

Imperial Lodge

Imperial Lodge

Inspection report

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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

Imperial Lodge is a 'care home'. People in care homes receive accommodation and 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. Imperial Lodge accommodates 10 people in one building. Services are for people with mental health needs and/or people who have experienced substance misuse. The service aims to help people with recovery and some people have been supported to move to places where they need less care and support. At the time of our inspection nine people were living at the service.

Imperial Lodge is run by a small private organisation. The provider owns and manages one other care home. One of the owners is also the registered manager for Imperial Lodge. 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.

At the last inspection on 16 January 2016 we rated the service Good.

At this comprehensive inspection on the 20 February 2018 we found the service remained Good in all key questions and overall. The inspection was unannounced.

People were happy living at the service. They felt well supported and that their needs were being met. People had been involved with planning their own care and had consented to care and treatment. There was evidence that the provider was meeting people's needs and supporting them with their recovery. The staff worked with other professionals to make sure people's physical and mental healthcare needs were being met.

People lived in a safe environment which was appropriately maintained. There were procedures designed to safeguard them from the risk of abuse. People received their medicines in a safe way and as prescribed. The risks to their wellbeing had been assessed and planned for. People knew how to make a complaint and felt that concerns were responded to their satisfaction.

The staff were kind, caring and supportive. The provider ensured that only suitable staff were employed. There were sufficient numbers of staff and they had the training, support and information they needed to care for people. The staff were happy working at the service and felt well supported.

The owners of the company were involved in the day to day running of the home and one was the registered manager. They worked closely with the staff and other stakeholders to monitor how the service was being delivered. There were effective systems for identifying and mitigating risks, as well as making continuous improvements. People using the service, staff and others were asked for their feedback on the service and their views were listened to and valued.

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.

Imperial 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.

The inspection visit took place on 20 February 2018 and was unannounced. This was a comprehensive inspection and was carried out by an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The provider completed a Provider Information Return (PIR) in December 2017. The PIR 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.

Before the inspection we looked at all the information we had about the provider. This included notifications of significant events and safeguarding alerts. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about.

During the inspection visit we met and spoke with five of the people who lived at the service, the registered manager and other staff on duty who included, the deputy manager, senior support workers and support workers.

We looked at the care records for three people who used the service and the recruitment, support and training records for three members of staff. We also viewed other records used by the provider for managing the service, these included records of complaints, quality audits, meeting minutes and improvement plans. We looked at the environment. We inspected how medicines were being managed.

At the end of the inspection we gave feedback to the registered manager and deputy manager. Following the inspection the registered manager sent us additional information telling us the action they had taken as a result of our feedback.

Is the service safe?

Our findings

People using the service told us they felt safe living there. They said that there were enough staff to keep them safe and meet their needs. They told us that they felt supported and safe. Some of their comments included, "I think there are enough staff, otherwise it would impose on us. I do feel safe compared to some of the places I have been at" and "There are enough staff and they look after us well. I like it here."

The provider had systems designed to safeguard people from abuse. There were procedures for safeguarding and whistle blowing. The staff received training in these. In addition, the registered manager discussed how the staff would respond to abuse during individual and team meetings. We spoke with staff on duty about how they would recognise and report abuse. They demonstrated a clear understanding. People using the service were given information telling them what they should do if they felt they or others were being abused.

The risks to people's safety and wellbeing had been assessed and there were plans to manage these risks. During the inspection we witnessed an incident where a person started coughing whilst they were eating. The staff responded promptly and appropriately to this and gave the person the assistance they required.

The staff had assessed the risks for each individual and recorded these. The care records included information relating to risks associated with people's mental and physical health, self-harm, harm to others, substance misuse, nutrition, skin integrity, falling and fire safety. There were clear plans about how the risks could be minimised and action the staff needed to take in event of a person being harmed. The risk assessments had been discussed with people who had agreed to the plan. The plans sometimes included restrictions, for example, people at risk of substance misuse had agreed to the staff could carry out searches of their rooms and belongings if they felt this was needed. We saw evidence of one such search. The reason for the search, details of what happened and the outcome had been explained to the person who had signed their agreement for this to happen.

There were contingency plans in event of a person not returning to the service when expected. The staff had followed these plans when this had happened and taken appropriate steps to locate the person and keep them safe.

Care plans included a summary of the main risks each person experienced. People received a copy of this information.

The provider had effective procedures to ensure the environment was safely maintained. There were up to date checks on the building, health and safety, equipment at the service, gas electricity and water supplies. The provider's contingency plan included information about action the staff needed to take in various emergency situations. The provider had recently updated their protocol for safety at night time and the staff had read and agreed to this. There was an up to date fire risk assessment and individual emergency evacuation plans for each person. Communal parts of the building and outside of the building were monitored by CCTV. People had agreed to the use of this as part of their agreement to live at the service.

There were enough suitable staff employed to keep people safe and meet their needs. The owners of the company worked at the service full time. The majority of staff had worked at the service for over a year and knew people's needs well. The provider was recruiting for additional staff but they told us that staff absences were being covered by the existing staff team. One of the senior members of staff explained to us that any additional staffing needs were met by familiar temporary staff who had worked at the service on many occasions. There was always a permanent member of staff on duty.

The provider's procedures for recruiting staff included checks on their suitability, such as a formal interview, references from previous employers, eligibility to work in the United Kingdom, identity and information from the Disclosure and Barring Service regarding any criminal records. The registered manager explained that they carried out a risk assessment regarding any areas of concern identified during the recruitment process. They told us that staff were closely monitored through their induction and probation periods. We saw evidence of these checks in the staff files we viewed.

People received their medicines as prescribed and in a safe way. Staff responsible for administering medicines received training in this. Their competency was assessed annually. There were appropriate procedures regarding the administration of medicines and the staff were aware of these.

Medicines were stored securely. Some people at the service managed their own medicines. This had been assessed and there were agreements in place about how the person would store and look after their medicines. The staff monitored how they managed and offered additional support when needed.

Medicines records were clear, up to date and accurate. There was information about each medicines which had been prescribed, what it was used for and any potential side effects. The staff carried out audits of medicines management which included counting the balances of all medicines held. Where concerns had been identified there was evidence of the action taken to investigate these and rectify the problem.

People were protected by the prevention and control of infection. The environment was clean and there were schedules to make sure all areas of the building were regularly and thoroughly cleaned. The staff wore protective equipment such as gloves and used hand gel when needed. There were weekly audits of infection control and food storage areas. The staff regularly checked for hazards and took action when these were identified.

The provider had recently reviewed the procedures relating to infection control. These were in line with current guidance and legislation. The staff had received up to date training in this area.

The provider had systems for learning and making improvements when things went wrong. All accidents and incidents were recorded. These records showed what steps had been taken at the time and following incidents. The registered manager had completed a section on the forms to show how they had analysed the incident and what action had been taken to learn from this. We saw that following one incident the registered manager had met with the person involved to discuss how things could be done differently to prevent reoccurrence of the incident. There was evidence that incidents, accidents and complaints were discussed by the team during handovers and meetings to make sure the whole team worked together to make improvements and learn from these.

Is the service effective?

Our findings

People's choices and needs were assessed in line with current legislation and good practice guidance. The provider undertook an assessment of people's needs before they moved to the service. The assessments were completed in partnership with the person and professionals involved in their care. The assessments took account of the person's mental and physical health needs, their strengths and abilities and the outcome they wanted to achieve from moving to the service. People had signed agreement with their assessments and the information on these was incorporated into care plans.

People were supported by staff who had the skills, knowledge and experience to deliver effective care and support. New staff shadowed experienced staff as they became familiar with the service. Their skills and competency were assessed and they had regular supervision meetings with the registered manager. New staff undertook a range of training in line with the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting.

The provider arranged for face to face training for the staff team to keep them up to date with the latest guidance and to make sure they refreshed their knowledge. They also signed up to an online training system which the staff could access as needed. The staff told us they received the training they needed. They also explained they had been supported to undertake vocational qualifications.

The registered manager met with all staff regularly as individuals and as a team. Team meetings were used to discuss the service and for the staff to give their feedback. Individual supervision meetings and appraisals were organised to support the staff to develop their careers and request additional training and support, and for the provider to discuss areas of good practice or where improvements were needed. We saw that these meetings took place regularly. The staff told us they felt supported and could speak with the registered manager at any time they needed.

There were systems for the staff to communicate with each other so that they worked in an effective and consistent way. In addition to the team meetings, they had a hand over of information each day where they updated staff starting their shifts about any changes for people or the service. The staff also used an allocation planner to decide which member of staff undertook different tasks. The staff used diaries and communication books to share written messages. The provider arranged for the staff to meet and train with staff from their other service so that they could share good practice and ideas.

The building was suitably designed and met people's needs. People had their own bedroom with en suite facilities. They were able to personalise their own rooms. The communal rooms were appropriately furnished and equipped. There was a large accessible kitchen and people had their own storage areas within this to store their food. The provider had a plan for continuous renovation and redecoration so that all areas of the building were kept up to date and suitable.

Consent to care and treatment was sought in line with good practice guidance and legislation. 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 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 Mental Capacity Act 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked that the provider was acting in accordance with the principles of the Act and found that they were.

People had been asked to consent to different aspects of their care and support when they first moved to the service. They had signed their agreement to the rules and restrictions of the service as well as to their individual support plans. The staff regularly discussed these with them at monthly keyworker meetings, where they were asked to consent again. People told us that the staff offered them choices and respected these. One person had been assessed as lacking capacity to make certain decisions. The provider had made an application for a DoLS authorisation for this person.

People were supported with their healthcare needs. Mental and physical healthcare needs were well documented in individual care plans. These were reviewed regularly. There was evidence that people had regular consultations with their doctor and other healthcare professionals as needed. The staff explained that they monitored any changes in people's health or condition. This was evidenced in the records of daily care. The staff had taken appropriate action to consult with other healthcare professionals when needed.

People had enough to eat and drink. The majority of people living at the service shopped for and prepared their own meals. They had a budget for this and were able to store their food securely in a locked cupboard. The staff supported two people to plan and prepare meals. They explained that they based the menu for these people on their known choices and consulted with them. People were able to ask for an alternative meal if they wanted at any time. The staff prepared community meals for the whole group every few weeks to encourage people to eat together.

Is the service caring?

Our findings

People who lived at the service told us that the staff were kind and caring. They said they had good relationships with them and trusted them. One person explained, "I really get on with the staff, there is no negativity and they don't ignore me. They are very responsive, they deal with [any problems] straight away if they can and don't pass it on." Another person commented, "I like all the staff here, very kind and helpful."

We observed that the staff had a good rapport with people. They spoke with people in a friendly way, sharing jokes and listening to people who wanted to speak with them. They were gentle, calm and allowed people to do what they wanted in their own time.

People were supported to be as independent as they wanted and were able to be. Some people used the community independently, some cooked for themselves, some managed their own medicines and everyone was encouraged to do what they could for themselves. This was clearly recorded in their care plans with specific goals the person wanted to achieve. These goals and how the person was feeling were reviewed monthly in a meeting with their keyworker.

People's privacy and dignity were respected. They were able to spend time in their rooms and staff knocked on bedroom doors and asked permission before entering. People's cultural needs and religion were recorded in their care plans and they were offered support to meet these needs. Each month, during their meeting with their keyworker they were asked if they needed any additional support to express their sexuality, meet their cultural needs and with their daily living skills. People were able to comment on the support they needed and the keyworker helped them with this.

One person who lived at the service was deaf. The staff had worked with the person to enable them to communicate effectively. The staff used written communication on a specially purchased white board to have conversations with this person and to understand what they wanted.

People's views were represented within their care plans. They were also able to take part in community meetings each month to discuss the service and any changes they wanted. People confirmed that they felt appropriately informed and involved with decisions about their care and the service.

Is the service responsive?

Our findings

People received personalised care which met their needs and reflected their preferences. They told us that they had understood and signed a tenancy agreement. One person said, "The tenancy agreement was explained and I understand what is expected of me." Another person commented, "I did understand the tenancy agreement. I can come and go as I please and have a key. I remember signing one of these before."

People told us they felt well supported in meeting their needs. They said that they had support to understand their benefits and to access the healthcare services they needed. We saw that people were supported to create a daily planner each day with the staff, this included the activities they would undertake and services they needed to access. For example, one person was being supported to look at how they could access a college course. People using the service explained that they did not feel pressured or rushed into making decisions about their lives. They said that the staff gave them the information they needed and helped them make choices about how they spent their time and planned for the future.

Each person was allocated a keyworker who gave them additional support and guidance. They met with their keyworker monthly to review how the service was for them. One person told us, "I get a lot from [keyworker], a lot of positivity, they give me purpose. They listen to what I say and I listen to what they say and we will agree on my plan. It's not one sided. We set goals and they look after me."

Some of the external professionals who completed the provider's own quality assurance surveys commented that they felt organised activities at the service could be improved. The provider told us that they had also identified this themselves and had increased individual and group activities.

People had individual care and support plans which had been created in partnership with them. These were clear and had details about different aspects of their lives and the support they needed. People had signed agreement to these plans. The plans were regularly reviewed. The staff recorded daily interventions which demonstrated that care plans were being followed.

People's concerns and complaints were listened to and responded to appropriately. People told us they knew how to make a complaint. They said that they felt comfortable talking with the staff or registered manager and that they felt valued. One person additionally commented, "I have found that they respond quickly here, compared to other places." The provider kept a record of complaints and concerns and how they had investigated these. There was evidence of learning from complaints to make sure improvements were made at the service.

The provider had recently reviewed their complaints system as part of their quality monitoring of the service. They had discussed the complaints procedure in staff and community meetings to make sure everyone was familiar with this. They had also analysed past complaints to make sure these had been investigated and responded to appropriately.

No one living at the home was being supported at the end of their lives or with a terminal illness at the time of the inspection. However, the staff had asked people if they had any specific wishes that needed to be taken into account in the event of them dying and these were recorded.

Is the service well-led?

Our findings

People living and working at the service told us that they felt it was a well-run service. They said that the registered manager was supportive and available when needed. One person told us, "The atmosphere is great and the food is good." Another person commented, "Honestly, this feels like my home. The staff don't come into your rooms except for checks, I don't dread coming here, it is a good place."

One member of staff told us, "The best thing about the service is the way it is provided, all the staff care about what we do and get great satisfaction from supporting people. I really enjoy supporting people to move forward with their recovery. I would be happy for one of my family members to be cared for here, no doubt about that."

The provider had a collection of comments and compliments they had received about the service. One person who had lived at the home but moved on to a more independent setting had commented, "My stay at Imperial Lodge was ok and the staff helped me." Another person had stated, "My room was very nice, so was the rest of the home. Management were very good...it was a good stay." A staff member who had left the service had written to the provider stating, "Thank you so much for everything, the trust and opportunity you gave us." The provider had supported young adults by allowing them to undertake work experience at the service. In 2017, one young adult had commented, "[The experience] helped me a lot in choosing my career in the future, the staff were always ready to help and were impressive as they had full information about all the residents." Another young adult had written, "My perspective on mental health has completely changed and the staff taught me to be patient with the residents."

There was a clear vision and strategy for delivering a quality service with achieved good outcomes for people. The providers worked closely with people living at the service, staff and others to develop a plan for the service. They had signed up to an online consultancy service who provided them with updates and guidance about changes in legislation. The registered manager explained that they used this information to help monitor the service and plan for the future. We saw that the registered manager was in the process of updating policies and procedures about how information was recorded and shared in line with changes to the EU General Data Protection Regulations which were coming into force in May 2018. They had a clear plan for continuous improvements and listening to feedback. For example, following our verbal feedback at the end of the inspection the provider made immediate changes to improve systems being operated, such as updating records and speaking with the staff.

The provider worked closely with the local authority, other providers and the community mental health teams to make sure they were up to date with good practice and local protocols. The registered manager was a registered mental health nurse. They maintained their nursing qualification.

The provider had a plan for implementing quality audits. Each month specific audits were undertaken. The audits included a review of the area of the service in line with legislation, looking at staff knowledge and skills and looking at how effective the service was. Audits included a review of the provider's complaints system, infection control, medicines management and fire safety. The staff also carried out daily and weekly

checks on the cleanliness and safety of the environment and people's wellbeing.

The provider engaged with people using the service and others. The registered manager organised monthly staff team meetings and community meetings for people who lived at the service. They asked people for feedback and shared their ideas at these. There was information displayed at the service for people and staff about certain procedures and information, for example about the Mental Capacity Act 2005. Stakeholders were asked to complete satisfaction surveys about their experiences with the service. At the end of 2017 seven people living at the service responded with the majority expressing their satisfaction with all areas of the service. Other stakeholders included external professionals and relatives. They also expressed satisfaction with comments including, "Caring attitude of staff", "Staff understand risks to people and how to manage these" and "The staff work in partnership [with external professionals]."