

Mrs Juliette Taylor

Preston Lodge

Inspection report

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Date of inspection visit:
21 November 2016
22 November 2016

Date of publication:
06 January 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 21 and 22 November 2016 and was unannounced. Preston Lodge provides accommodation and personal care to a maximum of six people with dementia. At the time of our inspection, there were six people using the service.

Our last inspection on 13 January 2016 found five breaches of regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found breaches in respect of medicines management, appliances, deprivation of liberties safeguards (DoLS) authorisations, staffing and good governance.

There was a registered manager in post at the time of our inspection. 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 who used the service told us they were satisfied with the care and services provided in the home. During the inspection we observed that people were well cared for and appropriately dressed. People who used the service said that they felt safe in the home and around staff.

Safeguarding policies and procedures were in place to help protect people and minimise the risks of abuse to people. Care support staff were able to describe the process for identifying and reporting concerns and were able to give examples of types of abuse that may occur. They told us that if they saw something of concern they would report it appropriately.

The inspection in January 2016 found a breach of regulation as controlled drugs were not stored in accordance with legislation. The inspection in November 2016 found that the provider had addressed this and the appropriate medicines storage cabinet was in place. We also found that appropriate arrangements were in place in relation to the recording and administration of medicines.

The inspection in January 2016 found that there was an unpleasant odour in one person's bedroom and a large stain on the carpet. The inspection in November 2016 found there was no unpleasant odour in any bedrooms or in communal areas. Also the large stain on the carpet had been removed. We also found that some areas of the home which were 'tired' looking at the previous inspection had been redecorated.

The inspection in January 2016 found that the safety inspections for portable appliances was overdue and we found a breach in respect of this. During the inspection in November 2016 we saw evidence that since the last inspection this safety test had been carried out.

On both days of the inspection we observed that care support staff did not appear rushed and were able to complete their tasks. Care support staff we spoke with told us there were enough staff and they were able to complete their tasks. The registered manager confirmed that they did not use agency staff and that the

home focused on ensuring there was consistency of care support staff so that people who lived in the home were familiar and comfortable around care support staff.

People's health and social care needs had been appropriately assessed. Care plans were person-centred, detailed and specific to each person and their needs. Care preferences were also noted.

During the inspection in January 2016 we did not see sufficient evidence to confirm that care support staff were supported in respect of training and supervisions and we found a breach of regulation in respect of this. The inspection in November 2016 found that the provider had taken appropriate action to improve the service. Care support staff had completed appropriate training and received regular supervision sessions where they had an opportunity to review their personal development and progress.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The inspection in January 2016 found that people's capacity to make specific decisions was not always recorded in people's care plans and we found a breach of regulations in respect of this. During the inspection in November 2016 we saw evidence that care plans included information about people's mental health which included details about people's mental state and cognition. We also found care support staff had received training in the MCA.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS ensure that an individual being deprived of their liberty is monitored and the reasons why they are being restricted is regularly reviewed to make sure it is still in the person's best interests. The provider confirmed that since the last inspection, they had made the necessary DoLS application and the assessments had been carried out but they were waiting for the necessary documentation..

People spoke positively about the food in the home and told us that there was a variety of food available. Staff were aware of special diets people required either as a result of a clinical need or a cultural preference. We also noted that the food prepared on the day of the inspection was freshly prepared and looked appetising.

During the inspection in January 2016 it was not evident how the provider was monitoring its service in order to demonstrate how they were ensuring that people were protected against the risk of unsafe or inappropriate care and we found a breach of regulations in respect of this. The inspection in November 2016 found the provider had introduced various audits and checks in order to monitor the quality of care provided in the home. The inspection in November 2016 found that there were effective systems and processes in place to assess, monitor and improve the quality of the services provided.

There was a management structure in place with a team of care support staff, administrator and the registered manager. All care support staff spoke positively about working at the home and told us that the morale within the home was good. The home had an open and transparent culture. Staff were encouraged to have their say and were supported to improve their practice.

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 who used the service told us they felt safe in the home.

There were processes in place to help ensure people were protected from the risk of abuse.

We saw that appropriate arrangements were in place in relation to the management and administration of medicines.

The home was clean and infection control measures were in place. There was a record of essential inspections and maintenance carried out.

Is the service effective?

Good ●

The service was effective. Staff had completed training to enable them to care for people effectively. Staff were supervised and felt well supported by their peers and the registered manager.

People were able to make their own choices and decisions. Staff and the registered manager were aware of the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) and the implications for people living in the home.

People were provided with choices of food and drink. People's nutrition was monitored and dietary needs were accounted for.

People had access to healthcare professionals to make sure they received appropriate care and treatment.

Is the service caring?

Good ●

The service was caring. We saw that people were treated with kindness and compassion when we observed staff interacting with people who used service. The atmosphere in the home was calm and relaxed.

People were treated with respect and dignity. Staff respected people's privacy and dignity and were able to give examples of how they achieved this.

Wherever possible, people were involved in making decisions about their care. Care plans provided details about people's needs and preferences. Staff had a good understanding of people's care and support needs.

Is the service responsive?

Good ●

The service was responsive. Care plans were person-centred, detailed and specific to each person's individual needs. Care preferences were noted in the care plans.

A formal satisfaction survey was carried out in August 2016. The feedback received was positive and no concerns were raised.

The home had a complaints policy in place and there were procedures for receiving, handling and responding to comments and complaints.

Is the service well-led?

Good ●

The service was well led. People who used the service told us the registered manager was approachable and they were satisfied with the management of the home.

The home had a clear management structure in place with a team of care support staff, the administrator and the registered manager.

Staff were supported by the registered manager and felt able to have open and transparent discussions with her.

The quality of the service was monitored. Regular audits had been carried out by the provider.

Preston Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced inspection on 21 and 22 November 2016 of Preston Lodge. The inspection was carried out by one inspector.

Before we visited the home we checked the information that we held about the service and the service provider including notifications about significant incidents affecting the safety and wellbeing of people who used the service.

During this inspection we observed how staff interacted with and supported people who used the service. We reviewed four care plans, three staff files, training records and records relating to the management of the service such as audits, policies and procedures. We spoke with six people who used the service and one relative. We also spoke with the five members of staff including the registered manager.

Is the service safe?

Our findings

We asked people who used the service if they felt safe in the home, they told us "yes" or nodded to indicate that they did. One person said, "I feel safe." Another person told us, "I feel comfortable here." One relative we spoke with told us they were confident that their relative was safe in the home and raised no concerns in respect of this.

During this inspection we found there were systems in place to help people receive their medicines safely. We checked some of the medicines in stock and these were accounted for. There were arrangements in place in relation to obtaining and disposing of medicines appropriately. The home had a medicines storage facility in place. The facility was kept locked and was secure and safe. During the inspection in January 2016 we found that controlled drugs were not stored in accordance with current legislation, specifically the Misuse of Drugs (Safe Custody) Regulations 1973 as amended as they were not stored in the appropriate cupboard. We found a breach of regulations in respect of this. During the inspection in November 2016 the service had the appropriate facility in place which was fixed to the wall and stored separately from other medicines.

There was a policy and procedure for the management of medicines to provide guidance for staff. We saw evidence that the policy was recently reviewed, to ensure that it provided up to date information on safe handling of medicines.

We viewed a sample of medicines administration records (MARs) for people who used the service. These were accurate and were up to date with no gaps with the exception of two people's MAR on 22 November 2016. On the first day of the inspection we saw two people's MARs had been signed on the 22 November 2016 for prescribed medicines instead of the 21 November 2016 which was the correct date. The member of staff who recorded this told us of this error on the day of the inspection and explained that it was an oversight. We noted that the error was documented accordingly on the MAR sheet. We discussed this with the registered manager and she explained that this error was very rare and may have been due to care support staff feeling nervous on the day of the inspection.

We saw evidence that staff had completed training in relation to the procedures for safe storage, administration and handling of medicines with an external pharmacy.

During the inspection in January 2016 there was no evidence that the home carried out their own internal medicines audits. However, during the inspection in November 2016 we saw evidence that they had introduced internal monthly audits to ensure medicines were being correctly administered and signed for and to ensure medicines management and procedures were being followed. There was evidence that these had been carried out consistently since the inspection in January 2016. An external pharmacy had also carried out a medicines audit in February 2016 and raised no major concerns about medicines management in the home.

We found that some risks to people were identified and managed so that people were safe and their

freedom supported and protected. Individual risk assessments were completed for each person using the service. Risk assessments were in place for various areas such as falls, smoking and leaving the home without informing staff. However, we found that some risk assessments lacked information about potential hazards and lacked guidance for staff. We discussed this with the provider and following the inspection, the provider sent us revised risk assessments for two people which included further information about potential hazards and guidance for staff and the provider confirmed they would review the risk assessments to ensure they included more detail and guidance for care support staff.

Safeguarding policies and procedures were in place to help protect people and minimise the risks of abuse to people. The inspection in January 2016 found that the policy referred to the CQC and local authority safeguarding team. However, it did not specifically state the need to inform the local safeguarding team or the CQC of safeguarding allegations. During the inspection in November 2016 we saw evidence that the safeguarding policy had been updated accordingly.

During the inspection in November 2016 we saw evidence that care support staff had received training in safeguarding people with the local authority. Care support staff were able to describe the process for identifying and reporting concerns and were able to give examples of types of abuse that may occur. They told us that if they saw something of concern they would report it to management, the local safeguarding team or the CQC. Staff were familiar with the whistleblowing procedure and were confident about raising concerns about any poor practices witnessed.

There was an infection control policy and measures were in place for infection prevention and control. A cleaning schedule was in place which allocated cleaning responsibilities to care support staff to ensure that the home was kept clean. During the inspection in January 2016 we found that there was an unpleasant odour in one person's bedroom and a large stain on the carpet. During the inspection in November 2016 there was no unpleasant odour in any bedrooms or in communal areas. Also the large stain on the carpet had been removed. The inspection in January 2016 found several areas of the home environment were 'tired' looking. During the inspection in November 2016 we saw some areas of the home had been redecorated and that the carpets were clean. We also found that the fridge door in the kitchen had been repaired.

The home had plans in place for a foreseeable emergency. This provided staff with details of the action to take if the delivery of care was affected or people were put at risk. For example, in the event of a fire. The fire plan was on display in the home indicating fire exits and escape routes. We also observed that each person had a personal emergency evacuation plan (PEEP) in place.

The fire alarm was tested weekly to ensure it was in working condition. We noted that fire records indicated the fire alarm test had last been carried out on 29 October 2016. We raised this with the provider who confirmed that the fire alarm was last tested on 16 November 2016 as part of the maintenance check and showed us evidence of this. The provider explained that this information had not been transferred into the fire records book on this occasion and said that they would ensure the fire records documentation was updated accordingly in future. Fire drills were carried out monthly and were recorded. One person who smoked told us that they could only smoke in a designated smoking area outside the home.

The inspection in January 2016 found the safety inspections for portable appliances was overdue and we found a breach in respect of this. During the inspection in November 2016 we saw evidence that since the last inspection this safety test had been carried out.

We checked window restrictors in five bedrooms and found that these were in place.

On both days of the inspection we observed that care support staff did not appear rushed and were able to complete their tasks. Care support staff we spoke with told us there were enough staff and they were able to complete their tasks. The registered manager confirmed that they did not use agency staff and that the home focused on ensuring there was consistency of care support staff so that people who lived in the home were familiar and comfortable around care support staff. We noted that the home had a low staff turnover rate with the majority of staff having worked at the home for a considerable amount of time. Since the last inspection we found that no new staff had been employed. We looked at the staff duty rota on the first day of the inspection and found that it accurately reflected the staff on duty.

We looked at the recruitment process to see if the required checks had been carried out before staff started working at home. There were recruitment and selection procedures in place to help ensure people were safe. We looked at the recruitment records for three members of staff. We found background checks for safer recruitment including enhanced criminal record checks had been undertaken and proof of their identity and right to work in the United Kingdom had also been obtained. Two written references had been obtained for staff with the exception of one staff file where there was one reference available and we raised this with the provider. We noted that this member of staff had worked at the home for a considerable number of years. The provider told us that they would obtain a further reference for this person for the purposes of the file.

Is the service effective?

Our findings

People who used the service spoke positively about the home. One person said, "This is a very nice home. It is beautiful here. I am happy here." Another person told us, "It is nice here." One relative told us, "I am happy with the care. I have no concerns."

During the inspection in January 2016 we did not see sufficient evidence to confirm that care support staff were supported in respect of training and supervisions and we found a breach of regulation in respect of this. At the time of the inspection in January 2016, the provider was unable to provide us with confirmation detailing what training each member of staff had undertaken. During the inspection in November 2016, we looked at the training records for care support staff and saw evidence that they had received a combination of online and classroom based training with the local authority and external organisations since the last inspection. Staff had completed training in various areas which included safeguarding, first aid, fire safety, dementia awareness and medicines administration. Certificates confirming what training staff had completed were available.

The provider confirmed that staff had completed an induction when they started working at the home and this was confirmed by care support staff. We saw evidence that some care support staff were in the process of completing the 'Care Certificate'. The new 'Care Certificate' award replaced the 'Common Induction Standards' in April 2015. The Care Certificate provides an identified set of standards that health and social care workers should adhere to in their work.

The inspection in January 2016 found there was a lack of evidence to confirm supervision sessions took place on a regular basis for care support staff. During the inspection in November 2016 we saw evidence that care support staff received regular supervision sessions where they had an opportunity to review their personal development and progress and this was confirmed by care support staff we spoke with. The provider confirmed that all care support staff were scheduled to receive an appraisal in December 2016 after they had completed their supervisions for 2016.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The inspection in January 2016 found that people's capacity to make specific decisions was not always recorded in people's care plans and we found a breach of regulations in respect of this. During the inspection in November 2016 we saw evidence that care plans included information about people's mental health which included details about people's mental state and cognition. We also found that since the inspection in January 2016 care support staff had received training in the MCA with the local authority. Care support staff had basic knowledge of the MCA and were aware that when a person lacked the capacity to make a specific decision, people's families, staff and others including health and social care professionals

would be involved in making a decision in the person's best interests.

During our inspection in January 2016 we found that where people were unable to leave the home because they would not be safe leaving on their own, the home had not applied for the relevant authorisations called Deprivation of Liberty Safeguards (DoLS) for all people concerned. These safeguards ensured that an individual being deprived of their liberty through not being allowed to leave the home without staff supervision, is monitored and the reasons why they are being restricted is regularly reviewed to make sure it is still in the person's best interests. During the inspection in November 2016 the provider explained to us that they had made DoLS applications for four people who used the service, and the local authority had carried out assessments for all these people. The provider explained that they were waiting for the necessary authorisations in respect of this.

All the people in the home spoke positively about the food provided. One person said, "Marvellous food here. I get anything I like. The food is tasty." Another person told us, "The food is fine. I get a choice of food. They cook West Indian food for me. It is very good." There was a weekly menu and staff told us that they asked people what they wanted to eat the day before and then prepared meals based on this. We looked at the menu for the week of the inspection and noted that there was a variety of meals available. On the day of the inspection we noted that food was freshly prepared. On the first day of the inspection we noted that one person did not want to eat any of the options available and we saw care support staff accommodated this and they prepared an alternative meal for this person.

During the inspection we observed lunch and noted that there was a relaxed atmosphere. People were sitting together at the dining table and care support staff spoke with people, interacted with them and assisted them when required. People also had the option of eating alone if they wished to do so and we saw some people do this.

We observed that meals were presented attractively. Care support staff took care to offer people choices about what they wanted. People were offered water, juice, teas and coffees during the meal. Care support staff were attentive and created a pleasant atmosphere chatting with people over lunch.

At the time of our inspection, we saw that the kitchen was clean and there were sufficient quantities of food available. When asked whether there were sufficient quantities of food available, one care support staff told us, "Yes definitely. There is always enough food. The manager does a weekly shop." We checked a sample of food stored in the fridge and saw they were all within their expiry date and stored appropriately when opened.

The service monitored people's nutrition so that care support staff were alerted to any significant changes that could indicate a health concern related to nutrition. We saw evidence that people's weights were recorded monthly. We noted that at the time of our inspection, there were no concerns about people's weight.

People were supported to maintain good health and have access to healthcare services and received on-going healthcare support. Care plans detailed records of appointments with health and social care professionals.

Is the service caring?

Our findings

When asked about the home and how they felt about living there, one person told us, "Staff are absolutely lovely. Staff are nice and very helpful in every way." Another person said, "Staff are wonderful." Another person told us, "All is fine here. It is homely. Staff are very nice and listen to me." One relative told us that the home was caring and said, "Staff treat people with respect and dignity. Staff are pleasant and helpful."

All care support staff we spoke with had a good understanding of the importance of treating people as individuals and respecting their dignity. They also understood what privacy and dignity meant in relation to supporting people with personal care. We observed care support staff knocked on people's bedroom doors and waited for the person to respond before entering. Bedroom and bathroom doors were closed when care support staff supported people with their personal care needs.

We observed respectful and caring interactions between care support workers and people who used the service. Care support staff showed interest in people and were present to ensure that people were alright and their needs attended to. They were attentive and talked in a gentle and pleasant manner to people. People appeared to be comfortable and at ease in the presence of care support staff and the registered manager. We observed that the registered manager had a good rapport with people who used the service.

We saw some information in people's care plans about their life history and their interests. Care support staff we spoke with were knowledgeable about people's likes, dislikes and preferences. Care plans included information about people's interests and their background and the provider used this information to ensure that equality and diversity was promoted and people's individual needs met. Staff were aware of information regarding people's background, interests and needs. This ensured that staff were able to understand and interact with people.

Care plans included information that showed people had been consulted about their individual needs including their spiritual and cultural needs. The registered manager explained that they supported people with their spiritual needs and said that all people were treated with respect and dignity regardless of their background and personal circumstances. We saw evidence that one person liked to visit the church regularly and was supported by care support staff to do this. One care support staff also explained that they spent time reading the Bible to this person regularly.

People were supported to maintain relationships with family and friends. One relative told us that they were well treated whenever they visited the home and they were kept informed about their family member's progress.

People had the use of two lounges, both of which were comfortable and homely. People told us that they were satisfied with the home and that it had a "homely" feel. People had free movement around the home and could choose where to sit and spend their recreational time. We saw people were able to spend time the way they wanted. Some people chose to spend time in the communal lounges and some people chose to spend time in their bedroom.

Bedrooms had been personalised with people's belongings, such as photographs and ornaments, to assist people to feel at home.

Is the service responsive?

Our findings

People who used the service and one relative we spoke with told us they were happy to raise any concerns they had with the staff and management at the home. One person said, "They do listen to me." Another person told us, "[The registered manager] is a very nice lady. I can talk to her if I have any questions." One relative told us they were aware of the complaints procedure and would speak with the registered manager if they had to.

There was a complaints policy in place which detailed the procedures for receiving, handling and responding to comments and complaints. We saw the policy also made reference to contacting the CQC if people felt their complaints had not been handled appropriately by the home. The service had a system for recording and dealing with complaints. At the time of the inspection, we noted that there were no complaints since the inspection in January 2016.

When speaking with care support staff, they told us they were confident to approach the registered manager. Staff felt matters would be taken seriously and the registered manager would seek to resolve the matter quickly.

People were provided care which was individualised and person-centred. People and their representatives were involved in planning care and support provided. Care plans were prepared with the involvement of people and their representatives and were personalised. However, care plans were not signed by people or their representatives to show that they had agreed to the care they received. We discussed this with the provider and they explained that they would ensure that the care plans were signed accordingly.

People received personalised care that was responsive to their needs. People's care plan contained information about them, their needs and preferences and included a support plan outlining the support the person needed with various aspects of their daily life such as health, personal care and hygiene, nutrition and medication.

We spoke with care support staff about what activities were available in the home. They explained that some of the activities available included board games, daily exercises, reading the newspaper together and discussing topics and going out. We noted that there was no formal activities timetable in place and the provider explained that this was because there was flexibility in terms of activities as it depended on what people wanted to do on a particular day depending on their mood. We noted that care support staff had recently taken people to a local Christmas fair and planned to take people to a Christmas party at a local school the following week. On the day of the inspection we saw that some people spent the morning watching television in the lounge and another person went out to the local shops.

There was a system in place to obtain people's views about the care provided at the home. There was a comments book for people to communicate their feedback and comments. We saw evidence that resident's meetings were held monthly so that people could raise any queries and issues. A formal satisfaction survey was carried out in August 2016 and we noted that the feedback was positive and no concerns were raised.

The registered manager explained that people were encouraged to raise issues with her and staff whenever they wished to and not to wait for a satisfaction survey.

Is the service well-led?

Our findings

People who used the service and relatives spoke positively about management at the home. They told us they found the registered manager to be approachable and they felt comfortable raising queries with her. One person said, "[Registered Manager] is a very nice lady and I can talk to her if I have any questions." When asked if they felt able to speak with the registered manager, one person told us, "Yes of course I can speak with [Registered Manager]." One relative said, "The manager is very helpful and listens."

During the inspection in January 2016 it was not evident how the provider was monitoring its service in order to demonstrate how they were ensuring that people were protected against the risk of unsafe or inappropriate care and we found a breach of regulations in respect of this. We found that there was a lack of regular checks in relation to various aspect of care in the home which included medicines, housekeeping, infection control, staff training and supervisions. The inspection in November 2016 found that since the last inspection, the provider had introduced various audits and checks in order to monitor the quality of care provided in the home. We saw documented evidence that the provider had introduced and carried out various monthly audits which included medicines administration, fire safety, equipment, infection control and maintenance in the home. The inspection in November 2016 found that there were effective systems and processes in place to assess, monitor and improve the quality of the services provided.

There was a management structure in place with a team of care support staff, administrator and the registered manager. All care support staff spoke positively about working at the home and told us that the morale within the home was good. Staff said that management were approachable and the service had an open and transparent culture. They said that they did not hesitate to bring queries and concerns to the registered manager. One care support staff told us, "I can speak with the manager. I am supported and pleased working here." Another care support staff said, "The support is good. The manager tries. I feel able to talk to her. I am happy here." On the day of the inspection we observed that there was a good working rapport between care support staff and they communicated well with one another.

Staff were informed of changes occurring within the home through daily handover meetings. The provider confirmed that they did not have formal staff meetings as the team was small and daily handover meetings enabled them to discuss on-going issues regularly and as they occurred. Care support staff told us that they received up to date information. One care support staff told us, "Communication is good. Communication is great here. It is very important that we all communicate well." Another care support staff said, "Communication is good here. I am kept informed."

There was a comprehensive range of policies and procedures necessary for the running of the service to ensure that staff were provided with appropriate guidance. We saw that these were recently reviewed and updated where necessary.

The home had a system for recording accidents and incidents and learning from these to prevent them reoccurring.

People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.