

Venus Healthcare Homes Ltd

Lotus 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

This unannounced inspection took place on 25 May 2016. The service was last inspected on 15 May 2014 and met all regulations inspected.

The service 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.

We observed staff were kind and respectful when treating people. Relatives told us that they felt people were safe in the service. Records showed risk assessments were developed and staff had an understanding of adult safeguarding. We noted staff had attended various training programmes including health and safety, medicine and Mental Capacity Act 2005 (MCA). Records showed that new staff had been checked appropriately and were provided with an induction programme before starting work. This meant that there were good staff recruitment systems in place.

The care plans were personalised and were based on the needs of each person. The use of a handheld electronic system to record, review and monitor care meant that the provision and checking of support for people was more reliable and effective. Staff told us the system, together with the supervision and support they received from management, was useful to them carry out their duty.

People were provided with a range of activities. We noted that people took part in activities of their preference within the service and in the community. Staff offered people choices and supported them to make decisions. People were provided with food that reflected their preference. Where they assistance, some people were supported with their meals. Records showed that people had access to medical check and healthcare professionals.

A complaints procedure was in place and people and stakeholders could be sure that their concerns were taken seriously by the registered manager. Relatives told us that they could talk to staff and make a complaint if they were not happy about the service. People, relatives and staff were able to give feedback through various meetings and surveys. We also noted that incidents and accidents were monitored, and the registered manager ensured that the health and safety of the equipment and premises were checked. Records showed that medicines were administered and signed for by staff to confirm that people had their medicines as prescribed by their healthcare professionals.

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 was safe. Relatives told us people were safe in the service. We observed staff ensured people were treated with kindness and respect.

Risks to people's safety and health had been assessed and plans had been implemented to manage these risks. There were enough staff, who had been appropriately recruited to ensure they were safe to work with people.

Medicines were safely stored and administered by staff with appropriate training.

Is the service effective?

Good ●

The service was effective. Staff received training, supervision and support to effectively meet people's needs.

Staff understood about Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005 (MCA), which meant they could take the right actions to ensure the protection of people's rights.

People were provided with a healthy diet which took into account their preferences and any special dietary requirements.

Is the service caring?

Good ●

The service was caring. We saw good interaction between people and staff. Relatives told us the staff kept them update with information about people's wellbeing. This showed good communication and caring attitude within the service.

Staff ensured that people's privacy and dignity were respected, and that they were treated with compassionate care. Staff told us they liked to care for people.

Is the service responsive?

Good ●

The service was responsive. People's care plans were reviewed and detailed guidance and information was available so staff understood how to respond to people's needs.

People were supported to access a wide range of activities.

Information about how to make a complaint was available at the service and staff were clear about the importance of responding to complaints.

Is the service well-led?

Good ●

The service was well-led. We observed that the registered manager was available to people and staff to listen to them and provide support and advice. The service received and acted on feedback to improve the quality of service provided.

The registered manager had various systems in place to monitor and ensure people received safe care.

Lotus 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 25 May 2016 and was unannounced. The inspection was conducted by one adult social care inspector.

As part of the inspection we reviewed the information we held about the service. This included any complaints we received and statutory notifications the provider had sent to us. A notification is information about important events which the provider is required to tell us about by law.

Most of the people who used the service could not tell us verbally about their experiences. However, during the inspection we observed people using the service and reviewed four care files, four staff files and other records such as the staff rotas, menus, and the provider's policies and procedures. We also spoke with one relative of people using the service, two support workers, the registered manager and the health care director. We had a guided tour of the premises.

Is the service safe?

Our findings

Most of the people who used the service were non-verbal which meant that we did not speak with them. However, we received limited verbal feedback from some people. We also observed their interaction and how staff supported them. We noted staff treated people with kindness and respect by addressing them with their preferred names and by offering them choices. A relative told us they felt people were "safe" in the service. They said the staff knew people's needs and they were "very caring". They told us the staff were "kind" and they could "trust" them.

There were systems in place to make sure people were protected from the risk of abuse and harm. The service had a safeguarding policy which was available to staff. Staff told us how they would identify and report abuse and records showed that they had attended safeguarding training. The registered manager told us that safeguarding training was also provided for new staff. The staff we spoke with were aware of the provider's whistle blowing policy and described how they would raise any concerns about the service to the management team and to external authorities including the Care Quality Commission, if required.

People's care files contained risk assessments, which included guidance for staff about how to minimise identified risks. Staff told us they had read and were aware of each person's risk assessment. They told us examples of the risks identified and what action to take to manage the risks. The registered manager explained how incidents and accidents were daily monitored electronically to ensure that they were reported, without delay, to senior managers. This showed that incidents and accidents were closely monitored by senior staff and lessons learned by the service to ensure that people were protected.

We observed that there were sufficient staff deployed to meet people's needs and provide individualised care and support, where necessary. The staff rota showed that there were a minimum of five care staff during the day and a sleeping-in and a waking member of staff on shift at night. A relative told us staff were always around to meet people's needs. Staff said they felt there were enough staff at the service. They told us they worked as a team and there was "always someone willing to cover shifts [when a member of staff did not come to work]".

We looked at four staff files and found that each contained satisfactory information to demonstrate that staff had been recruited safely, including written references, evidence of the applicant's identity and right to work in the UK, and Disclosure and Barring Service clearance (DBS). The Disclosure and Barring Service provides criminal record checks and barring functions to help employers make safer recruitment decisions. At the time of the inspection the provider was recruiting three new care staff. The registered manager said all new staff would start work at the service only after going through the provider's recruitment process including completing the induction programme. This ensured that there was a good staff recruitment process in place.

The service had safe systems in place for managing medicines. We checked the provider's medicines policy and procedure, and looked at the staff training records for supporting people with their medicines. We

checked the storage and recording of medicines, which was safely carried out. Staff informed us they had completed training in medicine administration and knew why people were prescribed specific medicines, which showed they were knowledgeable about people's medicines and related health needs. We noted that all medicines were checked and administered by a named senior staff, and a monthly medicines' audit was undertaken by the registered manager. The medicines audits showed that any potential discrepancies were identified and discussed with staff to ensure that people's safety was maintained. Training records confirmed that staff had received medicines training and they had access to written information about the medicines and how to identify any adverse side effects.

We looked at some of the service's maintenance and servicing records. They showed that equipment including fire safety equipment, first aid items, gas and electrical appliances and wheelchairs had been regularly checked to make sure they were safe. Records showed that staff had attended fire safety training and there was a fire risk assessment. The registered manager told us that a London fire officer had recently visited the service and there were no identified concerns. Records at the service confirmed that the fire officer's visit had taken place.

The premises were clean, comfortable and tidy. The registered manager told us staff daily checked the toilets and bathrooms to ensure they were clean and hygienic. Records showed staff had attended training in infection control and food hygiene. This showed that people were supported by staff who had received appropriate training in reducing the risk of infections.

Is the service effective?

Our findings

Most of the people at the service were non-verbal which meant that we spent most of the time observing their interaction with staff. We observed people got on well with other people living at the service and the staff. The staff encouraged and supported people to access the communal areas and interact with each other. A relative told us that the care staff were "very good [in meeting people's needs]". They told us they were satisfied with care staff provided to people.

Staff informed us that they received training and support to meet the individual needs of people who used the service. One staff member told us, "I had a lot of training opportunities. I had attended training in moving and handling, adult safeguarding, first aid, equality and diversity, pressure ulcers, and health and safety." Training records showed that staff had training opportunities in various programmes including Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty safeguards (DoLS).

The 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. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and noted that there were documents which detailed people's capacity assessments. Records showed that a DoLS authorisation had been granted for two people and staff and the registered manager had the knowledge of what to do if someone needed to be deprived of their liberty for their own safety. Staff told us that they encouraged and supported people to make their own decisions about their care. Records showed that the registered manager had obtained people's consent to receive care. We saw people or their representatives had signed care plans to confirm their agreement to the care provided.

Staff told us they regularly had one-to-one supervision every month, which was confirmed when we looked at staff records. They told us they felt well supported by the registered manager. One staff member said, "The registered manager is good. She is approachable and supportive. The healthcare director is also OK; we can talk to her." Staff told us they attended team meetings where they shared experience and discussed practice issues. They told us they found the meeting a useful tool for helping them to work as a team.

The registered manager the service provided an induction programme for new staff. We were informed that all new staff had to complete the induction programme before starting work unsupervised. The induction programme included training in the electronic device the service had recently introduced managing, recording and monitoring care. Staff confirmed that they had attended the induction programme and training in how to use the electronic device recently introduced at the service.

One person told us that they liked the food. A relative told us the person using the service "loves the food". They told us they saw staff cooking "nice food" and they were "happy with the food" provided at the service.

We saw how people and staff worked together to prepare lunch. Staff told us that people who were able to and willing to participate in preparing and cooking were encouraged and supported to do so. We saw people could go to the kitchen, interact with staff whilst they were cooking.

We saw staff prepared fresh meals which reflected the menus. The registered manager told us the menus were developed with consultation with people and their representatives. We noted staff provided meals that met people's cultural, medical and dietary preferences. We saw the meals were offered at the same time with none of the people having to wait to be served or supported. We noted that people enjoyed their meals.

People had access to healthcare and medical services. Records showed people attended medical appointments and were seen regularly by healthcare professionals such as dentists, opticians, and GPs. We noted a physiotherapist and speech therapists came to see people. Records showed that people's weights were monthly monitored and appropriate action taken if and when there were significant changes in people's weights. This ensured that the service closely monitored people's health and wellbeing.

Is the service caring?

Our findings

We observed that staff supported people in a kind and friendly manner. We saw that they were patient and caring when, for example, supporting them with their meals. Staff sat beside people and interacted with them while assisting people with their meals. Throughout the visit we noted staff were attentive and caring, allowing people time to enjoy their meal. This showed staff treated people with dignity.

One person told us that they were "happy" at the service. A relative told us they were satisfied with the care people received. They told us that the staff were kind and respectful and that they ensured people's privacy and dignity. They said the service was "great", the staff were "nice", and people were "very well looked after". Staff told us they liked caring for people. A care worker told us, "I wouldn't have been here if I didn't like [caring]". Another care worker explained how they supported people to make decisions about their care and how they ensured people's privacy was respected. They told us they encouraged people to make their own choices about their care and how they were supported.

Each person using the service had a care plan which was based on their assessed needs. The care plans provided details of people's current needs, expected outcomes and the actions required to be undertaken to achieve the outcomes. These were written in the first person form explaining how the person wanted staff to support them.

Relatives told us that staff kept in touch and updated them about the wellbeing of people. They told us they could also contact staff and request an update about people's welfare. They told us they were satisfied with the care and support available to people. It was evident from observations that there were positive interactions between people and staff during the inspection, with some people approaching staff when they needed assistance. We saw how staff communicated effectively with people and they were compassionate when assisting them with various activities.

Staff told us they enjoyed providing care. They felt they got satisfaction from caring for people and they saw people as their relatives. Staff told us the support they received from their colleagues and the manager, and the training opportunities they had increased their skill and knowledge of providing care.

The registered manager explained that most of the people had their families who attended and represented them in their review meetings. We were informed that the service had access to and used previously used independent advocacy for some people. We were told that if the need arose staff would arrange an independent representative or an advocate for people. Records showed that relatives were involved in people's care reviews.

Is the service responsive?

Our findings

People had a person centred care plan. This meant the care plan reflected their needs and gave guidance for staff who they wanted to be supported. The areas of need were unique to each person and some of them included areas such as behaviour, breathing, communication, finance, medical, medicine, death and dying, emotional, sexuality, skin integrity, and sleeping. We noted that staff reviewed the care plans once every four weeks. This showed that the care plans were reviewed to reflect and meet people's current needs.

We observed staff offered people choice, for example, of where to sit what activities to be involved in and waited for their response. Staff told us there was a key working system at the service. A key working was a system where a member of staff was allocated to take a special interest in the welfare of a person using the service. The duties of a key worker included meeting regularly with the person, arranging reviews of care plans and ensuring that the person was receiving appropriate care and support.

Staff and the registered manager told us how they found the new electronically based care plan system. They described how useful they found the system in responding to and meeting people's needs. Staff told us the electronic system was easy to use because it showed what they needed to do and record at a particular time. The registered manager and the healthcare director told us they found the system helpful because it allowed them to check the care was being delivered at the right time.

People were offered a wide range of activities, which took into their needs into account. The activities included ball games, bingo, bowling, exercises, cooking, arts and crafts, gardening and shopping. Records showed that staff supported people to participate in their activities. Staff and records confirmed that people's spiritual needs were met with the evidence that they were supported to attend places of worship. A relative told us they were happy with the service because "[their relative was] supported to use public transport to access community services"

The provider had given people information about how to make a complaint, which was available in written and pictorial formats. A relative told us they knew how to make a complaint. The said, "I go to the manager. I had no reason to complain. [I] never had a problem." Information about how to make a complaint was displayed in the main hallway. There was one recorded complaint since the last inspection and we noted that this was appropriately dealt with by the registered manager. Staff told us they took complaints seriously and ensured that people's concerns were investigated and responded to by the registered manager.

Is the service well-led?

Our findings

We noted the registered manager was closely involved in people's care. People, relatives and staff informed us the registered manager was approachable. One person using the service nodded affirmatively when we asked them if they were happy at the service. A relative told us the manager was available and they could talk to her when they needed. Staff informed us that the registered manager was supportive and they could talk to people and staff, and the atmosphere in the service was informal where people and staff could freely interact.

The registered manager was supported by senior managers from the head office. We noted that the healthcare director of the provider visited came to the service twice a week to offer support to staff, to supervise the registered manager and to undertake audits of various aspects of the service including care plans, facilities, equipment, risk assessments, food, finance and staffing. The healthcare director informed us that monthly reports of the audits were sent to the head office, where they were analysed.

Staff and the registered manager told us they found the newly introduced electronic system very helpful for updating care plans, risk assessments and for ensuring that tasks were completed. Staff demonstrated how the device worked and told us that the system was not only effective in assisting staff and management to deliver care but also it helped them to save time. The healthcare director and the registered manager informed us that they intended to improve the electronic system by continuously liaising with the company which developed it.

The registered manager used a variety of methods to audit the service. These included spot checks to look at the cleanliness of the building and audits of care plans, risk assessments, activities schedules, health and safety records and medicine administration records. Accident and incident records were checked, recorded and reported to senior managers. People who used the service, relatives and the other stakeholders were asked for their feedback through annual survey questionnaires. The registered manager had developed an action plan for the last feedback and was developing a new survey to take place soon. The 'service user survey' took place six monthly and was prepared in pictorial form to allow people to give feedback.

The registered manager told us that the service had organised two conferences for the relatives and staff on care. This was to raise relatives' and staff understanding further of providing care to people. We noted staff also had monthly team meeting where they discussed people's support needs and the provider's policies and procedures. This showed how that staff had opportunities to attend team meetings.

We looked at incident, accident and health and safety records. We saw that seven incidents and accidents had been recorded since January 2016. Records showed that the registered manager had taken appropriate action to manage and, as appropriate, to report these incidents and accidents. We noted that equipment and facilities were appropriately checked and serviced. Records showed a gas installation safety check had been carried out and portable electrical appliances were tested.