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Shenley Lodge

Inspection report

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Date of inspection visit:
14 December 2021

Date of publication:
02 February 2022

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

About the service

Shenley Lodge is a residential care home providing personal care and support for up to seven people with learning disabilities. At the time of our inspection there were six people using the service.

People's experience of using this service and what we found

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

The model of care and setting maximised people's choice, control and independence. People and their relatives told us they were encouraged to do as much as they could for themselves. People told us they could make decisions about their day to day lives.

Care was person-centred and promoted people's dignity, privacy and human rights. The ethos, values, attitudes and behaviours of the registered manager and care staff ensured people using the service lead confident, inclusive and empowered lives. Staff were kind and caring and treated people with respect. Relatives said their loved ones were supported by staff who were compassionate and understanding.

People were safeguarded from the risk of abuse. Staff had completed appropriate safeguarding training and people told us they felt safe. Medicines were managed safely, and several checks were in place to help ensure they remained safe. Risks to people were assessed and managed safely. Risks were reviewed regularly, and routine checks were made to ensure people were receiving the care they needed.

There were sufficient numbers of staff in place and recruitment was ongoing. Support was provided by staff who had received the required training and supervision from the registered manager.

People were supported to be as independent as possible. People's dietary needs were documented and met. Healthcare services were accessed on a regular basis.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 19 September 2018)

Why we inspected

The inspection was prompted in part due to concerns related to the management of medicines, staffing, training, supporting people with choice, respect and dignity and nutrition and hydration. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from these concerns.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Shenley Lodge on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.	Good ●
Is the service effective? The service was effective.	Good ●
Is the service caring? The service was caring.	Good ●
Is the service responsive? The service was responsive.	Good ●
Is the service well-led? The service was well-led.	Good ●

Shenley Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Shenley Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and four relatives about their experience of the care provided. We spoke with three members of staff including the registered manager and two care staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and multiple medicine records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We gathered feedback from professionals who recently visited the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe from avoidable harm because staff knew people well and understood how to protect them from abuse. Comments included, "I feel safe here" and "Oh yes, definitely safe. We've never come across anything otherwise. He's always fine."
- Staff described the signs of abuse and confirmed their responsibilities regarding procedures to report concerns. A staff member told us, "I had safeguarding training, I know if I have any concerns I can speak with the manager. I can contact the local authority or CQC as well."
- People and their relatives told us they had safeguarding information, and they knew how and when to raise a safeguarding concern. One person told us, "I can speak with (registered manager)."

Assessing risk, safety monitoring and management

- There were systems in place to protect people from risk. Personalised risk assessments had been written for people covering a range of risks including eating and drinking, mobility, activities and supporting people when they were distressed.
- People and their relatives were consulted on how they wished to be supported with identified risks.
- Staff were familiar with the risk assessments in place. One staff told us, "I am aware of the risks for people, but we don't let these stop us. We follow the assessments and measures put in place to support them safely."
- The home was clean and odour free. The registered manager told us that they were working with the provider to develop the environment in accordance with people's needs and preferences.
- There was a fire risk assessment in place which had been completed by the registered manager. We discussed with the registered manager that fire risk assessments must be completed by a competent person. Following the inspection, the registered manager confirmed they were seeking advice from a professional fire risk assessor to review the fire safety procedures in place at the service.

Staffing and recruitment

- There were sufficient numbers of staff to support people safely. We asked people and their relatives about staffing levels and they told us, "If I go there, there's always enough staff around", "I am without any concerns" and "There are normally around three familiar staff we see... they have the same amount of people, and a couple of new faces now and then."
- One staff member told us, "I feel there are enough staff, we manage to get everything done. We also get to spend time with people."
- Staff had been recruited safely. Records showed that pre-employment checks had been completed to ensure staff were suitable to work with people.

- The registered manager spoke about the challenges of recruiting during the pandemic. They told us staff turnover at the home was low, and this provided greater consistency for people.

Using medicines safely

- Medicines were managed safely. There were clear processes for ordering, administration and disposal of medicines. Medicines were securely stored and regularly checked by the registered manager. Medicine administration records (MARs) confirmed people receive their medicines as prescribed.
- A relative told us, "It's very good care as far as we know or see. (Person) looks okay and has a lot of skin problems, but they've done really well with that, and they let me know."
- All staff had completed training and regular competence checks were carried out. Staff were clear on the process to follow for medicines errors.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service had effective measures in place to make sure this requirement was being met.

Learning lessons when things go wrong

- Staff understood their responsibilities to raise concerns. They told us the registered manager would listen to them and felt any concerns would be acted on and addressed quickly.
- The registered manager told us if things went wrong, they would apologise and give people suitable support and information.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments were detailed, holistic and provided assurance the service was able to safely meet the needs of people.
- The registered manager told us they were careful to look at the dynamics within the service and how new people could fit in to the existing structure.
- People had care plans that were personalised, holistic, reflected their needs and aspirations, included physical and mental health needs. Plans were updated and reviewed when things change, staff and records confirmed they were kept up to date. A relative told us, "Yes, we would be involved, as we have a yearly review."

Staff support: induction, training, skills and experience

- Staff understood their responsibilities and what was expected of them. Records confirmed staff had received training that was relevant to their roles and the needs of the people they worked with.
- A staff member told us, "I had an induction and spent time shadowing before starting to work on my own. I have regular training. We recently had infection control training."
- Records showed that staff had completed an induction process and the care certificate was available to new staff. The care certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff were supported with supervisions and appraisals. Staff we spoke with felt the provider and registered manager were very supportive.

Supporting people to eat and drink enough to maintain a balanced diet

- People received support to eat and drink enough to maintain a balanced diet. People's food and drink preferences were recorded in their care plans. People were involved in choosing their food, shopping, and planning their meals.
- One person told us, "I love the food here, rice and curry are my favourite. I have my own snacks." Another person said, "I like the food."
- A relative said, "He still has his food like at home - he still has rice, peas and chicken. And fruit."

Adapting service, design, decoration to meet people's needs

- The home was clean and well maintained. The environment met people's sensory and physical needs.
- People were involved in decorating the home and their rooms reflected their tastes and interests. A relative told us, "He loves TV, and they've got him a bigger TV in his room."

- There was a large outside space which people were able to make use of, weather permitting.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were referred to health care professionals to support their wellbeing and help them to live healthy lives.
- Staff supported people to have access to healthcare professionals such as the GP, psychiatrist, dentist and optician. This enabled mental and physical health needs to be assessed by external professionals. A relative said, "They call about any seizures or hospital, or if they call the GP they phone and let me know. He had the COVID-19 vaccines and they let me know about that."
- Staff monitored people's oral care to ensure their teeth and mouth were kept as healthy as possible. A relative told us, "He gets to see the dentist."

Ensuring consent to care and treatment in line with law and guidance

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

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had received training in MCA and DoLS and told us about the core principles of the MCA.
- Staff understood they needed to ensure any decisions taken were risk assessed and were in line with the person's best interests. A staff member told us, "People are not restricted, it's their home. We follow the guidance and assessments in place. We work with them flexibly."
- DoLS applications had been authorised by the local authority in line with MCA and there was a system in place to monitor and manage this.
- Relatives confirmed they were involved in decisions their loved ones were unable to make for themselves. One relative said, "I can't think of anything that's restricted. He's a homebody and I think he is at home there. We like the home environment as it's a house and a home, rather than care home."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us staff treated and supported them well. We observed staff speaking with people with respect. One person told us, "All staff are nice to me."
- People received kind and compassionate care from staff who used positive and respectful language. Staff were observed using appropriate styles of interaction, which people understood and responded well to. A relative told us, "I'm happy with the care. He is just very happy. They look after him very well." Another relative said, "They talk to him and they make him laugh."
- We observed staff taking time to talk with people and engage in their interests with enthusiasm. Care staff fully involved people, they were smiling and making eye contact with each other. Staff we spoke with showed genuine interest in people's well-being and quality of life.
- The registered manager and staff understood the importance of promoting equality and diversity. We saw arrangements had been made to meet people's personal wants and diverse needs, and from the information contained in their care records; people were fully enabled to develop and maintain any religious beliefs they had and their personal relationships with their circle of support.
- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics e.g. due to cultural or religious preferences. A staff member told us, "I treat people as I would like to be treated. I respect them and give them as much choice as possible."

Supporting people to express their views and be involved in making decisions about their care

- People, their relatives and advocates were involved in care planning, reviews and decision making. A person said, "I can do what I want." And "Staff help me, I chose my clothes."
- A relative told us, "When I go there, he is happy, and I see him tell them what he wants."
- Regular house meetings took place and we saw records available in people's preferred formats.
- A staff told us, "We involve people in everything we do."
- People were able to make suggestions about the staff they would like to support them, and the registered manager ensured that people and staff were closely matched. For example, if people had a preference of gender to help them with their personal care, staff ensured this was accommodated.

Respecting and promoting people's privacy, dignity and independence

- Staff told us how they maintained people's dignity. A staff member said, "I respect people's privacy, I make sure doors are closed when supporting people with their personal care."
- Staff gave people their space and privacy. A relative told us, "(Person) goes to his room for privacy."

- People were encouraged to do as much for themselves as possible, for example, we observed staff helping a person counting their money before leaving to go to the shops.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person-centred care. The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture as the care provided to them was according to their individual needs and wishes.
- People's likes, dislikes and preferences were recorded in their care plans and reviewed and updated when required. One staff member said, "Yes we have time to read the care plans. It helped to get to know people. Whenever there is an update, the manager lets us know."
- Staff recorded daily notes about each person to share important information about people and their preferences on that day. We saw records of handovers which was used to communicate up to date information about changes in people's needs and any actions to take.
- People were encouraged to make their own decisions and choices and told us they were involved in decisions about their day-to-day life. One person said, "I go to bed and wake up when I want." A relative said, "(Person) likes to do things. He likes to set the table, or he will do gardening."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were considered as part of the care planning process so that information was in line with their needs.
- Staff ensured people had access to information in formats they could understand. There were examples on notice boards of easy read and pictorial formats used for information sharing. For example, information about COVID-19 had been displayed for people to raise awareness and understanding.
- We observed staff speaking with people slowly and calmly. We also saw one person holding a staff member by their hand and directing them to what they needed. It was clear staff knew people well and understood their methods of communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in activities they enjoyed and were protected from the risk of social isolation. Staff and the registered manager told us that the restrictions throughout the pandemic had been difficult to manage as people's activities had changed significantly.

- Relatives told us, "(Person) likes doing sporty things in the garden, like bowling and he does it his own way" and "They seem to know what he likes with music, and he has a little dance, and they involve him in things."
- People were supported to maintain contact with their loved ones via face to face visits, telephone and video calls.
- A relative told us, "Visits are not a problem. We are nearby, just walk the dog and knock on the door to see if we can see him. If it was out of hours, we can still go."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place. Relative told us they knew of the procedure but did not have any concerns or complaints. One relative told us, "We communicate if any problem. They call me anyway. Nice place. We are happy."
- There had been no formal complaints in the last 12 months. The registered manager told us if they received a complaint, this would be acknowledged, investigated and responded to appropriately, in line with the provider's policy and procedure.

End of life care and support

- No one was receiving end of life care at the time of the inspection. However, the registered manager told us they would liaise with people's families so that, if they wanted to, they could complete an advance care planning document to capture people's preferences at the end of their life.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People received person centred care. We observed people looked happy with the support they received and felt comfortable and relaxed in their surroundings. One relative said, "We are really pleased, we have no cause for concern, are always very welcomed, and he's pleased to see us."
- The registered manager was open and transparent throughout the inspection and told us they were committed to providing good quality care.
- Staff were knowledgeable about the people they supported. They told us they felt valued and supported in their role. One relative said, "We have seen (the registered manager) chatting with staff, and there's always a good atmosphere in the home."
- Staff felt respected, supported and valued by the registered manager, which supported a positive and improvement driven culture. Staff told us, "The manager is knowledgeable and very supportive. If I have any concerns I can speak with the manager, she always finds a solution" and "I get a lot of support from the manager. I have never had any issues here; I really enjoy working with the people living here."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities in relation to the duty of candour regulation and was able to discuss how they would meet this requirement.
- Staff, relatives and external professionals said the registered manager was open and honest.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager submitted notifications to CQC as required.
- The service was well organised, and staff we spoke with were clear about what was expected of them.
- There were quality assurance and governance systems in place. These included audits on medicines management, health and safety and the care provided to people. The audits and checks supported the registered manager in identifying shortfalls and take action to address them.
- Staff work practices and competencies were observed. These were to check that staff were working to the required standards.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics; Continuous learning and improving care; Working in partnership with others

- Relatives told us they and their loved ones had opportunities to engage and be involved in their care. One relative said, "Yes, reviews are annually, there was none last year because of COVID-19."
- Relatives confirmed they received quality assurance questionnaires and they could share their views.
- The service worked in partnership with other agencies to ensure people received care and support which was safe and met their needs.
- The registered manager and staff liaised with specialist health and social care professionals for guidance and took on board any advice given.
- The registered manager liaised with local organisations, with the aim of sharing information and good work practices.