

Greenfields Residential Care Homes Limited

Sidney Avenue Lodge Residential Care Home

Inspection report

24 Sidney Avenue, Palmers Green
London N13 4UY
Tel: 020 8889 1429

Date of inspection visit: 10 March 2015
Date of publication: 27/05/2015

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 

Overall summary

After our inspection of 8 July 2014 the provider wrote to us to say what they would do to meet legal requirements for the breaches we found. We undertook this unannounced focused inspection to check that the breaches of legal requirements had been addressed.

These breaches related to staff recruitment procedures, safeguarding people from abuse, consent to care and treatment, staff training, planning care and responding to health care needs, respecting peoples' privacy and assessing the quality of service provision.

We undertook this inspection on 10 March 2015 to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sidney Avenue Lodge Residential Care Home on our website at www.cqc.org.uk.

Sidney Avenue Lodge Residential Care Home provides care and support for eight men who have learning disabilities and also have a mental health diagnosis.

Summary of findings

There were eight people living at the service at the time of our inspection. It is a family run business and four family members were working at the home, one of whom was the registered manager.

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.

Following the comprehensive inspection in July 2014 we were informed that the deputy manager would be applying to become the registered manager of the home and the existing registered manager would be stepping down from this role. At this inspection we met both the deputy manager and the registered manager.

At this inspection we found that the provider had addressed these breaches of legal requirements.

People we spoke with told us they felt safe and had no concerns about how they were being supported at the home. The management and staff had undertaken safeguarding adults training and could clearly explain how they would recognise and report abuse.

The deputy manager made sure that people were being protected from unsuitable staff being employed at the home.

Care plans showed that decision specific capacity assessments were being undertaken for each person who used the service to make sure their decisions and choices about their care were recorded, respected and acted on.

Staff training and supervision had improved since the last inspection and staff told us they were more confident when supporting people because of this.

We saw that people's weight was being monitored and discussed both in management and staff meetings and action taken if any concerns were identified.

Staff gave us examples of how they maintained and respected people's privacy. These examples included keeping people's personal information secure as well as ensuring people's personal space was respected.

At this inspection we found that the kitchen remained open and food was available to people without them having to ask staff and undermine their independence.

The deputy manager had made sure that regular house meetings took place with people who used the service and we saw from minutes of these meetings that people's views about the quality of the service were sought as well as any suggestions they had for improvements.

Staff told us that their opinions about the home and how it was run were sort and respected by the management.

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. Staff had undertaken safeguarding training and knew how to keep people safe.

The deputy manager made sure that people were being protected from unsuitable staff being employed at the home.

Everyone at the home was able to make decisions and choices about their care and these decisions were recorded, respected and acted on.

Good



Is the service effective?

The service was effective. Staff training and supervision had improved since the last inspection and staff told us they were more confident when supporting people because of this.

People's weight was being monitored and discussed both in management and staff meetings and action taken if any concerns were identified.

Good



Is the service caring?

The service was caring. Staff gave us examples of how they maintained and respected people's privacy.

These examples included keeping people's personal information secure as well as ensuring people's personal space was respected.

Good



Is the service responsive?

The service was responsive. The provider had thought about how restrictions placed on accessing some parts of the home had undermined people's independence and removed these unnecessary restrictions.

Good



Is the service well-led?

The service was well led. Both people who used the service and staff that worked there were asked about their views and were able to make suggestions for improving the service.

The provider had developed a number of quality monitoring systems so the quality of the service could be regularly checked and improved.

Good



Sidney Avenue Lodge Residential 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.

We undertook an unannounced focused inspection of Sidney Avenue Lodge Residential Care Home on 10 March 2015. This inspection was undertaken to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 8 July 2014 had been made.

We inspected the service against all of the five questions we ask about services because the service was not meeting some legal requirements in all of these areas.

The inspection was undertaken by one inspector. During our inspection we spoke with four people who used the service, two relatives and seven members of staff including the deputy manager and the registered manager.

We looked at documents relating to five people's care and treatment, all of the recruitment files for staff and other records in relation to quality monitoring including minutes of various meetings.

We also checked the provider's action plan which they sent to us following the inspection we undertook in July 2014.

Is the service safe?

Our findings

At the last comprehensive inspection on 8 July 2014, we asked the provider to take action to make improvements to safeguard people from potential abuse. This action has been completed.

People we spoke with told us they felt safe and had no concerns about how they were being supported at the home. One person commented, “All the staff are very good. I feel safe.”

The management and staff had undertaken safeguarding adults training and up to date training certificates were seen in files we looked at. Staff could clearly explain how they would recognise and report abuse and were aware that they could report any concerns to outside organisations such as the police or the local authority.

We saw from minutes of team meetings and house meetings that the topic of safeguarding adults was being regularly discussed and information about how to report any concerns had been given to all the people living at the home.

At the last comprehensive inspection on 8 July 2014, we asked the provider to take action to make improvements to staff recruitment practices. This action has been completed.

Recruitment files now contained the necessary documentation including references, proof of identity, criminal record checks and information about the experience and skills of the individual. The deputy manager had developed a system to record past employment for all staff which detailed any gaps in employment history and explanations for any gaps.

The deputy manager had also reviewed and updated the home’s recruitment policy and procedure to make sure that no staff were offered a post without first providing the required information to protect people from unsuitable staff being employed at the home.

At the last comprehensive inspection on 8 July 2014, we asked the provider to take action to make improvements to obtaining and acting on people’s consent to care and treatment. This action has been completed.

The management and staff had undertaken training in the Mental Capacity Act 2005 (MCA) and related Deprivation of Liberty Safeguards (DoLS) in October 2014.

Staff understood the principles of the MCA and told us they would always presume a person could make their own decisions about their care and treatment. They told us that if the person could not make certain decisions then they would have to think about what was in that person’s “best interests” which would involve asking people close to the person as well as other professionals.

Care plans showed that decision specific capacity assessments were being undertaken for each person who used the service to make sure their decisions and choices about their care were recorded, respected and acted on. For example, a capacity assessment had been carried out for a person who had refused minor surgery. This person’s capacity had been assessed with the input from a community nurse as well as the deputy manager. The deputy manager told us that as a result of this the person was deemed to have capacity to make that particular decision about their care and treatment.

Is the service effective?

Our findings

At the last comprehensive inspection on 8 July 2014, we asked the provider to take action to make improvements in supporting staff through supervision and training. This action has been completed.

Since the last comprehensive inspection the management and staff had undertaken a number of relevant training course including medicines management, safeguarding adults, MCA, equality and diversity, managing behaviour that challenges, safe eating and drinking and infection control.

Staff confirmed they had undertaken a lot of training recently and this helped improve both their understanding and how they supported people. For example, staff told us they had more confidence in working within the Mental Capacity Act 2005 and ensuring individual choices and decisions people made about their care were thought through and upheld. Staff also demonstrated a clear understanding of they ensured people living at the home were safeguarded from any potential abuse.

We saw records of regular staff supervision and staff confirmed they met with the deputy manager to discuss working practices and that they felt supported by this process. One staff member, commenting about their supervision, told us, "I say what I'm thinking. We talk about training and any worries I may have about work." Another staff member told us that the management of the home "respects my opinions".

Staff also told us that the improved training and more regular supervisions had meant they felt more involved in people's care.

At the last comprehensive inspection on 8 July 2014, we asked the provider to take action to make improvements in identifying and responding to people's changing needs. This action has been completed.

The concerns we had mainly related to people's weight loss not being picked up or considered as an indicator of ill health.

We saw that people's weight was being monitored and discussed both in management and staff meetings and action taken if any concerns were identified. The deputy manager gave us a number of examples of action staff had taken as a result of identified weight loss. For example, we saw that "food diaries" had been developed for two people who had lost weight.

We saw records that showed people had been referred to appropriate health care professionals such as GPs and dieticians. We saw that care plans included information and treatment advice from these healthcare professionals including the use of fortified food and drinks.

Since our last comprehensive inspection staff had received training in the use of Malnutrition Universal Screening Tool (MUST) and the Body Mass Index (BMI) data.

We saw that advice about healthy nutrition and hydration were discussed at house meetings with people who used the service.

The relatives we spoke with told us that the way staff arranged healthcare appointments was "spot on".

In the most recent quality assurance survey, a relative had commented, "We have seen evidence of good care and attention when [my relative] has been poorly or had a problem."

Is the service caring?

Our findings

At the last comprehensive inspection on 8 July 2014, we asked the provider to take action to make improvements in keeping people's personal information private. This action has been completed.

When we inspected this service in July 2014 we saw that a notice board in the communal lounge contained personal information for staff about people's health appointments and instructions for the administration of individual's medicines.

When we inspected the home on 10 March 2015 we saw that this board had been removed and no personal information was on display anywhere in the home. The deputy manager told us he carried out regular checks to ensure people's personal information was stored safely.

Staff gave us examples of how they maintained and respected people's privacy. These examples included keeping people's personal information secure as well as ensuring people's personal space was respected.

Is the service responsive?

Our findings

At the last comprehensive inspection on 8 July 2014, we asked the provider to take action to make improvements in the way any restrictions were placed on people's independence. This action has been completed.

At the last comprehensive inspection we found that a restriction had been placed on all people living at the home to lock the kitchen at night which was actually only a relevant risk to one person. We also saw that food was not accessible to other people so they could make themselves a snack if they wanted to.

At this inspection we found that this risk was now being individually managed and the kitchen remained open and food was available to people without them having to ask staff.

The deputy manager told us that this had been a challenge for staff but that he understood that the blanket restriction had deprived other people of their liberty and independence.

Is the service well-led?

Our findings

At the last comprehensive inspection on 8 July 2014, we asked the provider to take action to make improvements in the way the quality of the service was monitored and how suggestions for improvement were acted on. This action has been completed.

Since the last inspection in July 2014 the deputy manager had developed a number of quality monitoring systems. These included quality monitoring surveys that were given to people who used the service, their relatives and representatives, staff and other stakeholders twice a year.

We saw the results from the last survey which included very positive views about the home. One person who lived at the home had written, "The best home in London." A healthcare professional had commented, "Generally happy with the transparency and openness of information that staff give. Staff are open to suggestions and are willing to try new approaches to support residents."

Relatives we spoke with at this inspection were also very complimentary about the home and the way it was run. They told us the home felt like, "one big happy family", and that staff, "make us feel so welcome". They told us they were asked their opinion about the quality of the service during regular reviews as well as through the surveys.

The deputy manager had made sure that regular house meetings took place with people who used the service and we saw from minutes of these meetings that people's views about the quality of the service were sought as well as any suggestions they had for improvements.

The deputy manager told us that these meetings were a challenge as some people were not interested in attending these on a three monthly basis which was what he had envisioned the frequency to be. We discussed less formal approaches that people's views could be sought for example, as part of a group activity with tea and cakes.

The deputy manager had also implemented systems to audit various health and safety and treatment monitoring within the home. For example, we saw that care plans were audited every three months and that risk assessments were reviewed as part of this audit. We saw that updates and changes were made to these plans as people's needs changed.

We asked staff how the home's visions and values were shared with them. Staff told us this was discussed in meetings and during supervisions. One staff member told us, "They explained about that, about what's important to each person: their likes and dislikes. They also ask my opinion about what works and what doesn't work." Another member of staff told us, "They respect my opinion."