Laurel Residential Homes Limited

Jordan Lodge

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Requires Improvement
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 2 May 2018 and was unannounced. When we last inspected the service in March 2017 they were meeting the regulations we looked at and we rated the service Good overall and in all five key questions.

Jordan Lodge provides care and support for up to 16 adults. Some of the people were living with the dual diagnosis of substance misuse and long term mental health needs. There were 11 people living at the service when we inspected it.

Jordan 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 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 2008 and associated Regulations about how the service is run.

Our inspection of the home's environment identified the need for redecoration and refurbishment in a number of different areas of the home because of the potential for infection and the potential risk to people and to their mental well-being. The provider told us they had identified the need for significant refurbishment of the home and had implemented a plan to carry out appropriate works designed to address these needs. We saw evidence of the work already started in the home. A number of improvements were noted. The registered manager and the regional manager told us the plan was to complete the works before the end of the year.

People who used the service were safe. The home's equipment was well maintained. Staff understood the importance of people's safety and knew how to report any concerns they may have. Risks to people's health, safety and wellbeing had been assessed and plans were in place which instructed staff how to minimise any identified risks to keep people safe from harm or injury. The provider ensured these were kept up to date so that staff had access to the latest information about how to minimise identified risks. The premises and equipment were regularly serviced and checked to ensure these did not pose unnecessary risks to people. Staff were well informed about how to safeguard people from abuse and knew what actions to take if they had concerns.

There were enough staff on duty to keep people safe and meet their individual needs. The provider had a safe recruitment process to ensure they employed staff who had the right skills and experience and as far as possible were suited to supporting the people who used the service.

People received their medicines as prescribed. The provider had relevant protocols for the safe

management of people's medicines.

Staff had the relevant skills to help meet people's needs. They had access to effective training that equipped them with the skills they required to look after people. They had a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. They supported people in accordance with the relevant legislation and guidance.

People had access to a variety of healthy and well balanced meals. Staff provided appropriate support to people so they had timely access to health care services.

Staff supported people in a kind and compassionate manner. They treated people with dignity and respect. They were knowledgeable about the needs of the people they supported and ensured that wherever possible people or their relatives were involved in decisions about their care. Relatives and health and social care professionals told us they were always made to feel welcome when they visited the home. We have made a recommendation about involving people in decisions about their care.

People's care plans reflected their choices, their individual needs and preferences. Their care was provided in a person centred manner. They had access to social activities of their choice. The provider encouraged feedback from people using the service and their relatives. There was an appropriate complaints procedure in place that people knew about and felt confident that the provider would respond appropriately to any concerns they raised.

Staff felt they were well supported. There was a shared ethos of providing person-centred care. The registered manager supported staff to meet the standards expected of them which enabled them to deliver a good standard of care.

The provider did not have quality assurance systems in place that effectively identified problems and issues with the service. Where problems were identified they were not always addressed promptly. Issues to with the focus of the service in terms of the target client group need clarifying.

During this inspection, we identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe as the poor state of repair to areas of the building and environment posed a risk to people of infection and to their mental well-being. The premises were in need of refurbishment and redecoration.

Staff understood how to respond if they suspected people were being abused to keep them safe.

Equipment was well maintained and risk strategies were in place that helped to keep people safe.

There were enough staff on shifts to support people and the provider followed robust recruitment procedures.

Staff managed people's medicines safely.

Is the service effective?

Good

The service was effective. Staff received training that equipped them with the skills they required to look after people.

People were supported in accordance to the requirements of the Mental Capacity Act (MCA) 2005.

Staff supported people to maintain their health with healthy and nutritious eating.

People were promptly referred to health care professionals when required.

Is the service caring?

Requires Improvement

The service was caring. We saw that staff supported people in a kind and compassionate manner. Some people living in the home did not want to engage with the service in planning their care and were satisfied that just their basic needs were met.

Staff were knowledgeable about people's individual needs and preferences and provided the support that met their needs. They treated people with dignity and respect.

Relatives and families told us they could visit freely and were always made to feel welcome.

Is the service responsive?

Good

The service was responsive. Care and support was centred on people's individual needs and wishes. Relatives told us they were invited to people's reviews. Staff demonstrated a good understanding of people's individual needs and choices.

People had opportunities to be involved in a range of activities.

People, their relatives and friends were encouraged to give feedback about the service they received. There was an appropriate complaints procedure in place which relatives and staff were familiar with.

Is the service well-led?

Requires Improvement

The service was not always well-led. There were a variety of quality assurance methods in place to check the quality of the service being provided. However these audits of the home were not always effective in identifying problems and ensuring change was implemented soon enough.

Staff were appropriately supported by the registered manager.

There was open communication within the staff team and staff felt comfortable discussing any concerns.

Jordan 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 inspection took place on 2 May 2018 and was unannounced. The inspection was conducted by a single inspector.

Before the inspection the provider completed a provider information return (PIR). 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. We reviewed the information we held about the service, including statutory notifications that the provider sent us. A statutory notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with four people who used the service, four members of staff, one health and social care professionals and the registered manager. We looked at three people's care files and four staff files which included staff recruitment, staff training and supervision. After the inspection we spoke with two relatives of people and one health and social care professional.

Requires Improvement

Is the service safe?

Our findings

People we spoke with said they felt safe living at Jordan Lodge. One person told us, "It's ok here, I am quite happy. They let me get on with what I want to do and don't bother me." Another person said, "I am alright here, I have been here a long time, no problem for me." The health and social care professional we spoke with on the day of the inspection said, "People seem to be safe here. Whenever I visit people look like they are being cared for properly. I have not seen anything that might lead me to believe they are unsafe here."

People told us the home needed to be repainted and refreshed and one of the health and social care professionals also commented on this saying, "The home is an old building and it really does need a good overhaul. In fact this has been needed for some time and my concern is the effect it must have on people's mental well-being." One person said, "My ceiling collapsed this winter and as you can see it's still not been completely repaired. I understand they are going to do this soon but it is depressing to see it like that."

We saw that most areas of the building needed re-decoration and refurbishment as they were tired and worn and we were concerned about the effect on people's mental well-being as exampled by the comments mentioned above. Other examples were bathrooms that needed new floors where the lino had lifted and tiles were cracked or missing. There was potential for infection arising and this presents a risk to people using these areas of the home. Most of the doors to people's bedrooms were chipped with paint flaking off and this was the case in other areas such as in the corridors, halls and landings.

The deputy manager told us the plan was for all the floor coverings to be renewed, bathrooms refurbished and all areas repainted. She told us a programme of general refurbishment was underway throughout the building. The plan was to have the work finished by the end of this year. We saw work had started on the first floor with two bedrooms newly painted and refurbished. We noted a brand new kitchen on the first floor had been created to assist people with their rehabilitation skills.

We raised the concerns about the condition of the building and the potential impact on people with the registered manager and with the regional director who both acknowledged there was a need for redecoration and refurbishment. They told us a programme of renovation was already implemented for general refurbishment of the home over the next 12 months including all the areas of concern we noted. We saw this work had started on the day of this inspection. We will monitor progress of the work at our next inspection or sooner if we receive concerns that the work is not progressing as planned.

This is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had a good awareness of what constituted abuse and were able to describe the signs of abuse they might encounter. Staff had read the provider's guidelines about what to do if they encountered abuse and they knew to report any concerns they had about people's safety. Staff knew that safeguarding concerns were reported to outside agencies including the local authority safeguarding team and the Care Quality Commission (CQC). One member of staff told us, "I would report any concerns I had to the manager. The

training I had made me realise it's the local authority that investigates safeguarding."

Another member of staff spoke about the whistleblowing policy and said, "I have had training for the whistleblowing policy. It's good to think about what I would do. I wouldn't be afraid to use it if necessary." Staff evidently felt confident to whistle-blow as they all said they would raise concerns of bad practice if they saw any need to do so.

We found equipment in the home was well maintained. This protected people from risks associated with their environment such as for fire. Records showed all the fire equipment was regularly serviced and maintained. A fire risk assessment was in place and people were also supported to keep safe in the event of a fire as they all had personal evacuation plans [PEEPS] in place that detailed how they would leave the home if a fire broke out and how staff would assist them to do so safely.

There were sufficient numbers of staff to support people in a safe and person-centred manner. The registered manager told us they arranged staffing levels based on people's assessed dependencies and needs. They said if the level of people's needs increased they had capacity to increase staffing levels accordingly. Staff told us that the staffing levels allowed them to support people to participate with their chosen activities.

Our inspection of staff files demonstrated the provider operated a safe recruitment process that ensured they employed staff who had the right skills and experience and as far as possible were suited to supporting the people who used the service. The provider carried out all of the required pre-employment checks before a new worker was allowed to support people using the service. These included staff references from previous employers and a criminal records check. Criminal records checks have helped employers to make safer recruitment decisions and helped to prevent the employment of staff who might be unsuitable to work with people who used care services. We saw that safe recruitment practices were being followed.

People received their medicines safely. We found that the provider had procedures for managing and administering people's medicines. Medicines were stored safely and securely in a locked metal cabinet. We saw staff followed required protocols such as for 'when required' medicines when they supported people with their medicines. Only staff who were trained in medicines management administered people's medicines. We reviewed people's medicines administration records (MAR). We saw that staff had correctly followed the provider's policies when completing people's MAR charts.

The registered manager showed us the accidents and incidents log. They told us they ensured any incidents that occurred were recorded and reviewed. This was to ensure any trends or patterns in relation to accidents or incidents that happened were identified and dealt with appropriately. We reviewed records which showed that when incidents occurred at the home the registered manager took appropriate actions which included liaising with relevant agencies such as the local authority and CQC.

Good

Is the service effective?

Our findings

Staff had the relevant knowledge and skills they required to provide good responsive care to people. They told us that they received training and said this helped them to carry out their roles effectively. A member of staff told us, "We do a lot of training. I prefer classroom training and we get that here for some things but we also have e-learning which I am not so fond of." Another member of staff said, "We have refresher training in all the mandatory areas including safeguarding, medicines administration and challenging behaviour."

We reviewed staff training records which showed that staff had undergone a range of training to enable them to meet the needs of the people who used the service. Some areas of the training programme needed to be refreshed for staff such as food hygiene. The deputy manager told us, "All staff attend training regularly, there's a training matrix on the computer that tracks when staff need refresher training and helps us to ensure staff get the training they need when they need it." We saw the training matrix and can confirm it is a tool that tracks staff's training achievements and signals where training is needed.

Health and social care professionals we spoke with told us staff were skilled to meet people's needs. One health and social care professional said, "For my client who has high and complex needs the staff who work with him seem to be well trained to me." A relative said, "I am happy that [my family member] is supported by well trained staff." Staff told us they had regular supervision and they said they found it supportive and useful to them. One member of staff said, "We feel well supported because we have regular supervision and team meetings and we can carry out our jobs more effectively in the home." Our inspection of staff records showed that staff had regular supervision meetings with their line manager every six to eight weeks. We saw supervision records that detailed these supervision sessions; they were signed off by staff in agreement with what was recorded. Staff told us they had received notes of their supervision sessions. The registered manager said they had implemented a new staff supervision timetable for all staff that indicated the dates of the supervision sessions planned for the year ahead. We saw this in place on the notice board in the home's office. This has helped to ensure that people were cared for by staff who were appropriately supported in carrying out their roles effectively.

People told us the food was good and they had sufficient amounts to drink. We spoke with the housekeeper who amongst other household tasks did the shopping, meal preparations and cooking for people during the week. She told us people were asked what they would like to eat. The housekeeper said they tried to accommodate people's wishes as well as trying to ensure people had a varied and nutritious diet. Individual food records were used to record what people had eaten so they could make sure people's meals were varied. We saw from the records that there was a variety of healthy food on offer and different people had different things to eat at each meal, demonstrating that choices were offered.

Health and social care professionals told us they were kept fully informed by the staff of people's progress. They said healthcare appointments for people were maintained appropriately. People were supported to maintain good health and have appropriate access to healthcare services. People's records included detailed information on their health conditions and backgrounds which enabled staff at the service to support them appropriately. Care files confirmed that all the people were registered with a local GP and had

regular annual health checks. People's health care needs were also well documented in their care plans. We could see that all contacts people had with health care professionals such as dentists, chiropodists and care managers was always recorded in their health care plan. This meant people saw healthcare professionals according to their needs.

The MCA provides a legal framework for making particular decisions on behalf of people who use the service and 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 be as least restrictive as possible.

Assessments were undertaken to establish people's capacity to consent to aspects of their care and support as they arose. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. Consent was sought before support was offered and we saw evidence that people were consulted in all aspects of their care and support. All of the people using the service had capacity. We saw no evidence that people were being deprived of their liberty. This indicated that care and support was being delivered according to the principles of the MCA.

Staff were knowledgeable about the principles of the MCA and were able to tell us what they would do if they noticed that a person lacked the capacity to make decisions about their care and support. They told us they encouraged people to remain as independent as they could be. People confirmed that staff gave them the chance to make daily choices. We saw evidence of this throughout the day of our inspection.

We saw the service had up to date policies and procedures in relation to the Mental Capacity Act 2005 (MCA), Deprivation of Liberty Safeguards (DoLs) and consent. All staff had signed to confirm they had read and understood these. Training records showed all staff had attended training on the MCA and DoLS, which staff confirmed they had received.

Requires Improvement

Is the service caring?

Our findings

People told us the staff were caring and kind and they felt well looked after by staff. A relative of someone living in the home told us, "People are looked after there properly. Whenever I visit the home I see staff are kind and thoughtful with people." A health and social care professional also told us that staff were kind and caring towards people living at Jordan Lodge saying, "They [staff] seem very caring as far as I can see."

The registered manager and staff told us they aimed to provide a homely environment for people. Staff told us that engaging some people [living in the home] in their care planning could be difficult at times given their resistance to care and treatment.

Our inspection of some people's care plans reflected the views expressed above in that some people refused to engage with care planning out of choice. In these cases we saw people did not express any views about their care and were evidently not actively engaged in the process. The care and support plans for these people we inspected were minimal in their content and they had not signed their plans to show their agreement with what was in them. Staff did however update care records and risk assessments when people were unwilling or unable to participate with their agreed care and they liaised with the appropriate health and social care professionals in the community mental health teams that supported these people.

One person said they didn't know they had a care plan and were not interested in having one. Outcomes for people who did not choose to be involved in their care plan focussed on meeting just their basic needs such as shelter and food. The possible impact on these people is that whilst their essential needs were met, progress in other areas that might assist their rehabilitation and recovery was likely to be very limited. We recommend the provider seeks advice and guidance about supporting those people [who found it difficult to engage with their agreed care] to express their views and involving them in decisions about their care, treatment and support.

For those other people who chose and wanted to be involved in their care and support we saw staff supported them to express their views and be actively involved in their care. Their care records were person centred and they contained detailed information about people's different needs, their life histories, strengths, interests, preferences and aspirations. For example, there was information about how people liked to spend their time, what activities they enjoyed and what was going well for them and what could go better. One person told us how much they loved going to the cinema and eating out, arranged by staff with them.

People were consulted during regular monthly house meetings and individual meetings with their keyworker. A keyworker is an allocated member of staff who has particular responsibilities for one person or a small group of people. They were able to discuss any concerns and contribute to ideas about the running of the service, what activities they wanted and where they would like to go on holiday. People were supported with their cultural and spiritual needs. People who wanted to go to church were supported to do so. For example, at the time of our inspection one person told us how much they enjoyed going to church on a Sunday and staff told us how they helped to enable this to happen for the person.

Staff we spoke with were knowledgeable about the people who used the service. One member of staff told us the most enjoyable part of their role was spending time with people who use the service and getting to know them well.

Wherever people wanted to, they were involved in making decisions about their care and support. We observed staff ask people how they wanted to receive support. A member of staff told us, "It's nice when we can involve residents in everyday things. One resident in particular enjoys and is good at supporting others". People were supported to be as independent as possible. For example, we saw the new kitchen on the first floor, specifically designed to help people improve their cooking skills so they might eventually live more independently.

We saw people were treated with dignity and respect. Staff had a good understanding and a commitment to promoting people's rights to privacy and dignified care. They gave examples of ways they ensured people's privacy and dignity was promoted during care delivery. This included, "Respecting people's decision not to engage with the care planning process if they did not wish to do so."

Relatives told us they were made to feel welcome whenever they visited the home and were kept informed of any changes in their family member's care. Health and social care professionals also told us they were made to feel welcome by staff and were fully informed about people's progress in the home.

Good

Is the service responsive?

Our findings

People and their relatives were positive about the service and said they received support that met their individual needs. One relative said, "The people here do get good care. My [family member] certainly does and I am happy with the care they receive." Another relative told us, "Staff invite us to our [family member's] care reviews. We visit at other times too and we are happy we get all the information we need to do with [family member]."

We saw from our inspection people's needs assessments included general health, medicines, hearing and vision, dietary needs, communication, sleep, continence and mental health. We looked at people's care plans and saw most people had regular reviews to check whether their needs had changed. This included monitoring of their health conditions. All of the people we met were able to express their views but not all of them wanted to. Those who did told us about their experience of the assessment process and were in the main positive about it. One person told us, "I am hoping to be able to move on soon and be able to live more independently, thanks to the support I have received here from staff." Relatives told us they were always asked for feedback about their family member and the care provided to people.

People's bedrooms were personalised to meet their needs in a homely manner. A member of staff told us, "We involve people in trying to make their bedrooms as they want them to be. We aim to achieve as much of a normal home life for them as possible."

People were all allocated a 'key worker' who helped to promote their welfare and interests. People were consulted during regular monthly house meetings and individual meetings with their keyworker. A keyworker is an allocated member of staff who has particular responsibilities for one person or a small group of people. We reviewed records of these keyworker meetings and saw that staff supported people to achieve their aims and objectives as identified in their care plans. The impact for this on those people who participated in their care was seen in their ability to move on to more independent living or to achieve a more settled and happy life.

Staff told us they received training in person-centred planning. We saw certificated evidence of this. People had a person-centred plan in place, identifying their likes and dislikes, abilities, as well as comprehensive guidelines for providing care to them in an individual way. People had their own activity programmes and we saw there was a range of regular activities according to people's preferences. Relatives of people were given information regarding the care and support their relations received. They told us they had copies of their family members care plans and they were invited to care plan reviews so as to help ensure care and support being given was appropriate.

People were supported to pursue social interests and activities that were important to them. Relatives told us staff often arranged social activities for people to participate in if they wished. One relative said, "My [family member] likes to come to our home to see our and his family." Another relative said, "They do a lot you know. Often out to the cinema or to the park for a walk."

Relatives told us they were confident if they raised a complaint it would be dealt with appropriately. One relative told us, "I have never had to raise a complaint but I am sure if I did they would deal with it seriously." Another relative said, "The manager is there for the people, I am confident they would deal with a complaint seriously. And if they didn't we'd go higher anyway."

During our tour of the premises we saw notices displayed on notice boards that clearly described the complaints process in pictorial formats that people could understand. We saw a clear complaints policy and procedure that enabled people and others to make a complaint or a compliment. Staff told us they were aware of the complaints procedure and how to assist people with the process if required to do so.

People and relatives we spoke with confirmed they were aware of the complaints procedure and how to access any information around making a complaint. People using the service told us they knew what to do if they had a complaint.

From our inspection of people's care files we saw work was started together with relatives and health and social care professionals to help people discuss and record their wishes for end of life care. For example whether people wanted to be cared for in the care home or a hospital or hospice. This was to ensure people had a choice about what happened to them and that staff had the information they needed to make sure people's wishes would be respected.

Requires Improvement

Is the service well-led?

Our findings

Staff told us they were supported by the registered manager. They said the registered manager supported them to meet the standards expected of them. One member of staff said, "I've been here for two years now. I am very well supported by the team and the manager." The registered manager told us, "I support the staff. They know what I expect of them. If staff need me then I'm out there to support them. We work as a team and I think staff respect that." During our inspection visit, we observed that the manager was accessible and responded to people who used the service and to staff who sought their advice or support.

The registered manager was supported in their role by a regional manager who we spoke with on the day of our inspection. The registered manager told us, "I have this support if needed. I can ring [regional manager] whenever I like and I get the support I need."

Our inspection of the home's auditing procedures revealed concerns that issues in the home, and the running of it, were not always identified or dealt with soon enough to reduce the negative impact on people's mental well-being and to improve more general living conditions for people.

The registered manager completed weekly and monthly audits which were sent to head office. We saw from inspection of the latest reports the audits covered a wide variety of service areas including the environment, safeguarding, health and safety, infection control and the management of medicines. Previous audits picked up the need for general refurbishment throughout the home and some works were seen to have been started such as the two refurbished bedrooms on the first floor. However it was evident that the issues to do with the environment needed to be addressed earlier before this inspection and well before the new works actually started. In addition to this the home's audit procedures did not identify the lack of detailed care planning for people who found it difficult to engage beyond meeting their basic needs. We have made a recommendation about this earlier in the report and described the impact this has on people.

We saw evidence that people, their relatives and other professionals associated with people's care were consulted about a range of aspects of the care they received through quality assurance questionnaires. We viewed questionnaires sent out earlier in May 2017. Returns from people were mixed about the service reflecting the differing views of the two different groups of people living in the home. Some of the feedback from people was positive and other feedback was negative. Overall the differing opinions were balanced. We discussed this with the registered manager, the deputy manager and the regional manager. There was general agreement that the model of care needed to be reviewed so that there was clear focus for people and staff on the desired outcomes for care and support to be delivered by the provider. The registered manager told us the purpose of gaining feedback was to ensure that any areas identified by people that needed improvement should inform service development. The regional manager said the model of care was being discussed together with the owners and the local authority in order to clarify the future strategy of this service and to agree where changes are needed in order to improve the service.

The registered manager understood the legal responsibilities of their registration with CQC and the requirement to keep us informed of important events through notifications when required.

We saw from our conversations with the registered manager they were aware of the importance of working in partnership with social and healthcare professionals so that people received appropriate support from them. We saw evidence in the care records of communication with social and healthcare professionals regarding the planning of care and treatment provided for people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment Premises required re-decoration and refurbishment. Many areas of the home's decoration and other facilities were tired and worn. There is also a risk to people of infection arising in one of the bathrooms where tiles were missing and mould was seen to be growing.