

Harvey Stewart & Smith Limited

Stewart Lodge Care Home

Inspection report

24 Rosecourt Road
Croydon
Surrey
CR0 3BS

Tel: 02086847333

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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

Stewart Lodge Care Home is a small care home that provides accommodation and personal care for up to three people. The home specialises in looking after adults with mental health needs. There were three people using the service at the time of our inspection.

This inspection took place on 21 November 2016 and was unannounced. At our previous inspection in November 2013, we found the provider needed to make improvements with regard to ensuring that there was sufficient evidence of staff training and supervision. The provider was also asked to make improvements with regard to ensuring records were always available and up to date. During our inspection of 21 November 2017 we found that the provider has made the necessary improvements in these areas and that they now met the regulations we inspected.

The service had a registered manager who was also the sole director of the company which owns the service. 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.

People were supported by adequate numbers of staff who had been safely recruited. The staff were supported by the registered manager who provided supervision and leadership as well as opportunities for training to help staff meet people's needs and carry out their role.

Records required to be kept by the registered provider relating to staff and the management of the service were readily available and consistently maintained.

People using this service experienced responsive care and support that was person centred and appropriate to their needs. People expressed their views and were involved in making decisions about their care and treatment. Individuals had personalised care plans that were regularly reviewed to make sure they got the right care and support. Risk assessments aimed to keep people safe whilst supporting them to maintain and develop their independence as far as possible.

Staff made sure people's dignity was upheld and their rights protected. Staff understood their responsibilities where people lacked capacity to consent or make decisions. This was because they had received training in safeguarding people and on the principles of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). Appropriate DoLS applications had been made where required.

People took part in activities that interested them and were supported to maintain relationships with family and friends who were important to them. Individuals were encouraged to build and develop their independent living skills both in and outside the service.

People told us they received ongoing advice and treatment from health and social care professionals to ensure that they stayed as well as possible. They had access to other services when they needed them. Any advice from external professionals was included in their care and acted on accordingly. People were supported to keep healthy and their nutritional needs and preferences were met. The provider had appropriate arrangements in place to manage medicines.

Auditing systems were used effectively to keep checks on standards, develop the service and make improvements. People and others involved with the service had opportunities to share their views and the provider listened to their feedback.

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. People felt safe living at the service and their individual autonomy and safety was supported. Risks were identified and steps were taken to minimise these without restricting individual choice and independence.

Staff had been trained to recognise and respond to abuse and they followed appropriate procedures.

Staffing levels were organised according to people's needs and the provider followed an appropriate recruitment process to employ suitable staff.

People received their medicines as prescribed and medicines were stored and managed safely.

The environment was safe and maintenance took place when needed

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had received appropriate levels of training and supervision to carry out their role and provide effective care.

People's rights were protected because the provider acted in accordance with the Mental Capacity Act 2005. Staff understood their responsibilities in relation to mental capacity and consent issues, including appropriate use of the Deprivation of Liberty Safeguards.

People were supported to manage their health and attend healthcare appointments. People received support with meals in line with their preferences and dietary needs

Is the service caring?

Good ●

The service was caring. People's privacy and dignity were respected.

Staff had formed positive relationships with people living in the home who told us they felt well cared for and liked living there.

People were actively involved in decisions about their care and support. Their individual choices were reflected in their care records.

Is the service responsive?

Good ●

The service was responsive. People using the service had personalised care plans that were regularly reviewed to make sure they received the right care and support. Staff listened to people about how they wanted to be supported and acted on this.

People were encouraged and supported to maintain their independence and to maintain contact with individuals who were important to them both in the home and local community.

Arrangements were in place for dealing with complaints and responding to people's comments and feedback. People told us staff listened to any concerns they raised.

Is the service well-led?

Good ●

The service was well-led.

A registered manager was in post and had an effective presence in the home.

Records required to be kept by the service were fit for purpose.

People using the service, their relatives and the staff felt the manager provided effective leadership. The service worked collaboratively with other professionals.

Regular audits were completed to monitor and assess the quality of the service provided. Action was taken as a result of these to improve the care and support people received.

Stewart Lodge Care Home

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.

Prior to our visit we reviewed the information we held about the service. This included inspection history, any safeguarding or complaints and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law.

We visited the service on the 21 November 2016 which was unannounced. This inspection was carried out by one inspector. We spent time with all three of the people who lived at the home and spoke with two people. We spoke with the registered manager and two members of staff. We also spoke with two relatives and invited feedback from a variety of professionals such as social workers, therapists and advocacy groups.

We looked at records about people's care, including the records of the people who used the service. We checked three staff files and the records kept for staff allocation, training and supervision. We looked around the premises and at records for the management of the service including health and safety records. We also checked how medicines were managed and the records relating to this.

Is the service safe?

Our findings

People using the service felt safe and told us they were well treated by staff. One person said, "The staff are nice here and the manager is good. I respect her and I feel reassured".

At the previous inspection in 2013 records showed that some staff had not updated their safeguarding training for some time which meant they may not be aware of latest best practice. At this inspection we found that all staff had received up to date training in safeguarding.

Arrangements were in place to protect people, respond to any concerns and to help people understand what abuse was and how they should report it. Information was displayed in the home that included contact details for reporting abuse. The service had a policy for staff to follow on safeguarding and staff understood their responsibilities to report any concerns.

Staff were knowledgeable about how to identify possible abuse and the process to follow. Staff told us they learnt about safeguarding by completing an on line training course. One member of staff told us, "We are a small team and like a family, but if I thought something was being done wrong or people being treated badly I would report it to the manager or to social services."

Before people moved in, the manager undertook assessments to identify any risks to people using the service and to others. A risk assessment was developed with the person to ensure they understood possible risks and what could be done to prevent these. The risk assessments we saw were personalised and set out what to do to keep people safe. They were current, detailed and regularly reviewed. Examples included personal care, safety in the home / wider community and smoking. Staff knew about these risks and the action they needed to take to protect and promote people's welfare.

There was relevant documentation for servicing and routine maintenance in the premises. This included records of maintenance contracts concerning utilities such as gas and electrical safety. Fire alarms and equipment were tested to ensure they were in working order. Fire evacuation drills and water temperature checks were held regularly.

At the time of our inspection, one person using the service was attending a hospital appointment to have stitches removed from a previous accident. The member of staff supported the person in a professional and calm manner, ensuring that the person felt safe and comfortable.

We saw that there were between one and two members of staff on duty throughout the day with one waking staff available at night. The registered manager was supernumerary to the staffing rota. For certain activities, such as appointments or outings, staff numbers would be amended appropriately to ensure sufficient support was provided.

Staff we spoke with told us that they felt the staffing numbers were adequate. One staff member told us, "There's never been a problem with staffing, and we can make special arrangements depending on what

we're doing".

Relatives spoke positively about the safety of people in the home. One relative told us, "I am so happy that [name of person using the service] is at Stewart Lodge. They have never been better looked after."

We reviewed the recruitment process which confirmed that staff were appropriately vetted before they started working at the service. A checklist was held to show that the necessary identity and recruitment checks had been completed. These included proof of identification, references, qualifications, employment history and criminal records checks via the Disclosure and Barring Service. References from previous employers were obtained to check past performance in other employment.

People had appropriate risk assessments in their records to show whether they were able to manage their medicines. Medicines were kept safely in a lockable metal cabinet in the office. The home used a monitored dosage system with medicines delivered by a local pharmacist. People's prescribed medicines were reviewed by relevant healthcare professionals as necessary. Individual profiles were signed by people and included information about current medicines, prescribed doses and any allergies. Leaflets were available to inform staff about potential side effects.

The sample of records we checked showed that people received their medicines as prescribed. There was a system for checking all prescribed medicines and records for their receipt and disposal. A member of staff demonstrated how medicines were administered and recorded and displayed a good knowledge of the home's procedures.

Is the service effective?

Our findings

At the previous inspection in 2013 we found that there was insufficient evidence at the home to assure us that all staff had the necessary skills and competencies to meet people's needs and carry out their role, or that they all received formal supervision.

During this inspection we found that the provider had made improvements in these areas. We were able to see evidence of appropriate staff training and staff supervision and appraisals.

Staff told us they were happy with the training received at the home and were able to describe the various courses they took part in. We saw that there was a training planner for all staff and records of training were held in the home.

Training was undertaken in a variety of basic competencies, including mental health awareness, the Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DoLS), safeguarding, depression, challenging behaviour, epilepsy, medicines, infection control and food hygiene.

Staff took part in training at a basic awareness level with some taking additional training modules via The Qualifications and Credit Framework (QCF), a new credit transfer system which has replaced the National Qualification Framework (NQF). It recognises qualifications and units by awarding credits.

Staff told us that they received support and supervision from the registered manager. One staff member told us, "We do get the chance to sit down and talk about our work, but because this is a small home we feel we can always have a chat with the manager whenever we want to."

We saw records of staff supervision. Staff supervision was formally scheduled for every month but on average took place every six weeks. There was an annual appraisal system in place for staff.

Throughout our inspection staff offered people choices and supported them to make decisions about what they wanted to do. Staff worked in an inclusive way with people and always sought their permission before carrying out any support. Records showed that people using the service had contributed and signed in agreement with records about their care.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People 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 whether any conditions on authorisations to deprive a person of their liberty were being met. The manager had assessed where a person may be deprived of their liberty. Records demonstrated the correct process had been followed and appropriate documentation was in place. There were two DoLS authorisations in place with a third being considered.

The service took a personalised approach to meal provision. The staff knew each person's particular tastes and preferences and menus were planned with people. One person told us, "The foods good. I eat what I want."

People had the opportunity to develop cooking skills under the guidance of staff who prepared the main meals in the service. Menus reflected individuals' preferences and dietary needs and staff maintained records to show how people's choices were supported. Nutritional needs were assessed and monitored.

People received regular health and well-being check-ups and any necessary actions were taken to ensure people were supported to keep as healthy as possible. Correspondence showed that the staff team worked closely with other healthcare professionals to ensure that people received the services they need. For example, we saw that the service had worked with occupational therapists and speech and language teams.

Is the service caring?

Our findings

People told us they liked the staff and described them as "nice and "respectful". A relative told us, "I wish every home would put in the same effort in to their care as Stewart Lodge."

Due to its small size, Stewart Lodge provided a homely atmosphere and family style environment for people. We observed positive interaction between people using the service, the manager and supporting staff. People were relaxed in the company of staff and we observed people making use of the home and their own rooms with ease and confidence.

Care records contained details about people's backgrounds and staff told us this was important in understanding people's lives and what their care pathway had been before coming to live at the home. People's personal histories enabled new staff to know and understand people and their past. Staff said this information helped them form positive relationships with individuals.

People told us that they could have visits from their friends and relatives when they wanted and relatives confirmed this. People were supported to maintain relationships with their relatives, this included support to travel to see relatives living further away. Records confirmed that staff supported people to maintain relationships and social links with those that are close to them. These also showed that relatives and family representatives were invited to yearly review meetings and kept informed about any significant events.

People's support plans gave detailed descriptions of people's individual needs, likes and dislikes and how support was to be provided. There had been input from families and contributions of the staff team who knew them well with the involvement of people themselves. People were provided with activities, food and a lifestyle that respected their choices and preferences. Plans of support included people's life choices, aspirations and goals. This included planning for the future and developing skills such as budgeting and travel training to enable the person to increase their own independence. Staff were aware of the need to respect choices and involve people in making decisions where possible.

People told us staff were respectful and treated them with dignity. We saw two people's bedrooms which were comfortably furnished and personalised according to taste.

People's personal information was kept private and secure and their records were stored appropriately in the service. Staff addressed people respectfully and maintained confidentiality when discussing individuals' care needs.

Is the service responsive?

Our findings

People told us the service was meeting their needs. A relative said people were well cared for and that the staff took care to ensure people were comfortable. One relative told us that whenever they arrived to take their relative out for the day or for a home visit, the staff always made sure the person had everything they needed including any medicines.

People's needs assessments included information about all aspects of the person's life, including their interests, social needs, preferences, health and personal care needs and areas of independence.

Staff shared examples of ways they responded to people's needs. These included occupational therapy support, support with speech and language, arranging GP appointments and supporting people who smoked or used vapourisers.

Care reviews had taken place periodically which involved the person using the service, family members and key staff and professionals involved in their care. Support plans and risk assessments had been evaluated to assess if they were effective in meeting people's needs. These had been updated with relevant information where care needs changed.

People were supported to do the things they liked to do and there were opportunities for them to develop their independent living skills. People were encouraged to cook and help keep their home clean and tidy. Care plans set out how people should be supported to promote their independence. Staff were knowledgeable about individual needs, and were aware of people's interests and hobbies. People were supported to go out as and when they needed. During our visit, staff supported someone to a hospital appointment and then to a café.

Staff wrote daily reports about people's care and support. We looked at a sample of these records which provided information about how the person had spent their day, their well-being and any other relevant events such as appointments with professionals involved in their care.

People said they would talk to the manager if they had any concerns and were comfortable to do so. Daily care records evidenced that people were consulted about the care and support they received. There were handover conversations between staff at the start of a new shift.

There had been no complaints about the service and people were confident any issues would be addressed. Information about how to make a complaint was available to people. The procedure included details about other relevant organisations if someone wished to raise a concern outside of the home.

Is the service well-led?

Our findings

At the previous inspection of 2013 we found that certain records required to be kept by the service were not readily available or missing. For example, the recruitment checks and training records for one member of staff and the records of all staff supervision prior to September 2015 were not available. We were therefore not assured that all staff were suitably employed and qualified to work in the service.

During this inspection we found improvements had been made and that all records relating to the home, staff and people using the service were available and accessible.

There was effective leadership in the service. One person described the manager as "a good manager. I have a lot of respect for her and she respects me."

There were meetings for staff to share their views and keep updated about people's individual needs and matters that affected the service. Staff also shared information through a communication book and shift planners. Staff spoke about "good teamwork" and one told us, "I always make sure I talk to other staff coming on about my shift because that way they know how the residents are feeling and what they've been up to."

People told us they felt it was easy to speak to staff and the manager and they felt listened to. Records supported that appropriate audits and checks on the quality of service were carried out on a regular basis. Areas included medicines management, care plans, cleaning and hygiene, the environment and health and safety.

The service worked closely with health and social care professionals to achieve the best support for the people they supported.

Registered persons are required by law to notify CQC of certain changes, events or incidents at the service. Our records showed that since our last inspection the registered provider had notified us appropriately of any reportable events.