

Susash London Limited

# Barons Lodge Sutton

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Requires Improvement</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Good</b> 

# Summary of findings

## Overall summary

This inspection took place on 7 April 2016 and was unannounced. At the previous inspection on 23 January 2015 we found the service to be meeting all the regulations we inspected.

Barons Lodge Sutton provides personal care and support for up to 17 people with mental health needs within a care home setting. There were 16 people using the service 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.

The provider carried out a range of checks that staff were suitable to work at the service. These checks included identification, right to work in UK and previous work history. However they did not always carry out suitable checks of criminal records prior to staff starting work. There were enough staff deployed at the service to meet people's needs. Staff felt well supported by the registered manager who had put in place a programme of induction, training, support, supervision and appraisal.

Mental capacity assessments were not always carried out in relation to specific decisions people needed to make. This meant the provider may have incorrectly assessed that some people lacked capacity to make some decisions and made decisions for them inappropriately. After the inspection the provider confirmed they had improved processes to demonstrate they were meeting their responsibilities under the MCA. Staff had received training on these topics and the registered manager made applications for authorisations to deprive people of their liberty appropriately. DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them.

The provider managed risks to people using the service and those relating to the premises well. They assessed the risks and where necessary, put in place suitable management plans for staff to follow. Records were regularly reviewed so they remained current and reliable in guiding staff. The premises were well maintained with a team in place to make repairs when these arose. A programme of renovations to improve the home was in progress. Staff offices and a new laundry area had been built in the grounds of the home and renovations to the interior were also being made.

Staff received training in how to keep people safe and our discussions showed they understood the signs people may be being abused and how to respond to this appropriately.

Staff managed people's medicines by following robust medicines management processes. Medicines were received, stored, administered, disposed of and recorded appropriately by the nursing staff.

People enjoyed the food they received and staff provided choice. Staff monitored people's nutritional status and referred them to specialists where they were concerned, such as if people were losing weight rapidly. Staff supported people to see a range of healthcare professionals relevant to their needs such as psychiatrists, GP, dentist, optician, challenging behaviour team, epilepsy and diabetes professionals.

Staff were caring and treated people with dignity and respect as well as providing privacy. Staff knew the people they were supporting including their preferences and backgrounds. People were encouraged to be involved in making decisions about, and reviewing, their care. The registered manager had systems in place for reviewing care plans each month so they contained accurate and reliable information to guide staff.

People were supported to be as independent as they wanted to be and they were sufficiently occupied in various activities they were interested in. People and staff were involved in the running of the home as the provider sought their feedback at a range of regular meetings.

A suitable complaints procedure was in place which was made available to people. The registered manager recorded and responded to complaints which were made appropriately.

The registered manager had been in post since the provider first registered with the CQC, about two years ago. They, as well as staff, were aware of their role and responsibilities. The provider carried out regular audits to monitor, assess and improve the quality of service. The registered manager submitted notifications to the CQC as required by law, such as those relating to allegations of abuse.

## 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 not always safe. The provider did not always suitably check staff were suitable to work with people prior to offering them employment.

Staff followed robust procedures to manage people's medicines safely.

Staff understood the signs people may be being abused and how to respond to these to keep people safe. The registered manager managed risks to people who use the service and in relation to the premises and equipment well, putting suitable management plans in place where indicated for staff to follow to reduce the risks.

There were enough staff deployed to meet people's needs.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective. The registered manager did not always follow the Mental Capacity Act 2005 in assessing whether people had capacity to make particular decisions. However, the provider was meeting their requirements in relation to the Deprivation of Liberty Safeguards (DoLS).

Staff were supported through a programme of induction, supervision, appraisal and on-going training.

People received a choice of food and enjoyed the food the provider served them. People were supported with their health needs appropriately.

**Requires Improvement** ●

### Is the service caring?

The service was caring. Staff were caring towards people and treated them with dignity and respect, keeping information about people confidential.

Staff knew the people they were supporting including their preferences, mental and physical health needs and backgrounds.

**Good** ●

People were encouraged to make decisions about their care. The service was working with the end of life team in helping people to plan their end of life care.

### Is the service responsive?

Good ●

The service was responsive. People's care was planned in response to their needs and people were involved in planning and reviewing their care. People had enough activities they were interested in to keep them occupied.

The registered manager made the complaints procedure accessible to people and investigated and responded to and recorded complaints appropriately.

### Is the service well-led?

Good ●

The service was well-led. Leadership was visible at all levels and the registered manager and staff were aware of their responsibilities.

A range of audits were in place to assess, monitor and improve the service. People and staff were involved in running the service to help tailor it to their needs and preferences.

The provider was aware of their legal responsibilities including submitting statutory notifications to the CQC as required by law, such as of serious injuries.

# Barons Lodge Sutton

## **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, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 7 April 2016 and was unannounced. It was undertaken by a single inspector.

Before our inspection we reviewed information we held about the service and the provider.

During the inspection we spoke with five people who used the service. We also spoke with a director from the provider organisation, the registered manager, a nurse, an activity coordinator and a care worker. We spoke with a visiting end of life liaison nurse and a visiting Deprivation of Liberty Safeguards Assessor. We looked at four people's care records to see how their care was planned and delivered, three staff recruitment files and records relating to the management of the service including quality audits.

# Is the service safe?

## Our findings

The registered manager did not always recruit staff appropriately to check they were suitable to work with people using the service. The director told us they sometimes allowed staff to work with criminal records checks carried out by former employers when the role was similar to their position at Barons Lodge - Sutton. However, we saw sometimes these checks had been carried out up to three years previously. The director told us they did not always carry out fresh checks of criminal records prior to staff joining the organisation where their original checks showed no concerns. The provider also did not carry out risk assessments to support the decisions and to confirm the safety arrangements when staff were recruited without a new criminal records check. This meant the provider did not always check whether applicant's criminal records had changed since the previous criminal records checks were issued. However, after the inspection the provider confirmed they had changed their policy and would obtain fresh criminal records checks for all new staff, including the recent starters who we found not to have recent criminal records checks in place. Other checks the provider carried out on staff included checks of identification and right to work in the UK, employment history including references from previous employers and health conditions.

People received their medicines as prescribed and safely from staff. We audited stocks of medicines for individuals and found quantities matched those as expected from Medicines Administration Records (MARs) and there were no omissions in recording on the MARs. This indicated people received their medicines as prescribed. There were also sufficient stocks of medicines at the home as staff ensured they did not run out of, or have excessive amounts of medicines in stock. Appropriate records were made of medicines received and disposed of by the service to ensure an accurate audit trail. Medicines were stored securely in a locked cabinet in a locked medicines room. In addition staff recorded the temperature at which medicines were stored in the medicines room and fridge to ensure the medicines were stored at the right conditions. They took action where required to ensure the medicines were stored at safe temperatures. The registered manager carried out monthly checks of medicines management in the home to check procedures were safe.

People told us they felt safe in the home. Staff received training in safeguarding adults at risk and our discussions with them showed they knew the signs people may be being abused and how to respond in these instances. The registered manager reported allegations of abuse to the local authority safeguarding team promptly and notified CQC as required by law.

One person told us, "It's clean here. If something is broken it's fixed straight away." The registered manager managed risks to people who use the service well. They identified specific risks to individuals, assessed the levels of risk and put in place detailed management plans for staff to follow in minimising the risks. These included risks relating to people's mental and physical health needs, patterns of behaviour such as behaviour which challenged the service of self-injurious behaviour and known risks of abuse. The registered manager also managed risks relating to the premises and equipment well. They contracted external specialists to check and maintain systems including hoists and slings, fire safety, water safety, gas, electrical installation, portable electrical appliances and call bells. In addition staff also carried out regular health and safety checks of the overall environment, monitored hot water temperatures to reduce the risks of scalding and checked fire systems were operating appropriately. A team of maintenance operatives were on hand to

carry out improvements to the home where needed. A programme of renovations to improve the home was in progress. Staff offices and a new laundry area had been built in the grounds of the home and renovations to the interior of the home were also being made.

People using the service and staff told us there were enough staff deployed to meet people's needs and our observations were in line with this. One person told us, "There are enough staff." Staff were increased to meet people's needs such as when people required one to one support when they behaved in a way which challenged the service or when they had appointments outside the home. We observed staff were unhurried in their work and they spent time sitting and interacting with people in discussions or activities. Staff confirmed they were able to finish all tasks assigned to them during their shifts without feeling hurried.



## Is the service effective?

### Our findings

There were risks that people's rights were not upheld because the registered manager did not always ensure they assessed people's capacity in relation to making specific decisions in accordance with the code of practice of the Mental Capacity Act 2005 (MCA). 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 and as least restrictive as possible.

We saw some recorded capacity assessments but these were assessments of people's capacity in general. This meant the provider may have incorrectly determined people have capacity or lacked capacity to make particular decisions and made decisions on their behalf when this was not necessary. After the inspection the provider confirmed they had reviewed their procedures for assessing capacity and would ensure they only assessed capacity in relation to specific decisions. Also, the registered manager told us they would provide further training and support to staff to ensure all understood their responsibilities fully.

The provider and staff had a good understanding of the action to take if they suspected people were being deprived of their liberty to make sure they comply with the law. One person told us, "I can go out when I want to." 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). The registered manager was meeting their responsibilities in relation to DoLS as they had assessed whether people required DoLS and made the applications to the appropriate body as necessary. People's care plans were clear whether any DoLS were in place and details regarding these. When people did not have DoLS in place their care plans clarified the lack of restrictions on them in relation to this.

A suitable programme of staff training was in place to provide staff with the knowledge and skills they needed to perform their roles. Topics included mental health awareness, safeguarding adults at risk and the MCA. The registered manager supported new staff to complete the Care Certificate. The Care Certificate is a national induction programme designed to give all new care workers the same knowledge, skills and behaviours when they begin their roles. It covers the basic range of topics all care workers should know as part of their role.

A programme of staff supervision and appraisal was in place and the registered manager told us they aimed for staff to receive six supervisions per year. Although records showed supervision was not always distributed regularly through the year, staff consistently told us they felt well supported by management. Staff told us they could approach the management team at any time for guidance and support outside of formal supervisions. In addition staff told us they attended monthly staff meetings which were an opportunity to receive further support if required.

People told us they could see healthcare professionals when they needed to maintain their health. One

person told us, "I see my social worker and a nurse." Another person said, "I saw a dentist yesterday. I go to [a high street optician] and my nurse visits me." Records showed people regularly saw health professionals in line with their needs such as GPs, community psychiatric nurses (CPNs), psychiatrists, challenging behaviour specialists, epilepsy and diabetes specialists, opticians and dentists. Staff monitored when people required health checks such as medicines reviews, specific blood tests and follow-up appointments and supported people to have these checks at the right times.

People enjoyed the food they were served. One person told us, "The food is very nice, lovely! I like Shepherd's pie and pasta. It's the right temperature and I'm full afterwards." People were provided with a choice of food with various options available each day. We observed a mealtime and saw people were provided with different meals according to their preferences. When people required support to eat and drink staff provided this appropriately. The registered manager checked people's weights regularly to track any concerns about their nutritional status. When there were concerns about people's nutritional status the registered manager supported them to visit the dietitian. Some people were prescribed supplements to improve their nutritional state. These were appropriately administered and recorded on the MAR to ensure a clear audit trail of the support provided.

## Is the service caring?

### Our findings

People we spoke with told us staff were caring staff and supportive. One person told us, "I like it here, the staff are lovely, brilliant, especially [one particular member of staff!]." Another person who chose to spend much of their time in their room told us, "I like everything about [Barons Lodge - Sutton]. They are super. Lovely! They come in often." Our observations were in line with these comments. We saw staff engaged well with people in conversations and activities, showing interest in them. When people approached staff to ask questions and make requests staff responded to them respectfully and promptly, making every effort to provide what was requested.

People told us staff knew them well and they had good relationships with them. Our discussions with staff also showed they knew the people they were supporting well and had developed good relationships with them. Staff knew how people preferred to be cared for as well as about their backgrounds, health conditions and other information in their care plans.

People were treated with dignity and respect by staff. Staff also gave people the privacy they needed. We observed staff knocked and waited for a response before entering people's bedrooms and staff did not enter people's rooms without their permission. We observed confidential information about people was kept locked away and staff were careful to move to a private area where they could not be overheard when telling us information about people using the service. People were supported to maintain their personal appearance. A hairdresser visited the service and people were supported to wear clean, appropriate clothes where necessary. Staff also supported some people to paint their nails and wear makeup if they chose to.

The provider encouraged people to make decisions about their own care. A keyworker system was in place. A keyworker is a person who works closely with a person, meeting with them to check they are happy with their care and their care meets their needs. One person told us, "I have a keyworker, she does a good job. We review the last month and plan together." People were involved in regular reviews of their care, including regular reviews led by their mental health teams and social workers and told us they were listened to. Staff supported people to be as independent as they wanted to be. One person told us, "I lay the table, I tidy and clean my own room." Staff told us some people were able to make hot drinks and snacks independently and others were supported by staff, and people's care plans reflected this.

Staff catered for people's ethnic and cultural needs and preferences. People were provided with food which reflected their cultural backgrounds and these meals were incorporated into the menu.

The service received support from an external team in helping people plan their end of life care. We met with a representative from the end of life care team and they told us they had provided staff with a lot of training and support around end of life care. They said the provider had readily engaged with them and appreciated the support provided. They supported staff to work with people helping them to plan how they wanted to receive their care at the end of their lives and to record this in a care plan for staff to refer to when it became relevant.

## Is the service responsive?

### Our findings

People received appropriate care because the provider planned people's care in response to their needs and this was reflected in their care plans. Care plans contained sufficient detailed information about people's particular needs such as those relating to their mental and physical health to guide staff on the best ways to support people. When people's needs changed the registered manager updated their care plans to reflect this. Staff reviewed people's care plans each month and made records summarising people's progress in relation to their goals.

Staff supported people to be involved in planning and reviewing their care. One person told us, "Every six months I have a review." Care plans reflected people's views as to how they preferred to receive their care to guide staff. Most people received care under the care programme approach (CPA). The CPA is a way of planning and co-ordinating services for people with mental health needs. This meant people were involved in planning and reviewing their care every six or twelve months, alongside the relevant health and social care professionals and their relatives. People were also involved in annual reviews of their care led by social services. The provider held regular 'house meetings' which many people chose to attend. People told us they felt listened to at these meetings and they usually reviewed the menu and planned activities they wanted to do.

People told us they had enough activities to do. One person said, "I went to Brighton recently with staff." Another person said, "I like to dance." An activities officer worked at the service most days. We observed them engaging people in activities such as arts and crafts during our inspection. The activities officer had a good knowledge of the different activities people liked to do. She told us how some people liked to go to local cafes and restaurants with staff while others went by themselves, some people enjoyed dancing and others swimming. Others enjoyed going to 'recovery college', a place where they learnt to help their own mental health rehabilitation through workshops and courses.

The provider had a suitable complaints policy in place which people were aware of, having copies made accessible to them. One person told us, "If I have a complaint [a particular member of staff] helps." Records showed the registered manager kept a clear log of complaints made to the service as well as the action they had taken in response to these. We saw action taken was appropriate and had been taken within reasonable timescales to address people's concerns.

## Is the service well-led?

### Our findings

The registered manager understood their responsibilities in running the home well and had managed the service since it registered with the CQC around two years previously. They were a mental health nurse with a background in care homes' management. They were also the registered manager for a similar service, Barons Lodge, and they shared their time between both services. People and staff told us the registered manager was a good manager and was kind and compassionate. One staff member told us, "We get good support and [the registered manager] communicates well with staff. If there are any issues she takes action."

Leadership was visible at all levels. People using the service and staff told us they thought the registered manager spent enough time at Barons Lodge - Sutton and that the service was well run. The registered manager was well supported by the directors who people told us often visited the service and were approachable. A deputy manager worked closely with the manager in all aspects of running the service. Shifts were well organised by the nurse in charge who assigned tasks to individual staff using shift planning tools. Staff had a good understanding of their responsibilities and our findings showed staff carried out their tasks well.

The provider had a range of audits in place to assess, monitor and improve the quality of the service to people and staff. The management team carried out regular audits of medicines management, health and safety and records such as care plans and risk assessments. The provider also carried out regular visits to the service where they looked at all aspects of service quality, including speaking with people using the service and staff to gather their experiences and feedback on Barons Lodge - Sutton. Where improvements were found to be required from these audits the registered manager put action plans in place and made these improvements promptly.

People using the service and staff told us they felt involved in the running of the service and the registered manager sought people's feedback in various ways. People regularly attended various meetings where they were asked their views on issues related to the service. These meetings included 'activity planning meetings', 'house meetings' and 'menu planning' meetings and any suggestions made during these meetings were taken on board by management. Staff were involved in regular meetings such as 'nurse meetings' and general staff meetings involving all staff members.

The registered manager submitted statutory notifications to CQC as required by law, including allegations of abuse and serious injuries. This meant the CQC was able to monitor the rate of these incidents at the service and how these were being dealt with.