs. The registered provider was made aware of how the person's religious faith was important to them. Staff respected this and supported the person to attend a weekly religious service as the person chose. Staff had an understanding of the person's cultural needs which ensured they continued to have a connection with their local community.

Is the service responsive?

Our findings

The person was at the centre of the assessment completed. Their associated care needs were identified and the support required to meet them were recorded. Assessments took into account the views of the person. This included information about what the person enjoyed to do, including attending activities that met their social and cultural needs. Assessments were completed with the support of an advocate known to the person using the service. Their care plan detailed what support the person needed and how to meet their needs. This enabled the person to receive appropriate care tailored to meet their needs.

The registered provider supported the person to take part in those activities of interest. The person was supported to attend activities outside of the home. This included going to the local daycentre to take part in activities they enjoyed, such as art, cooking, dancing and enjoying music. The person was supported to be as independent as possible. They were encouraged to take part in the personal care needs and in keeping their room clean and tidy.

There was a system in place for making complaints about the service. They had a complaints procedure that could be used by the person using the service, advocate or visiting professionals to make a complaint. The complaint process was written in an easy read format which the person was able to understand with the support from the member of staff or an advocate. The complaints process involved the investigation and response to the complaint and the ability for the complainant to contact the registered provider if they were unsatisfied with the response to the complaint. At the time of the inspection and in the previous 12 months no complaints about the service or the quality of care were received. There were no concerns were raised by people, relatives, or health and social care professionals.

There were discussions about the end of life care arrangements for the person using the service. The person was supported by the advocate who was involved in the discussions about end of life care needs for the person. Funeral arrangements were recorded and the person's choices were included in those plans. Records showed that the person's advocate would be contacted at the end of their life.

Is the service well-led?

Our findings

The Care Quality Commission (CQC) did not require this service to have a registered manager. This was because they supported and cared for the person daily at the service. There were two registered providers. One provider was the manager of the service and the other registered provider was a member of care staff. Both were involved in running the service and providing care and support to the person using the service. Both providers understood their responsibilities of being registered with the CQC. Appropriate notifications were sent to the CQC when required.

The registered provider had a clear vision and ethos for the service. The registered provider informed us that the service aimed to provide comprehensive, needs assessed care and support to people. One registered provider told us, "The home follows the 'Long Term Care Charter' that lays down the values which people can expect in care. The home treats all service users with courtesy, honesty, respect and dignity and helps the service user to achieve and sustain the maximum possible independence, involving them in decisions and giving them enough information to make informed decisions and choices." We found that the service operated in a way that supported people they cared for safely.

The registered provider ensured the service and the quality of care was safe. There were systems in place that assessed, reviewed and monitored the quality of care and support provided. There were regular reviews of records used in the service. We saw care records updated and accurate. Care records were updated following a review of care and any changes in care and support were included.

We also reviewed records of how the environment was kept safe. The registered provider told us various checks were carried out at the service. The manager arranged for health and safety checks to be carried out at the service. This included regular maintenance of electrical equipment. Portable appliance testing (PAT) was completed to ensure electrical equipment, such as a toaster or a kettle used in the service was safe to use and in working order. Fire safety maintenance checks were carried out on a regular basis.

People using the service were asked for their feedback. Each year people were asked about their opinions about the quality of care. This feedback provided the service with the views of the person using the service. The feedback showed that they were happy living at the service.

The providers understood their role within the service. These were discussed and reviewed at regular meetings. The providers were able to discuss issues relating to the daily care provided and the management of the service. These meetings provided an opportunity for changes in care to be discussed, which helped to effectively implement them and people benefitted from prompt action by staff.

The registered provider had developed working partnerships with external organisations. This joint working helped the service to meet the needs of people using the service in a coordinated way. The manager had worked with the local health and social care authorities for a number of years. This allowed for any advice, concerns or referrals to be made in a timely manner so people's needs were met.