

Curado Ltd

Lona Lodge

Inspection report

307, Sutton Common Road,
Sutton, Surrey,
SM3 9NH

Date of inspection visit: 29 July 2015
Date of publication: 18/09/2015

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

This inspection took place on 29 July 2015 and was unannounced. At our last inspection on 7 May 2014 the service met all the regulations we inspected.

Lona Lodge provides accommodation, care and support for up to five people with mental health needs. The aim is to help people to live with more independence in the community and the average length of stay is approximately two years. There were three people using the service when we visited.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 told us they felt safe with the service they received. There were arrangements in place to help safeguard people from the risk of abuse. The registered manager and staff, the people who used the service and their relatives were all aware about how to report suspected abuse.

Summary of findings

People had risk assessments and risk management plans to reduce the likelihood of harm. Staff knew how to use the information to keep people safe and work with them positively to help them be as independent as possible.

The registered manager ensured there were safe recruitment practices to help protect people from the risks of being cared for by staff assessed as unfit or unsuitable.

Safe medicines management processes were in place and people were supported to self-medicate where they were able to do so.

People received effective care because staff were appropriately trained and supported to do their jobs.

All the people living in the home had the capacity to make decisions. Staff had received appropriate training and had a good understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure people are only deprived of their liberty in a safe and correct way.

People were encouraged and supported by staff to become more independent by developing the knowledge and skills to do so. This included eating well and staying healthy. When people needed care and support from healthcare professionals, staff ensured people received this promptly.

People had care plans outlining the goals they wished to achieve whilst at the service and what support they required from staff to achieve them. People were involved in planning their care and their views were sought and planned for as a central and important part of the process. The service regularly monitored people's changing needs and involved them in discussions about any changes that needed to be made to their care plans.

Support workers respected people's privacy and treated them with respect and dignity.

People were encouraged to maintain relationships with the people that were important to them. Relatives and other visitors were made to feel welcome and told us they were free to visit people in the home without restrictions.

The provider encouraged people to raise any concerns they had and responded to them in a timely manner. People were aware of the complaints policy.

People gave positive feedback about the management of the service. The registered manager and the staff were approachable and fully engaged with providing good quality care for people who used the service. The provider had systems in place to continually monitor the quality of the service and people were asked for their opinions via feedback surveys. Action plans were developed where required to address areas that needed improvements.

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. There were enough staff to support people safely. Staff knew how to recognise and report any concerns they had in order to protect people from the risk of abuse or harm. The provider had taken appropriate steps to protect people from the risks of being cared for by unfit or unsuitable staff through effective staff recruitment.

Regular checks of the environment and equipment were carried out to ensure risks were identified so they could be dealt with. There were appropriate plans in place to minimise and manage risks to people, and to keep them safe from injury and harm in the home and community.

People received their prescribed medicines when they needed them. Medicines were stored and administered safely.

Good



Is the service effective?

The service was effective. Staff had the knowledge and skills to support people who used the service. They received regular training and support to keep their skills and knowledge updated.

People were encouraged and supported by staff to become more self-sufficient by developing the knowledge and skills to do so. This included eating well and staying healthy. When people needed care and support from healthcare professionals, staff ensured people received this promptly.

All those people living in the home had the capacity to make decisions. Staff had received appropriate training and had a good understanding of the Mental Capacity Act 2005 and the DoLS to help protect people's rights.

Good



Is the service caring?

The service was caring. People said staff were kind, caring and supportive.

People were central in making decisions about their care. Their views were listened to and used to plan their rehabilitation care and support plans.

Staff respected people's dignity and right to privacy. Relatives were free to visit their family members living at the home.

Good



Is the service responsive?

The service was responsive. People's needs were assessed and care plans were in place which set out how these should be met. These plans reflected people's individual choices and preferences for how they wanted to live their lives in the home and community.

People were encouraged to maintain relationships with the people that were important to them. People were supported to live an active life in the home and community.

People told us they were comfortable raising any issues or concerns they might have and they felt these would be dealt with appropriately.

Good



Summary of findings

Is the service well-led?

The service was well led. Staff told us they thought the service was well managed and they experienced a positive working environment. People's views and those of their relatives were sought about the quality of care and support they experienced. Staff acted on people's suggestions for improvements.

The registered manager carried out regular checks to monitor the safety and quality of the service.

Good



Lona 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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 29 July and was unannounced.

This inspection was carried out by a single inspector. We reviewed the information we had about the service prior to our visit and we looked at notifications that the provider is legally required to send us about certain events such as serious injuries and changes within the organisation.

We gathered information by speaking with all three of the people living at Lona Lodge and one of

their relatives, a social worker, a community psychiatric nurse, the registered manager, a director and two members of staff. We observed the provision of care and support to people living in the home. We looked at the three people's care records and three staff records and reviewed records related to the management of the service.

Is the service safe?

Our findings

People told us they felt staff supported them in a safe way at Lona Lodge. One person said, “I am safe here. The staff look after me well, actually they’ve saved my life.” Another person said, “I’m ok thanks, quite safe. I like it here but I’m looking forward to moving on to my own flat.” At our inspection we observed a relaxed, friendly atmosphere. We saw that people were kept safe by staff.

The service helped people to be protected from abuse. Staff told us they had received all the training they needed to carry out their safeguarding roles and responsibilities. They described how they would recognise the signs of potential abuse and what they would do to prevent and report it, if it occurred with the people they supported. We saw certificated evidence for those staff whose records we checked for safeguarding adult's training. The registered manager told us if there were any concerns or safeguarding incidents they would report them to the CQC and to the local authority safeguarding teams.

The registered manager showed us a copy of the Pan London safeguarding policy that was available for reference - “Protecting adults at risk; London multi-agency policy and procedures to safeguard adults from abuse”. Staff told us they were required to know the appropriate policies and procedures to help safeguard people, which included; staff whistle blowing, how to make a complaint, and reporting accidents and incidents. They said they had to sign to say they had read and understood them. We saw evidence of this.

Risks to people had been assessed and the risks managed through people’s care plans so that they were appropriately protected and supported. We saw care plans and risk assessments had been recently reviewed with the person concerned, their relatives, staff and local authority care managers. For example individual risk assessments had been carried out for violence and aggression to others and harm to self.

The service had other risk assessments and risk management plans in place to ensure identified risks were minimised so that people and staff were helped to keep safe and protected. Regular service and maintenance checks of the home and equipment had been undertaken. There was an up to date fire risk assessment, an

environment audit and a quarterly health and safety check to help to ensure any risks were identified so they could be dealt with. We saw records that confirmed what we were told and we saw these had been maintained to date. We observed the home was clean, tidy and kept free of clutter. This meant that people could move safely around the home.

People said there were enough suitably qualified and experienced staff to keep people safe and to meet their needs. One person said, “Yes there are enough staff here.” We looked at the rota and we saw that the staff ratio to people provided sufficient cover to meet the needs of people. The registered manager told us if people’s needs increased, there were provisions in place for additional staff support to be provided as required.

Staff files we inspected showed there were recruitment checklists in each file to document all the stages of the recruitment process and to ensure that the necessary steps had been carried out before staff were employed. These included criminal record checks, proof of identity and the right to work in the UK, declarations of fitness to work, suitable references and evidence of relevant qualifications and experience. This showed that the provider had taken appropriate steps to protect people from the risks of being cared for by unfit or unsuitable staff.

Senior staff told us they administered medicines with people. The registered manager told us that only senior staff were allowed to administer medicines to people. However people were encouraged and supported to self-medicate when appropriate as a part of their rehabilitation programme.

People’s medicines were managed so that they received them safely. We found that there were appropriate arrangements in place in relation to obtaining, storing, administering and the recording of medicines which helped to ensure they were given to people safely. All the medicines were safely stored away in a locked medicines cabinet. We looked at a random sample of medicine administration record (MAR) sheets. We saw that medicines records were maintained appropriately. A senior member of staff told us there was a daily audit of the procedures for administering medicines to people. We saw appropriate records that demonstrated this.

Is the service effective?

Our findings

Staff received regular training and support to meet the needs of people using the service. Records showed the registered manager met regularly with staff to discuss and appraise their work performance, their learning and development needs and any issues or concerns they had about their role. Staff told us they attended regular one to one supervision meetings.

One member of staff said, “I meet with the manager every four to six weeks and I find it helpful. We discuss resident’s issues, my training needs and any other business relevant to the home.” Another new member of staff told us, “Access to training is very good here and I have found it really useful at the start of my work here.” We looked at staff records and found training information on all the staff files. There was a list of all training that had been completed, together with certificated evidence. The training provided covered the essential areas of knowledge, skills and competencies that the provider had assessed staff needed to do their jobs effectively. We noted that there was additional specific training that was accessed by staff such as that for the Mental Capacity Act 2005 and the duty of care, both additions to the training programme. The registered manager told us some of the training was provided in house, some by the London Borough of Sutton and some through e-learning.

People were able to make decisions about their everyday life and were asked for their consent before care and support was provided. It was clear from speaking with people they were actively involved in their rehabilitation programmes and were encouraged to make decisions about their care and support needs. The aim of the programme of care and support provided at Lona Lodge is to enable people to move on to more independent accommodation and to successfully support themselves wherever possible. The care records we saw showed wherever people were able to do so, they were involved in

making decisions about their care and support and their consent was sought and documented. All the people living at Lona Lodge had the capacity to make decisions about specific aspects of their care and support at the time of this inspection. The registered manager said that people’s capacity to make important decisions was always discussed at their care planning meetings so everybody was aware of the person’s ability to decide on what was in their best interests.

People prepared their own meals as a part of their rehabilitation programme. However when assistance was needed they received support in planning their shopping and preparing their meals, so they could have a healthy and balanced diet. One person said, “We go shopping for ourselves and reclaim what we spend. Staff do help us if we need it.” Another person said, “I am just starting to cook here, once a week. I am looking forward to learning how to cook a few meals.” People were encouraged to shop and cook their own food and provided with appropriate support when required. Some meals were also provided for people. People told us they enjoyed their meals and were pleased to gain the experience they hoped would help them to be able to live more independently in the future. We met a member of staff who told us their role covered doing some cooking for people but also provided specific training for people to gain their own skills with shopping, cooking and preparing meals. They said they found their role very rewarding as it was good to see people being enabled to learn new skills and to become more self-sufficient.

People were supported to maintain good health and have appropriate access to healthcare services. Care files confirmed that all the people were registered with a local GP and had regular annual health checks. People’s health care needs were also well documented in their care plans. We could see that contacts people had with health care professionals were recorded in their health care plan.

Is the service caring?

Our findings

One person told us, “Yes I think the staff are very caring. They are helping me to become more independent so that I can have my own place.” Another person said, “The staff are almost too caring sometimes. I’ve come from hospital where they didn’t care much at all but here we get a lot of help from the staff.” A relative said, “They look after [my relative] and treat them well.”

When we inspected people’s care files we saw that comprehensive referral information had been provided by agencies for people hoping to live at Lona Lodge. There was also good needs and risk assessment information on the files. Staff told us they were expected to read this information so that they had a better understanding of people, their personal histories, their preferences, their needs and their aspirations. During the inspection we saw the conversations and interactions between people and staff were warm and friendly yet respectful. Staff knew people well and they used this knowledge to build trusting relationships with people. Staff told us they did this so they could best engage with people to help them build their self-confidence and to develop strategies that would help them achieve their goals of moving on successfully into more independent living. In our conversations with staff we noted they talked about people in a caring and respectful way.

As an important part of the rehabilitative programme people were encouraged to express their views and be involved in making as many decisions about their care and support as possible. People’s records showed that people and where appropriate their family members and other

healthcare professionals had been involved in the planning of their care and support needs. As part of this process people’s views and preferences had been sought and discussed which meant the care and support they received was reflective of their personal preferences. We saw that advocacy services were advertised on notice boards in the home and were available for people to use if they or their relatives wanted to do so.

We saw that people’s right to privacy and dignity was respected. Care plans set out how these rights should be supported by staff. This included maintaining people’s privacy and dignity when their care was being discussed. Staff told us they ensured this was done out of the earshot of anybody else. During the inspection we observed staff knocked on people’s doors and waited for permission before entering. We also observed instances where staff positively encouraged people to respect the personal space and boundaries of other people in the home. People’s records were kept securely within the home so that their confidential personal information was protected.

People were supported to be independent in the home and community. Records showed each person had time built into their weekly activities timetable for laundry, cleaning, shopping and any other tasks aimed at promoting people’s independence.

A relative said there were no restrictions on them visiting their family member at the home. They said, “I’m always welcomed and I can visit whenever I like.” The service held regular events at the home such as summer barbeques and other celebratory events and friends and family were invited to attend and participate.

Is the service responsive?

Our findings

We inspected people's care files and we saw they each had a care plan in place. People had contributed to the process of their care planning. Care records indicated that sometimes people's contribution was less at the beginning of their placement in the home. We could see that this coincided with times when they were less well but increased over time as their mental well-being increased and their aim for achieving more independent living became more likely. The care plans we saw identified each person's needs and their short and long term goals. Information was included in people's records about what people could do for themselves, their strengths, and how staff could support people to achieve the identified goals. We saw from the daily records how staff actually supported people and we saw this was consistent with the information in their care plans. People's care plans that we inspected had been reviewed regularly and all within the last three months.

Copies of reports from meetings people had with the healthcare professionals involved in the treatment of their mental health were kept in people's care records. These enabled staff to be informed of any changes in people's support needs and to identify progress the person had made since being at the service. We saw from the records there was good joint working with other professionals involved in people's care. The community psychiatric nurse

we spoke with confirmed joint working was really effective and told us that people were encouraged and supported by staff to undertake various activities and tasks. Records showed people had individual goals and aspirations which had been agreed with them and was aimed at increasing their independence in the home and community. We saw from activity records we inspected people had a varied and wide timetable including courses and adult education classes as well as gym and going for meals out.

House meetings were held every six weeks with people using the service. These meetings gave people the opportunity to discuss any concerns they had with the service and a chance to make plans for holidays or other celebratory occasions such as BBQs. We viewed the minutes from the meetings held in 2015. We saw on one set of meeting minutes that there was discussion about the importance of good food hygiene and people's weekly menus and the activities on offer, including any day trips they wished to take part in.

The complaints process was displayed in one of the communal areas so all people were aware of how to complain if they needed to. We reviewed the complaints received in the last year. We saw that where a complaint was made, this had been investigated and the complainant was responded to with the outcome of the registered manager's investigation. We saw that complainants could be invited to a meeting if they wanted to discuss a complaint further.

Is the service well-led?

Our findings

Staff told us they had a supportive management team, and they were able to raise any concerns they had. They told us there were regular staff team meetings and supervision meetings as well as frequent informal occasions where things could be discussed. Staff said the management team was “helpful and supportive” and they felt there was a good team spirit that made working in the home a positive experience for them. New staff members who we spoke with told us they were very well supported in their new roles by the manager and also by their colleagues. They said this had been particularly helpful to get to know the roles and responsibilities effectively early on in their jobs. Other staff felt the management team included them in discussions about the service and they felt involved in service progression and development.

Staff meetings were held every six weeks. A member of staff told us, “The meetings are a good way of sharing information with everyone so you all know what is going on.” We viewed the minutes from the last meeting in July 2015. This was used to update all staff on the progress made by people living in the home, to highlight staff training achievements, the importance of confidentiality and the involvement of people in activities. The registered manager also used staff meetings to discuss any issues or concerns about current working practices and any updates and changes within the home that staff needed to be aware of.

People told us they thought the registered manager listened positively to suggestions made. The registered manager told us they had asked people who used the service and their relatives for their opinions and they were asked to complete a satisfaction survey in 2013. We were told a survey was in the planning stages for 2015 and

feedback from people who use the services, their relatives, staff and other professionals would be asked for their views. The registered manager said the findings from the satisfaction survey would be analysed and any improvements needed would be implemented. The findings from the 2013 survey showed that people were satisfied with the support provided by staff and the services more generally in the home. They felt they were treated with respect and staff listened to them if they had any concerns or wanted to talk.

The registered manager undertook other audits to review the quality of the care provided for people using the service. These included a six monthly infection control audit, the medicines audit referred to earlier in this report and care plan reviews and this reviewed each person’s placement and their needs. This was in order to ensure their care plan objectives remained appropriate to their needs. A quarterly monitoring report was also undertaken that included audits of the health and safety processes and fire safety equipment. The proprietor told about an additional audit that has been used in the home that involved measuring people’s ongoing mental wellbeing. The aim of this to being to measure people’s positive psychological functioning, their good relationships with others and their mental well-being. This has helped the service to more accurately monitor people’s progress in their rehabilitation programme.

No concerns were identified in the audits we viewed, and they showed that the care and support provided by staff was in line with the service’s policies and procedures.

The registered manager ensured that statutory notifications were sent as required. Information was included to do with incidents that required notification to the CQC and the registered manager was clear about what was required to be reported.