London Borough of Greenwich

167 Lodge Hill

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

This unannounced inspection took place on 06 and 07 August 2015. At the last inspection on 07 August 2013, the service met all the regulations that we inspected.

167 Lodge Hill provides personal care and support for up to six adults who have a range of needs including learning disabilities. There were five people receiving personal care and support at the time of our inspection.

There was a registered manager in post. 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's relatives said they felt their relatives were safe and staff treated their family member well. We observed that people looked happy and relaxed. There were clear procedures in place to recognise and respond to abuse and staff had been trained in how to follow these. Risk assessments were in place and reflected current risks for

Summary of findings

people who used the service and ways to try and reduce the risk from happening. Appropriate arrangements for the management of people's medicines were in place and staff received training in administering medicines.

The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) are designed to protect people who may not have the ability to make decisions for themselves. We found the service had not taken appropriate action at all times to ensure the requirements for MCA 2005 and DoLS were followed.

Staff received an induction when they first started working at the service and received further training to help them undertake their role. Staff received additional support through regular supervision and team meetings.

Staff knew people's needs well and treated them in a kind and dignified manner. People's relatives told us their family members were happy and well looked after. They felt confident they could share any concerns and these would be acted upon. Staff were able to respond to people's communication needs and provided appropriate support to those who required assistance with their meals. People received enough to eat and drink and their preferences were taken into account.

There was a positive culture at the service where people felt included and consulted. Relatives commented positively about the management of the service. There was an effective system to regularly assess and monitor the quality of service provided.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.You can see what action we took at the back of the full version of this report.

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?
The service was safe.

People's relatives told us they felt safe using the service and that staff supported their family member. There were appropriate safeguarding procedures in place and staff had a clear understanding of these procedures.

Assessments were undertaken of risks to people who used the service and care plans gave guidance to manage these risks. Appropriate action was taken in response to incidents and accidents to maintain the safety of people who used the service.

Sufficient numbers of staff were available to keep people safe and meet their needs. Safe recruitment practices were followed.

Medicines were stored securely and administered to people safely.

Good

Is the service effective?
Some aspects of this service were not effective.

When people did not have the capacity, the provider had not acted fully at all times in accordance with legal requirements. Some staff knowledge of Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) was limited.

Relatives were positive about staff and told us they supported their family member properly. Staff completed an induction programme and training relevant to the needs of the people using the service

People were supported by staff who had the necessary knowledge and skills to meet their needs.

People were supported to have enough to eat and drink. People had access to external health care professionals as and when required.

Requires improvement

Is the service caring?
The service was caring.

People's relatives told us staff respected their family member's dignity and need for privacy and they were treated with kindness and respect.

People and their relatives were involved in making decisions about their family member's care and the support they received. Staff knew people well and understood their needs and preferences.

Good

Is the service responsive?
The service was responsive.

Good

Summary of findings

People's care and support needs were regularly reviewed to make sure they received the right care and support. Staff were knowledgeable about people's preferences and were able to respond to people's varying communication needs.

People's relatives felt the staff and manager were approachable. The service had arrangements in place to deal with comments and complaints.

Is the service well-led?

Good

The service was well-led.

There was positive and open culture at the service. Relatives spoke positively about the care and attitude of the staff and the manager.

Regular staff meeting helped share learning so staff understood what was expected of them at all levels. The service had a system to monitor the quality of the service through internal audits and provider visits. Any issues identified were acted on.

167 Lodge Hill

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.

Before the inspection we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

This inspection took place on 06 and 07 August 2015 and was unannounced. The inspection team comprised of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care.

During the inspection we looked at five people's care records, four staff records, quality assurance records, accidents and incidents records, provider's visit reports and policies and procedures. People using the service did not communicate verbally so we spent time observing three people, spoke with two people using the service and five relatives about their family members experience of using the service, spoke with two external health care professionals. We also spoke with the manager of the service and six members of staff.

Good

Is the service safe?

Our findings

Relatives told us they felt their family members were safe. For example, we asked one relative if they had concerns regarding the care of their family member received. They said, "Absolutely not, I think they [staff] go above and beyond to care in a safe manner." We saw staff meetings records included discussions about aspects of people's safety. We observed people interacting with staff in the communal areas. People were comfortable with staff and approached them without hesitation.

Staff knew what to do if safeguarding concerns were raised. It was clear from the discussions we had with staff that they understood what abuse was, and what they needed to do if they suspected abuse had taken place. This included reporting their concerns to the manager and the local authority's safeguarding team. The manager told us that there had been no safeguarding concerns since our previous inspection in August 2013. Safeguarding records we saw confirmed this. The service had a policy and procedure for safeguarding adults from abuse, staff were aware and had access to this policy. Manager's and staff knew about the provider's whistle-blowing procedures and they had access to contact details for the local authority's safeguarding team. Records confirmed all staff and manager's had received safeguarding training and refresher training was available as and when necessary. There were procedures in place to manage people's money safely.

Assessments were undertaken to assess any risks to people using the service and guidance was available for staff to reduce these risks. People's care records contained a set of risk assessments which were up to date and detailed. These included, for example, use of hoist, epilepsy, transport, evacuation in the event of fire, moving and handling, the use of bed rails, people's nutrition and PEG feed (to provide a means of feeding when oral intake is not adequate). These assessments identified the hazards that people may face and support they needed to receive from staff to prevent or appropriately manage these risks. One visiting healthcare professional told us they had trained staff on how to manage PEG feed. They said, "Staff follow guidelines provided, I never had any worries about them they have been lovely." One member of staff explained how they managed the risk people faced who had difficulty in eating and drinking. For example, by cutting food into small pieces or giving mashed food and food supplements. We noted guidelines for staff on how to reduce the risk of one person with a poor appetite. This included close supervision while they were eating to reduce the risk of choking. Later we observed staff following this guideline at mealtimes.

The service had a system to manage accidents and incidents and to reduce the chance of reoccurrence. We saw accidents and incidents were recorded and the records included what action staff had taken to respond to and minimise future risks and notes of who was notified, such as a relative or healthcare professional. For example, after a person had suffered an epileptic seizure we noted details of contact with health and social care professionals were recorded together with action to reduce future risk. This included reviewing and updating risk assessments and discussion with staff to help them understand the change of the person's health conditions and to continue to provide safe care.

There were sufficient numbers of staff on duty to meet people's needs. A relative told us, "Sometimes you can see that they are stretched. I don't feel it jeopardises anything. Quite often you will see they've [staff] stayed on after their [staff] shift ends to bridge the gap." Another relative said, "In numbers there are enough. I usually visit at weekends and on the basis that [family member] goes out I think there must be enough." The manager told us that staffing levels were determined by the number of people using the service and their needs. During our inspection we saw there were enough staff to support people when they went in to the community and stayed at the service. Staff were always visible and on hand to meet their needs and requests. There was a sleep in and a waking member of staff to support people overnight. Staff were supported by the manager and an assistant manager. A 24 hour on call manager system was in place to ensure adequate support was available to staff on duty when the manager was not working. The staffing rota we looked at showed that staffing levels were consistently maintained. Staff told us there were enough staff on all shifts, and when people had healthcare appointments or outdoor activities, additional staff were provided to meet people's needs.

The service followed appropriate recruitment practices to keep people safe. Staff files we looked at included completed application forms, references, qualification and previous experience, employment history, criminal records checks, and proof of identification. Staff we spoke with told

Good

Is the service safe?

us that pre-employment checks including references and criminal record checks were carried out before they started work. This practice ensured staff were suitable to work with people using the service.

There were arrangements to deal with emergencies. Staff knew what to do in response to a medical emergency. They had received first aid training and training on epilepsy so they could support people safely in an emergency. There were suitable arrangements to respond to a fire and manage safe evacuation of people in such an event. For example, fire drills were carried out regularly. There was a personal emergency evacuation plan (PEEP) in place for people which included contact numbers for emergency services and gave advice for staff about what to do in a range of possible emergency situations.

People were supported to take their medicines safely. Staff authorised to administer medicines had been trained. Regular staff competency checks were carried out. .The Medicine Administration Records (MAR) were up to date and the amount of medicines administered was clearly recorded. The MAR charts and stocks we checked indicated that people were receiving their medicines as prescribed. Medicines prescribed for people using the service were kept securely and safely. Medicine audits were carried out to ensure people received their medicines safely and to determine if staff required additional training to administer people's medicines safely.

Requires improvement

Is the service effective?

Our findings

When people did not have the capacity to consent, the provider had not acted fully at all times in accordance with legal requirements. At the time of the inspection the service did not have policies and procedures in relation to the Mental Capacity Act (2005) (MCA) and there was no directive from the provider concerning Deprivation of Liberty Safeguards (DoLS) to give staff basic guidance.

The MCA provides guidance about what to do when people cannot make some decisions for themselves. We looked at people's care records to see if MCA assessments had been completed. Two people's care records included formal capacity assessments that had been completed in line with the MCA Code of Practice by external health care professionals about specific decisions in relation to their medical treatments. However, we found there were no formal mental capacity assessments in place for three people who used the service. When a person was found to lack capacity there were no decision specific mental capacity assessments in place and a best interest decision making process was not followed. For example, when mechanical restraints were in use such as bed rails or when people used lap and waist straps. When we looked at people's care records in these examples there was no recorded rationale in place explaining why the decision was made

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The manager was aware of the implications that resulted following the Supreme Court Judgement in relation to DoLS. Staff training records showed most of the staff had received training in the MCA. However, when we spoke with staff their knowledge of MCA and DoLS was limited, one senior staff member explained they had not worked at the service for long and so they had not received training in MCA and DoLS. Another staff member said they had heard about DoLS but were not aware of its purpose at the service. We spoke to the manager about our concerns. We were told the service would undertake MCA assessments and schedule best interests meetings for each person who was assessed as lacking capacity where specific decisions were required. This would be done with the support of the local authority Deprivation of Liberty Safeguards (DoLS) team. As the MCA assessments, best interests' decision meetings and authorisation had not been concluded at the time of our inspection, we were unable to assess if appropriate action was taken.

This was a breach under Regulation 13 (7) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had been trained in order to support people appropriately. Relatives told us they felt that staff had adequate training and were able to meet the needs of their family members. One relative told us, "They seem capable. I have had no need to doubt any of them." Another relative said, "If there were certain things the staff would like to learn I would support that. I have never seen any gaps." Staff knew people very well and understood their individual needs. Staff told us they completed an induction when they started work and they were up to date with their mandatory training .This included training on safeguarding adults, food hygiene, mental capacity, equality and diversity, health and safety, infection control, epilepsy, first aid and administration of medicine. Records confirmed staff training was up to date and training due for renewal had also been noted with expiry dates. Staff told us they

Requires improvement

Is the service effective?

felt training programmes were useful and enabled them deliver care and support people needed. Staff were supported through formal supervision, however the yearly appraisals were scheduled for September 2015. Staff attended regular staff handover and team meetings. Staff told us they felt able to approach their line manager at any time for support.

People were supported to eat and drink sufficient amounts to meet their needs. A relative told us, "When we have been there I often comment on how good the food smells. It's proper home cooking." Another relative said, "[Family member] has a bit of difficulty chewing and swallowing so they cut their food up into very small pieces. If [family member] doesn't like it they will try [family member] with something else." Food in the fridge was date marked to ensure it was only used when it was safe to eat. Care plans included details of people's diet preferences and nutritional needs. There was clear written guidance for staff in care plans with appropriate risk assessments and protocols around potential emergencies arising from food choking or PEG feed. We carried out observations at lunch time in two areas of the home. We saw positive staff interaction with people. The atmosphere was relaxed and not rushed and there were enough staff to assist people when required. We saw staff supported people who required assistance to eat and drink, taking time and encouraging them to finish their meal.

People were supported to access the relevant health care services they required when they needed to. We saw from care records that there were contact details of local health services and GP's. People had health action plans which took into account their individual health care support needs. They also had a hospital passport which outlined their health and communication needs for professionals when they attended hospital. Staff had clear understanding of any issues and treatment people required. Staff attended appointments with people to support them where needed.

Good

Is the service caring?

Our findings

Relatives felt the staff were caring and treated people with respect. One relative told us, "I am happy with where [family member] is living and happy with how [family member] is being cared for. I sometimes just pop by and [family member] is always clean and presentable." Another relative said, "I could not fault the care in any way." A third relative said, "Staff are very approachable."

Relatives told us they had been involved in making decisions about their family members care and support and people using the service wishes and preferences had been met. For example, one relative told us, "We are involved and informed about our family members care, we attend care review meetings." A health care professional told us, "In a lot of the reviews relatives, staff and people attend. I think they are a caring service. Relatives are happy for their relatives to stay where they are, which I think reflects this."

Due to the complexity of people's needs, staff used a variety of communication methods. For example, by using sign language, or by using objects of reference and facial expression. One staff member told us, "If you have patience, you will know what people are talking about. People express themselves by their body language. When they like something they laugh." Another staff member said, "At breakfast we place two or three options in front of them, and then they can choose. People are able to choose what they want to wear. If it is unsuitable due to weather, we will support them to choose something different, and with activities we may use pictures." It was clear from discussions we had with care staff that they knew people's personal histories, preferences and needs well and that people's care was personalised to meet their individual needs.

We observed that staff treated people with respect and kindness. People were relaxed and comfortable and staff used enabling and positive language when talking with or supporting them. In the afternoon we observed one person leading a member of staff to their bedroom for personal care. We again observed, when the person had returned to the dining room with a member of staff, they appeared relaxed and calm. During lunch and dinner staff took time to sit and engage with people in a kind and friendly way. We saw one staff member supported one person to make a cup of tea. They were given verbal prompts, encouragement and demonstration to get the milk out of the fridge and praise for helping. Another staff member supported a person during their meal time in the living room.

Staff respected people's privacy and dignity. One relative told us, "They [staff] always take [family member] to the bathroom or bedroom if they need changing." Another relative said, "[Family member is treated with respect as any other adult. [Family member] is just given the support to live the life that is good for [family member]." Records showed that staff had received training in maintaining people's privacy and dignity. Staff described how they respected people's dignity and privacy and acted in accordance with people's wishes. For example, they did this by ensuring curtains and doors were closed when they provided care and by explaining to people what they were going to do before they did it. Staff spoke positively about the support staff provided and felt they had developed good working relationships with people they cared for. There were policies and procedures in place to help guide and remind staff about people's privacy, dignity and human rights.

Good

Is the service responsive?

Our findings

Relatives told us they felt involved in the care their family members received. For example, one relative told us, "I attend review meetings and if there are any concerns about [family member] they [staff] let me know for example, if [family member] has had a fall they will tell me." Another relative said, "My general feeling is that we are lucky. [Family member] seems very happy, they dribble a lot but is always clean when I visit the service." A health care professional told us they recently referred a person who has dementia to the service. They found the staff had the necessary skills to care for them. They said the staff responded very quickly if there was a concern regarding people who use the services.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plans. Care records gave staff important information about people's care needs. The care plans contained information for each person's life and social history, their interests, physical and mental health, allergies, activities, method of communication and were written in a clear language. The care plans included the level of support people needed, and what they were able to manage on their own. We saw some good examples of how staff could support people who had communication needs. There was clear guidance for staff on how one person could communicate by using sign language, or by using objects of reference and facial expression. We observed some people would lead staff by the hand to a place or object to communicate their need. We observed staff supporting people with mobility needs and noted there was clear guidance for staff on how to use a wheel chair and a hoist when needed.

People's records were person centred and identified their choices and preferences. There was information on what was important to people, what they like to do, the things that may upset them and how staff could best support them. For example, one person liked to have sensory lights on when they were in their bedroom. Another person required audio music played most of the day. A relative told us, "[Family member] goes to church and to a group activity on Wednesday someone comes to the service to give Holy communion." A staff member told us, two people had stopped going to the day centre due to their changing health conditions. Therefore, they had arranged music groups and an aroma therapist that comes in regularly. Staff take them out to have lunch and have trips out as well. Each person using the service had a keyworker and daily care notes covered areas such as activities, food and drinks, personal hygiene and administration of medicine with details of what services were provided to people.

Staff were able to tell us about people's needs and how they responded to them. Staff had handover meetings in place to share any immediate changes to people's needs on a daily basis to ensure continuity of care. Staff used a daily diary log to record key events such as hospital appointments, prescription and renewal of medicines.

People's concerns were responded to and addressed. People and their relatives told us they knew how to complain and would do so if necessary. There was a system for reporting any concerns raised by people or their relatives. The complaints records showed concerns raised by family members had been investigated and responded to appropriately. The manager told us the focus was on addressing concerns of people as they occurred before they escalated to requiring a formal complaint.

Good

Is the service well-led?

Our findings

People's relatives commented positively about staff and the manager. The atmosphere during the inspection was friendly, and we saw some meaningful interactions between staff and people who used the services, between staff and visiting health care professionals and also between the manager and staff.

There was a registered manager in post. They had detailed knowledge about all of the people who used the service and ensured staff were kept updated about any changes to people's care needs. We saw the manager interacted with staff in a positive and supportive manner. Staff described the leadership at the service positively. One staff member told us, "The manager is brilliant, encourages us to do more and is very supportive." Another staff member said, "The manager is very approachable, knows what they are doing. We have a supportive working relationship." A third staff member said, "You can walk in and talk to the manager and assistant manager, if there are any concerns about people."

Regular staff meetings helped share learning and best practice so staff understood what was expected of them at all levels. Staff attended handover meetings at the end of every shift and regular staff team meetings were held. Minutes included people's and relatives views and guidance to staff about the day to day running of the service. For example, any changes in people's needs, appointments with external health care professionals, daily activities, people using the service going on a day trip and staff training needs. These meetings kept staff informed of any developments or changes within the service and supported staff in their roles as well as identifying their individual training needs.

The manager told us that the home's values and philosophy were clearly explained to staff through their induction and training. For example, there was a positive culture at the service where people's relatives felt included and consulted. We observed people were comfortable approaching staff and conversations were friendly and open.

Relatives were encouraged to be involved in the service through care review meetings. We saw care review records from these meetings covered issues such as health conditions, food, activities, transport, redecoration of premises, new furniture and equipment and communication with staff. A relative told us, "I think the age that [family member] has got to is a testament to the care he has received. They are all such a fabulous team that all work together." Another relative said, "I think the management is very friendly here. They are always there if need help, asking us if we need anything."

The manager told us a formal service user's satisfaction survey was not carried out for 2014 and they had proposed to change the methodology of the feedback survey process. They explained that they planned to complete the survey by September 2015. We were unable to assess the outcome of service users' satisfaction survey, as the actions were not completed at the time of inspection.

The provider had an effective system to regularly assess and monitor the quality of service people received. These included regular staff meetings, provider visits, on call manager's visits and in-house manager's checks. They covered areas such as the medication, health and safety, accidents and incidents, care plans and risk assessments, house maintenance issues, staff training and development, people's finances and any concerns about people who use the service. There was evidence that learning from the audits took place and appropriate changes were implemented. For example, repair / redecoration of the laundry room had been carried out, the service had introduced individual medicine cabinets for people and repair and redecoration of a bathroom was in progress. As a result of care plan audit, people's risk assessments including their care plans had been reviewed and updated with adequate staff guidance to follow. However, the quality assurance audit had not identified the issues we found that the service had not taken appropriate action at all times to ensure the requirements for MCA 2005 and DoLS were followed. Although the audit had not picked up the issues the provider is now fully aware to check these issues in the future.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment Regulation 13 (7) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. **Safeguarding service users from abuse and improper treatment** When people did not have the capacity, the provider had not acted fully at all times in accordance with legal requirements.