

Sandhurst Lodge Limited

Sandhurst Lodge

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Sandhurst Lodge is a residential home for up to five adults with a learning disability. There were four people living at the home during the inspection.

This inspection took place on 19 October 2015 and was unannounced. An inspection was undertaken on 13 May 2014 and found that the service had not updated their safeguarding and medication policies, we did not see evidence of the mental capacity act policy and people's needs were not assessed in mental capacity, skin condition and moving and handling.

A follow up inspection on 1 September 2014 found the service compliant.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People were protected from abuse and avoidable harm and relatives confirmed this. People told us they were safe and staff knew how to report alleged abuse and understood their responsibilities in safeguarding people.

Summary of findings

Staff knew how to 'whistleblow'. Whistleblowing is when someone who works for an employer raises a concern about a potential risk of harm to people who use the service.

Risk assessments were recorded and plans were in place to minimise risks.

People were supported by suitably qualified and experienced staff. Recruitment and selection procedures were in place. Checks had been undertaken to ensure staff were suitable for the role. Staff members were suitably trained to carry out their duties and knew their responsibilities to keep people safe and meet people's needs.

Staff received regular one to one supervisions and told us they were supported. However evidence showed that appraisals were not being carried out with staff. The registered manager told us that appraisals were not carried out with staff previously however there were systems in place to carry out appraisals this year.

Care plans were tailored to the people and included quotes from people. Both the people and their relatives were involved in the planning of their care and the care plan was then signed by people to ensure they were happy with the care and support listed on the care plan. Care plans were regularly reviewed.

Systems were in place to ensure that medicines were stored, administered and managed safely. Staff had received the required training to ensure they were competent and safe. The service had quality assurance systems in place; audits were undertaken weekly and monthly to ensure safe management of medicines.

People had access to healthcare services to ensure their health needs were met. For example their GP, nurses and dentists.

Systems were in place for quality assurance and continuous improvements. Regular health and safety audits were carried out to ensure the premises was safe. Questionnaires were completed by people and their relatives about the service, which was positive.

People were given choices during meal times and their needs and preferences were taken into account. During meal times people enjoyed their food and told us the food was always different. Nutritional assessments were in place for people, which included the type of food people liked.

People were able to consent when receiving care and support and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty and Safeguarding (DoLS).

MCA and DoLS is a law protecting people who are unable to make decisions for themselves or whom the state has decided their liberty needs to be deprived in their own best interests.

DoLS applications had not been made for one person living in the home due to risks to their safety the person was not free to leave without staff or relatives accompanying them. The registered manager subsequently told us after the inspection an application has been made.

There was a formal complaints procedure with response times. Where people were not satisfied with the initial response it also included a system to escalate the complaint to relevant bodies such as the CQC. No complaint was made about the service. People were aware on how to make complaints and staff knew how to respond to complaints in accordance with the services complaint policy.

People enjoyed a number of activities such as going to community centres, cooking and shopping.

People were encouraged to be independent and their privacy and dignity was maintained. We saw people helping around the house and people told us they enjoyed helping. People were able to go to their rooms and staff knocked on their door before entering.

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?

People were safe.

Risk assessments were in place to protect people from known risks.

Safeguarding assessments were carried out with people on the types of abuse and how to report abuse and discussed in residents meetings. Staff were trained and knew how to identify abuse and the correct procedure to follow to report abuse in accordance to the services safeguarding policy.

There were sufficient numbers of staff available to meet people's needs.

Recruitment procedures were in place to ensure staff were fit to carry out their roles.

There were suitable arrangements in place to manage medicines.

Good



Is the service effective?

Some aspects of the service were not effective.

Staff received regular one to one meetings and told us they were supported. Appraisals were not carried out in line with the provider's supervision policy. Systems were in place to carry out appraisals this year.

Staff received the training and support they needed to have the skills and knowledge to support people.

People enjoyed the food at the home and were offered choices.

Staff understood people's right to consent and the principles of the Mental Capacity Act 2005. A DoLS application was not made for one person who, due to risks to the person's safety, required supervision when going outside.

Requires improvement



Is the service caring?

The service was caring.

We saw people were happy and cared for. People had positive relationship with staff and told us that staff were caring.

Care plans were current and reviewed regularly with people. Staff had a good understanding of people's needs and preferences.

Staff promoted people's independence and encouraged them to do as much for themselves as they were able to.

Good



Is the service responsive?

The service was responsive.

Staff acted on people's care and support needs.

Good



Summary of findings

The service provided an extensive range of personalised activities for people to participate in. People told us they went on holiday recently and were planning on going again next year.

There was a complaint system in place. People and relatives knew how to make a complaint and staff were able to tell us how they would respond to complaints which were in line with the services complaints policy.

Is the service well-led?

The service was well-led.

People and staff were very positive about the registered manager.

There was an open and relaxed atmosphere at the service. The registered manager promoted a homely culture that ensured it was the people's home and encouraged people to be independent.

Audits and checks were carried out to make sure the service was safe and effective.

The service sought feedback from people and staff through meetings and surveys.

Good



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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.

The comprehensive inspection was carried out on 19 October 2015 and was unannounced. The inspection was undertaken by a single inspector.

Before the inspection we reviewed relevant information that we had about the provider including any notifications

of safeguarding or incidents affecting the safety and wellbeing of people. We also made contact with the Local Authority for any information they had that was relevant to the inspection.

During the inspection we spoke with three people, two relatives, three staff members and the Registered Manager. We observed interactions between people and staff members to ensure that relationship between staff and the people was positive and caring.

We spent some time looking at documents and records that related to people's care and the management of the home. We looked at four people's care plans, which included risk assessments.

We reviewed five staff files which included training records. We looked at other documents held at the home such as medicine records, quality assurance audits and residents and staff meeting minutes.

Is the service safe?

Our findings

People told us they were safe at the service and had no concerns. One comment included, “I am happy.” A relative told us “They take care of [my relative] very well.”

The registered manager had systems in place that ensured safeguarding concerns were reported appropriately. Staff had undertaken training in understanding and preventing abuse and up to date training certificates were in staff files. One staff member told us “We do safeguarding workshops.” Staff members were able to explain what abuse is and who to report abuse to. Staff also understood how to whistle blow and knew they could report to outside organisations such as the Care Quality Commission (CQC) and the local authority.

Abuse was also discussed at both staff and residents meetings. There was a safeguarding assessment in people’s care plans, which showed types of abuse people were vulnerable to, based on their background and health condition and how people could identify and report abuse. We looked at the provider’s safeguarding and whistleblowing procedure, which provided clear and detailed information on types and signs of abuse and how to report allegations of abuse.

Assessments were undertaken with people to identify any risks and provided clear information and guidance for staff to keep people safe. There were general assessments for everyone in skin care, finance, nutrition, and personal care. There were also assessments specific to individual’s needs. Assessments were regularly reviewed and updated to ensure they were current. Assessments involved people and where possible their family members. Staff had knowledge of the risk assessments and what steps they should take to help keep people safe from harm. We saw evidence of the appropriate management of risks relating to diabetes. From our observations, we saw that staff followed the guidance in people’s risk assessments.

We reviewed the accident and incident book. We noted that no incidents or accidents had been recorded since the last inspection. The registered manager stated that there had been no incidents and people who used the service had generally been stable.

Staff files demonstrated the service followed safe recruitment practice. Records showed the service collected references from previous employers, proof of identity,

criminal record checks and information about the experience and skills of the individual. The registered manager made sure that no staff members were offered a post without first providing the required information to protect people from unsuitable staff being employed at the home. This corresponded with the start date recorded on the staff files.

The people and staff had no concerns about staffing levels. We saw the staff rota and this corresponded with the staff on duty. The service employed three care workers during the day, which also included the Registered Manager and one care worker at night. The service had a lone workers risk assessment. This meant that staff were able to provide person centred care to people and we observed staff regularly interacting with people, playing games and providing support when needed.

Staff received training in handling challenging behaviour respectfully. Staff told us they had not used physical intervention to manage behaviours which challenged the service. They described how they used de-escalation techniques such as talking to people and providing reassurance. The registered manager told us “We use de-escalation technique, we know our residents.” We did not observe any form of challenging behaviour during the inspection. The atmosphere within the home was calm and open, with positive interactions between staff and people.

There were arrangements to evacuate people in the event of a fire or similar emergency. The provider had a fire evacuation plan and a recent emergency evacuation test was carried out. Staff members were able to tell us what to do in an emergency, which corresponded with the fire safety policy. The service had a place of safety outside to gather in the event of an emergency and weekly fire tests were undertaken. Risk assessments and checks regarding the safety and security of the premises were up to date and had been reviewed. This meant that people were appropriately protected in the event of an emergency.

We saw evidence that demonstrated appropriate gas and electrical installation safety checks were undertaken by qualified professionals. Checks were made in portable appliance testing, hot water temperature and legionnaires’ disease to ensure people living at the home were safe.

Medicines were stored and administered safely. Staff members handling medicines were trained and we saw up

Is the service safe?

to date training certificates. Medicines administration records had been kept securely and recorded appropriately. There were appropriate return procedures for unused medicines.

Staff confirmed that they were confident with managing medicines and the service regularly audited the management of medicines, which corresponded with the

medication policy. This meant that the service had appropriate checks in place to ensure that medicines were administered safely. Staff members were able to tell us what to do if an error was made and there were clear guidance on the medication policy on reporting and managing errors.

Is the service effective?

Our findings

People and their relatives told us that staff members were skilled and knowledgeable. One person responded when asked if staff were skilled to look after them “Of course they are.” Another person commented “I like them all.” A relative told us “They take care of everybody in there, marvellous” and another relative commented “I have been very impressed.”

Staff received induction training when they started working at the service. Staff confirmed that the induction training was useful and covered important aspects in health and safety, medication and equality and diversity. Staff received up to date training on safeguarding, person centred care, fire safety, dementia and infection control. Staff members were also trained in the management of diabetes.

The registered manager told us that staff had de-briefs after training to check their understanding on the areas training was provided. Staff told us the training was useful, one comment included “Training was very useful, it brought new awareness.” Another staff told us “They have high standards on medicines, safety, everything.”

The service had systems in place to keep track of which training staff had completed and future training needs. Staff told us that they had easy access to training and had received regular training. Training needs were discussed during formal one-to-one supervision and staff meetings. Staff members were positive about the support they received on training and supervision. One staff member told us “She [registered manager] is very good, always supporting.”

Records showed that there were regular supervisions in the form of one-to-one meetings and staff performance was discussed along with any follow-up actions. Staff confirmed they received regular supervisions and were able to voice any concerns and training needs. The provider’s supervision policy showed that appraisals should be carried out with staff. However, the registered manager told us appraisals were not carried out with staff previously and we did not see documentary evidence that appraisals were undertaken with staff. Appraisals are important to ensure that staff performance throughout the year can be reviewed and discussed listing future targets and career

goals linked with performance. The registered manager told us that systems were in place for appraisals to be carried out this year and provided documents to support this.

The registered manager and staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and knew how to make sure people who did not have the mental capacity could have decisions made on their behalf and in their best interests legally. This helped ensure rights and interests were protected. One staff told us “You make decisions to protect them.” Assessments of people’s mental capacity were carried out and were up to date. We noted that each assessment contained information about people’s history, the person’s views and details of the assessment outcome.

Staff told us they always ask for consent before providing care and treatment. One comment included “You have to ask them, it’s their life and it’s their home.” People and relatives confirmed that staff asked for consent before proceeding with care or treatment. For example, staff members asked whether people were happy to talk to the CQC inspector and gained their consent before letting the inspector speak to them.

Deprivation of Liberty Safeguards (DoLS) is put in place to protect people’s liberty where the service may need to restrict people’s movement both in and outside the home. For example, if someone left the home unaccompanied and there may be risk to their safety due to a lack of road awareness, the service will ensure a member of staff accompanies the person.

Most people were not under DoLS authorisation and were free to go out without supervision. This was reflected on the care plans and risk assessments were in place to minimise risks when going out. We noted that one person living in the home due to risks to their safety was not free to leave without staff or relatives accompanying them. In such cases DoLS authorisations may be required. The registered manager told us the person was in the process of being transferred to another local authority and attempts were made to make an application. We recommended that the home should consider making an application and also made checks with the placing local authority and confirmed to the registered manager that an application could be sent. The registered manager subsequently told us after the inspection that an application had been made and showed evidence to support this.

Is the service effective?

People told us that they enjoyed the food at the home. One person told us “Food is nice here.” Another person told us “I get choices.” Records showed that people had choices during meal times and food was discussed during resident meetings. People’s cultural needs and preferences were taken into account. For example, one person liked African food and records showed the service provided African food to that person during meal times. We saw evidence that people were given different meals. People were asked before meal times on what they would like and their preferences were catered for. We saw one person who refused to eat their meal and staff asked what they would like to eat instead. People were supported to eat when needed. We saw a risk assessment for choking, which listed an action plan that included staff monitoring during meal times and serving soft food. Observations confirmed that staff members were following the risk assessment. There was a relaxed and vibrant atmosphere during meal times and staff regularly interacted with people chatting and laughing.

Staff received training in nutrition and nutritional assessments were being carried out, which included what type of food people liked. Records showed that the service was consistent during mealtimes on people’s preferences and staff told us that the people chose the menu and where possible bought ingredients during the weekly shop. One staff told us “We do a menu, but we ask them what they want.”

Records showed that people had been referred to healthcare professionals such as the GP, podiatrists and nurses. Outcomes of the visit were recorded on people’s individual’s records along with any letters from specialists and with treatment plans if there were particular healthcare needs. Appointments were listed on a table that recorded appointments with healthcare professionals. Staff told us people have access to healthcare needs especially if they were unwell. One staff told us “they can book GP any time.”

People and relatives confirmed that people had access to healthcare professionals when needed. One person said, “I see doctors.” A relative commented “[my relative’s] health has improved immensely since living there” and another relative said “[my relative] has regular health checks when [my relative] needs to.”

Staff told us they knew when someone was unwell and gave us examples of where they were able to identify if the person was not well, and take the person to the GP. We saw staff booked an appointment with the GP for one person due to inconsistent sleeping patterns. One staff told us “We work very closely with GP.” This meant that appropriate actions were taken to manage people’s healthcare needs and protect people from risk of deteriorating health.

Is the service caring?

Our findings

People and relatives told us staff members were caring. One person told us “I like them all” and “They are nice to me.” People had a positive relationship with staff. One relative commented “They have a good relationship with residents” and another relative told us “They are brilliant.” We observed the way people interacted with staff and people were relaxed and at ease in their environment and with staff members. People regularly chatted with staff, joking and laughing, which created a relaxed and open atmosphere. One staff member told us “We treat them like family and equally.” Another staff told us “We sit down and talk to them.”

Staff had a good understanding about the people they cared for in line with their care and support arrangements. Staff members were able to tell us about the background of the people and the care and support they required. They described people’s behaviours, likes and dislikes and health condition. Relatives confirmed staff had a good understanding to provide care. A relative told us “They do know what [my relative] needs, very good with [my relative].”

Staff told us they encouraged people to be independent. One staff member told us “We always give them freedom.” The registered manager told us “If they feel confident on what they are doing, we don’t stop them.” Observation confirmed people were independent, we saw people setting up the table during meal times and helped bake cakes. One relative said “They do try to encourage [my relative] to be independent.” There was evidence that supported living was discussed with people and people objected to this as they did not want to move out from the home. This meant that the service promoted independence and people enjoyed living at the home.

Care plans were individual and personalised according to the people. Care plans included the description of the person attached with a photo, support needs, food

preferences, skin care needs and activities people enjoyed. There were individual support timetables on the front of people’s doors, which were personalised and reflected in the care plan. Care plans were signed by the person to ensure they agreed with the contents and decisions on the plan.

People told us they get privacy and we observed people going into their rooms freely without interruptions from staff. Staff told us they respected people’s privacy and dignity. The registered manager told us “We knock on door.” Observation confirmed staff knocked on people’s door and waited for a response before entering. One relative told us “[my relative] has their own room and not intruded upon.” Staff told us that when providing particular support or treatment, it was done in private and we observed staff providing treatment to a person in private away from staff and people.

The service had an equality and diversity policy and staff were trained on equality and diversity. We observed that staff treated people with respect and equally such as complimenting people when a person assisted with baking or offering choices to people during meal times. Staff told us people were treated equally. One staff told us “We don’t judge them” and “We treat them fairly and equally.” People’s preferences in food according to their cultural beliefs were recorded and this was reflected on the menu. The registered manager told us that cultural and spiritual beliefs were discussed with people and taken into account and gave us an example that a person wanted to go to church during a weekend and the service accommodated to this.

People had contact with family members and details of family members were recorded on their care plans. Relative confirmed that they could visit anytime. People visited their family and one staff told us “We take them to see their families.” There were pictures of relatives in people’s rooms. The registered manager and staff told us which people had family members and referred to them by name.

Is the service responsive?

Our findings

People and relatives told us that the home is responsive to their needs and preferences. One person told us, "Staff listen to me" and a relative commented "Staff have great attitude, [my relative] is very happy."

The registered manager confirmed that everyone had been assessed before moving into the home to ensure only people whose needs could be met were accepted and we were given examples of legitimate reasons why people were not accepted into the home. Care plans were person centred. Each person had a key worker and care needs were discussed regularly with people and relatives. Relatives confirmed that they were involved in reviews; one relative told us "We are very much involved." Care plans were current and included up to date information and included quotes from people under different headings. We saw that the service supported people with health appointments and, where appropriate, provided the required aftercare to people.

Staff told us the service is responsive to people's needs. A person living at the home spoke French and we saw staff communicate with the person in French fluently. The registered manager told us most staff could speak French and staff encouraged the person to speak English through English sessions. Observation confirmed that the person was able to understand and speak basic English. We saw that the service gained consent if a staff member of the opposite sex provided care.

People enjoyed the activities at the home such as playing football and going to the forest. One person told us "I go to Zumba class, I like it" and "I went on holiday." Another person commented "we go to the park." People recently went on holiday and spoke about the experience positively.

We saw pictures in the dining area when people went on holiday. We saw in two people's care plans that they enjoyed swimming and bowling. The daily log book and pictures confirmed that people went swimming, bowling and took part in other activities. People spoke about activities during resident meetings and we saw evidence that their preference was catered for. For example, residents wanted to have a barbeque and the home had arranged this. We saw photos of the barbeque having taken place. The home had a games room for the people that had a pool table and karaoke machine. Relatives confirmed that people take part in activities; one comment included "[my relative] gets out more than [my relative] ever did and that's brilliant."

There was a 'daily log', communication and staff handover book, which recorded key information about people's daily routines such as behaviours and medication, and the support provided by staff and this was also communicated on staff handovers. For example, we saw on the communication book a person was unable to eat as they were on medication. Staff told us that the information was used to communicate between shifts on the overall care people received during each shift.

Records showed no complaints were made about the service since the last inspection. Complaint forms were easily accessible and were available on the noticeboard. People told us that they had no concerns about the service. One person told us "They are nice to me" and a relative said "I have no complaints whatsoever." Staff members were able to tell us how to manage complaints in line with the service's complaint policy.

There were complimentary letters and cards from family members thanking staff for looking after their relative living at the home.

Is the service well-led?

Our findings

The services vision and values was to improve health and well-being and to be compassionate and honest creating a safe and friendly environment. Staff told us that these values were communicated in staff meetings and supervisions. The vision and values was displayed in the dining area making it accessible to people, staff and visitors.

People told us they enjoyed living at the home and we saw recent review meetings which showed people did not want to leave. Staff told us they enjoyed working at the home, one staff member said “I am so happy here.” Another staff member told us “Always look forward to coming to work.” The registered manager told us that they tried to create a homely environment for people. Staff confirmed that this was the home’s approach and that there was a ‘family’ culture. We observed the environment to be relaxed where people were free to chat and laugh with people and staff, and move around freely. For example, people were able to go to the kitchen and open the fridge to get something to eat. A relative told us “They have a really nice open environment.”

People, relatives and staff were positive about the registered manager. One staff told us, “She is good, very good” and another staff commented “She is very good.” One person said “I like her a lot” and a relative told us “She is wonderful, I have high praises.” Observation confirmed the registered manager had a positive relationship with people and people were able to speak to the manager with ease and with humour.

Staff told us they were supported by the registered manager when needed. One staff told us “She is very supportive.” Another staff commented “[registered manager] very supportive and very reliable.” Interactions between staff and the registered manager were professional, respectful and staff listened to the manager.

Monthly staff and residents meetings, enabled people who used the service and staff members to provide a voice and express their views. Resident meeting minutes showed people discussed types of abuse and how to report abuse. People also talked about food and their preferences and activities. Staff meeting minutes showed staff discussed training needs, abuse, and people living at the service, and the CQC’s standards for adult social care.

The service had a quality monitoring system which included questionnaires for people and visitors. People confirmed that the service asked for their feedback. We saw the results of the questionnaires, which was very positive. Relatives confirmed that they were asked for feedback, one comment included “They do ask us but I can’t see anything wrong.”

There were policies and procedures to ensure staff had the appropriate guidance, staff confirmed they could access the information if required. The policies and procedures were reviewed and up to date to ensure the information was current and appropriate.

The service had systems in place for quality assurance and continuous improvements. We saw that a number of audits were undertaken by the registered manager in medicines, which involved weekly and monthly audits. Audits were also carried out in infection control, client care and legionella.