Care Quality Commission

Bertinaley Care Limited

Angel Lodge

Inspection report

12 Mayfield Road
South Croydon
Surrey
CR2 0BE
Tel: 02086579046
Website:

Date of inspection visit: 11 September 2015
Date of publication: 20/10/2015

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

Overall summary

This was an unannounced inspection that took place on 11 September 2015.

Angel Lodge is a care home that provides accommodation and personal care for up to five people with mental health support needs.

The home had a registered manager. 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 and associated Regulations about how the service is run.

This is the first inspection since registration on 5 August 2015.

People said they liked living at the home and that staff provided a good supportive service. They were given the opportunity to choose individual and group activities and if they wished to participate in them. They felt staff provided the care they needed in a way that suited them.

Summary of findings

We saw that the home's atmosphere was warm, enabling and inclusive. People came and went as they pleased and said they were enjoying themselves during our visit. The home provided a safe environment for people to live and staff to work in.

The records we sampled were comprehensive and kept up to date. The care plans contained clearly recorded, fully completed, and regularly reviewed information. This enabled staff to perform their duties appropriately.

The staff were knowledgeable about the people they worked with as individuals and the field they worked in. They had appropriate skills, qualifications and were focussed on providing individualised care and support in a professional, friendly and supportive way. They were trained and skilled in behaviour that may challenge and de-escalation techniques. Whilst professional they were also accessible to people using the service and their relatives. Staff said they had access to good training and support.

People were protected from nutrition and hydration associated risks with balanced diets that also met their likes, dislikes and preferences. They were positive about the choice and quality of food available. People were encouraged to discuss health needs with staff and had access to community based health professionals, as required.

The management team at the home, were approachable, responsive, encouraged feedback from people and consistently monitored and assessed the quality of the service provided.

Summary of findings

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 safe.

Good

People said that they felt safe and we saw that they lived in a risk assessed environment.

There were safeguarding and de-escalation procedures that staff followed.

The staff were vetted, trained and experienced.

People's medicine records were completed and up to date. Medicine was safely administered, stored, disposed of and regularly audited.

Is the service effective?
The service was effective.

Good

People's needs were assessed and agreed with them.

Specialist input from community based health services was provided.

Care plans monitored food and fluid intake and balanced diets were provided.

The home had Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) policies and procedures. Training was provided for staff and people underwent mental capacity assessments and 'Best interests' meetings were arranged if required.

Is the service caring?
The service was caring.

Good

People felt valued, respected and were involved in planning and decision making about their care. People's preferences for the way in which they preferred to be supported were met and clearly recorded.

Care was centred on people's individual needs. Staff knew people's background, interests and personal preferences well and understood their cultural needs.

Staff provided good support, care and encouragement.

Is the service responsive?
The service was responsive.

Good

People chose and joined in with a range of recreational and life skill developing activities. Their care plans identified the support they needed to be involved in their chosen activities and daily notes confirmed they had taken part.

People told us that any concerns raised were discussed and addressed as a matter of urgency.

Is the service well-led?
The service was well-led.

Good

Summary of findings

The home had a positive culture that was focussed on people. People were familiar with who the manager and staff were.

The manager and staff enabled people to make decisions by encouraging an inclusive atmosphere.

Staff were well supported by the manager and management team and the training provided was good with advancement opportunities available.

The quality assurance feedback and recording systems covered all aspects of the service monitored standards and drove improvement.

Angel 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 checked 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 was an unannounced inspection and took place on 11 September 2015.

This inspection was carried out by one inspector.

There were five people living at the home. We spoke with three people, three relatives, one staff member and the registered manager.

Before the inspection, we considered notifications made to us by the provider, safeguarding alerts raised regarding people living at the home and information we held on our database about the service and provider.

During our visit we observed care and support provided, was shown around the home and checked records, policies and procedures. These included the staff training, supervision and appraisal systems and home's maintenance and quality assurance systems.

We looked at the personal care and support plans for three people using the service.

Good

Is the service safe?

Our findings

People said they felt safe at the service and in the community. One person said, “I feel safe living here.” Another person told us, “There are plenty of staff to help us.” A relative said this is a safe, well-appointed house.”

Staff were trained in safeguarding and they explained the procedure that was required to be followed regarding raising a safeguarding alert should this be necessary. Safeguarding information was provided in the staff handbook. The home had policies and procedures regarding protecting people from harm and abuse and staff had received training in them. Staff understood what abuse was and the action to take if they were confronted by it. They said protecting people from harm and abuse was part of their induction and refresher training.

There were risk assessments recorded that enabled people in the home to take acceptable risks and enjoy their lives safely. These included risk assessments about their health, daily living and social activities. The risks were reviewed regularly and updated if people’s needs and interests changed. There were general risk assessments for the home and equipment used that were reviewed and updated. These included fire risks. The home was well maintained and equipment used was regularly checked and serviced.

The team shared information regarding risks to individuals including any behavioural issues during shift handovers, staff meetings and as they occurred. There were also accident and incident records kept and a whistle-blowing procedure that staff said they understood and knew how to follow. The home had a policy and procedure regarding behaviour that may put people at risk, that was based on de-escalation techniques and staff received training regarding behaviour that may challenge. This included individual guidance regarding people using the service. They were also aware of what constituted lawful and unlawful restraint.

The provider had a staff recruitment procedure that recorded all stages of the process. This included advertising the post, providing a job description and person specification. Prospective staff were short-listed for interview. The interview contained scenario based questions to identify people’s communication skills and knowledge of the field in which the service operated. References were taken up, security checks carried out prior to starting in post and a three month probationary period. People who use the service were included in the recruitment process and their opinions asked, regarding if staff would fit into the home’s community. Prospective staff spent time with people using the service as part of the process and this gave the home an opportunity to receive feedback from people using the service about their suitability. The home had disciplinary policies and procedures that were contained in the staff handbook and staff confirmed they had read and understood.

During our visit we saw that there were appropriate numbers of staff to meet people's needs and support them in the activities they had chosen to do individually and as a group. This was reflected in the way people did the activities they wished safely. The staff rota showed that staff numbers were flexible to meet people’s needs and there were suitable arrangements for cover in the absence of staff due to annual leave or sickness.

One person was self-medicating. Their level of ability and confidence was assessed to determine if they could achieve this task to further develop their life skills and make them more independent. This was regularly monitored and level of independence increased or decreased depending on how well the person accomplished this skill. The monitoring took place at each shift handover, was also audited and appropriate staff support provided. Medicine was safely stored in a locked facility and appropriately disposed of if no longer required. The staff who administered medicine were appropriately trained and this training was refreshed annually. They also had access to updated guidance. The medicine records for all people using the service were checked, found to be fully completed by staff and up to date. There were medicine profiles for each person in place.

Good

Is the service effective?

Our findings

People told us they felt that staff helped them to do the things they enjoyed and wanted to do with their lives. One person said, "Staff sort out any problems." Another person said, "Not too bad for me." A relative said, "(Person using the service) has made huge progress since moving to the home." Staff communicated with people clearly and in a way that enabled people to understand in their own time.

Staff received induction and annual mandatory training. The induction took place over five weeks and included written information about staff roles and responsibilities. All aspects of the service and people who use it were covered and new staff spent time shadowing experienced staff. This increased their knowledge of the home and people who lived there. The annual training and development plan identified when mandatory training was due. Training included infection control, manual handling, medicine, food safety, equality and diversity and health and safety. There was also access to specific home based training such as, schizophrenia and behaviour that may challenge. Staff meetings included opportunities to identify further training needs. Regular supervision sessions and annual appraisals were partly used to identify any gaps in training. There were also staff training and development plans in place.

Staff received mandatory training in The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Mental capacity was part of the assessment process to help identify if needs could be met. The Mental Capacity Act and DoLS required the provider to submit applications to a 'Supervisory body' for authority. The home understood that applications under DoLS must be submitted by the provider and authorised if appropriate. All people at the home were assessed for capacity to make decisions. The capacity assessments were carried out by staff that had received appropriate training and were recorded in the care plans. The manager explained that if required people's 'best interests meetings would be arranged and reviewed annually. The 'best interests' meetings would take place to determine the best course of action for people who did not have capacity to make decisions for themselves. Staff continually checked that people were happy with what they were doing and activities they had chosen throughout our visit.

The care plans we looked at included sections for health, nutrition and diet. Full nutritional assessments were done and updated regularly. Where appropriate weight charts were kept, people weighed monthly and staff monitored how much people had to eat. Each person had a GP and staff said that any concerns were raised and discussed with the person's GP as appropriate. Nutritional advice and guidance was provided by staff and there were regular visits by a local authority health team dietician and other health care professionals in the community. People had annual health checks. The records demonstrated that referrals were made to relevant health services as required and they were regularly liaised with. People's consent to treatment was regularly monitored by the home and recorded in their care plans.

People told us they enjoyed the meals provided. A person using the service said, "We all have our meals together and talk." People using the service were involved in choosing food and ingredients during weekly menu planning meetings and when they had decided on impulse.

Good

Is the service caring?

Our findings

During our visit people made decisions about their care and the activities they wanted to do. Staff knew people well, supported them in a way they wished and were aware of their needs and met them. They provided a comfortable, relaxed and enabling atmosphere that people enjoyed. One person told us, "This is a family environment." Another person said, "Staff listen and help." A relative told us, "Staff have a positive attitude."

Staff had received training about respecting people's rights, dignity and treating them with respect that underpinned their care practices. People were treated with dignity and respect by staff and encouraged to use skills they had developed to enhance their independence. The staff met their needs; people said they enjoyed living at the home and were supported to do the things they wanted to. Staff were friendly, helpful, listened and acted upon people's views and people's opinions were valued. The care practices we saw were positive and supportive during our visit. Staff were skilled, very patient, knew people, their needs and preferences well. They also made the effort and encouraged people to enjoy themselves and take responsibility for the tasks and activities they were doing. The staff's patient approach to providing people with care and support during the inspection meant that people were asked what they wanted to do and when and if they needed support. Everyone was encouraged to join in if they wished but not pressurised to do so. Staff also made sure people were included if they wished to be and no one was left out.

People were asked by staff if they preferred to chat with us individually, together, in private or be supported. They were given the time to decide for themselves and their wishes were respected. Staff made sure people were involved, listened to and encouraged to do things for themselves. Staff facilitated good, positive interaction between people using the service and promoted their respect for each other during our visit.

Staff expressed themselves at a speed that people could comfortably understand and follow. They were aware of people's individual preferences and how they expressed them. Staff spent time engaging with people, talking in a supportive and reassuring way and projecting positive body language that people returned. There were numerous positive interactions between staff and people using the service throughout our visit. One person said, "Staff are alright."

There was access to an advocacy service and one person had contact with an advocate. The home also had a confidentiality policy and procedure that staff said they were made aware of, understood and followed. Confidentiality was included in induction, on going training and contained in the staff handbook.

There was a visitor's policy which stated that visitors were welcome at any time with the agreement of the person using the service. People said they had visitors whenever they wished, and they were always made welcome and treated with courtesy.

Good

Is the service responsive?

Our findings

People told us they were asked for their views and opinions by the home's manager, staff and given time to decide the support they wanted and when by staff. If they had a problem, it was resolved quickly. People were supported and enabled to enjoy the activities they had chosen. Support was delivered in a way people liked that was friendly, enabling and appropriate. One person said, "We come and go as we please." Another person said, "I'm treated with respect." A relative told us, "The home provides a stable environment that is what (Person using the service) needs."

There was an admissions procedure that included assessment information provided by commissioning bodies such as local authorities and NHS hospitals. The referrals were discussed by the team and people were invited to visit. People's assessments took place where they were currently located and at the home. They were invited to visit as many times as they wished, for a meal and night stays so they could decide if they wished to move in and the home could better identify if their needs could be met. Staff told us the importance of considering people's views so that the care could be focussed on the individual. It was also important to get the views of those already living at the home and give them the opportunity to say if they thought the person would fit in. During the course of these visits the manager and staff added to the assessment information. There was a trial period and people's care plans were based on the initial assessment, other information from previous placements and information gathered as staff and the person became more familiar with each other. People were provided with written information about the home and organisation that outlined what they could expect from the home and what the home's expectations of them and their conduct was.

There were regular placement reviews to check that they were working. If there was a problem with the placement, alternatives would be discussed, considered and information provided to prospective services where needs might be better met. People's needs were regularly reviewed, re-assessed with them and care plans updated to reflect their changing needs. The care plans were individualised, person focused and developed by people and their keyworkers. The care plans contained personal information including race, religion, disability, likes, dislikes and beliefs. This information enabled staff to respect people, their wishes and meet their needs. The care plans contained sections for all aspects of health and wellbeing. They included medical history, crisis management plans, psychiatric and person centred reviews.

The home provided care focussed on the individual and we saw staff promote a person centred approach. People were enabled to discuss their choices, contribute to their support, care and care plans. The care plans were developed with them and had been signed by people where practicable. The care plans had goals that were identified and agreed with people. The goals were underpinned by risks assessments and reviewed monthly by keyworkers and people using the service. If goals were met they were replaced with new ones. The care plans recorded people's interests and the support required for them to participate in them. Daily notes identified if the activities had taken place. The care plans were live documents that were added to when new information became available. The information gave the home, staff and people using the service the opportunity to identify further activities they may wish to do. There were also individual communication plans and guidance.

There was a combination of individual and group activities with a home and community balance. Each person had their own weekly individual activity plan. Activities included, a gardening group within the community, swimming, working at the 'British Heart Foundation', going out for meals, personal and house shopping and tasks around the house such as laundry, cooking and people keeping their rooms clean and tidy. Everyone had also chosen to go on holiday to Blackpool, which they said was great. One person said, "We take turns with the cleaning and I like cooking."

People were aware of how to complain and the procedure was included in the information provided for them. There was a robust system for logging, recording and investigating complaints. There was a whistle-blowing procedure that staff said they would be comfortable using. They were also aware of their duty to enable people using the service to make complaints or raise concerns. Any concerns or discomfort displayed by people using the service were attended to sensitively during our visit.

Good

Is the service well-led?

Our findings

People said the manager was approachable and made them feel comfortable. One person said, “I’m happy to say when, I’m not happy.” Another person told us, “I like the manager.” A relative said, “The home contacted them if any issues arose.” Another relative told us they found the manager “approachable and informative.” During our visit there was an open, listening culture with staff and the manager paying attention to and acting upon people’s views and needs. It was clear by people’s conversation and body language that they were quite comfortable talking to the manager and staff.

The organisation’s vision and values were clearly set out. Staff understood them and said they were explained during induction training and discussed during staff meetings. The management and staff practices reflected the vision and values as they went about their duties. People were treated equally, with compassion, listened to and staff did not talk to people in a demeaning way. There were clear lines of communication within the organisation and specific areas of responsibility that staff had and that they understood.

Staff thought the manager was very supportive. Their suggestions to improve the service were listened to and given consideration. The records we saw demonstrated that regular staff supervision, staff meetings and annual appraisals were scheduled. A staff member said this was, “A good organisation to work for.”

There was a clear policy and procedure to inform other services within the community or elsewhere of relevant information regarding changes in need and support as required. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.

There was a robust quality assurance system that contained key performance indicators, identified how the home was performing, any areas that required improvement and areas where the home was performing well. This enabled any required improvements to be made.

The home used a range of methods to identify service quality. There were regular community meetings where any issues could be discussed regarding the home, living there and views and suggestions put forward. There were also annual review questionnaires for people using the service. Quality audits took place that included medicine, health and safety monthly, daily checklists of the building, cleaning rotas, infection control checklists and people's files were audited bi-monthly. Policies and procedures were audited annually. Finance audits took place annually.