

Mrs L Penfold

Linda Lodge

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

Linda Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission [CQC] regulates both the premises and the care provided, and both were looked at during this inspection. Linda Lodge accommodates up to 25 older people in one adapted building. Some of whom have mental health needs. At the time of this inspection there were 20 people living at the home.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the 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 they were safe living at Linda Lodge and they said they were treated with dignity and respect. Risk assessments were in place to minimise the potential risk of harm to people during the delivery of their care while still encouraging people to be independent.

Staff knew how to keep people safe and the staff members demonstrated a good knowledge of how to recognise abuse and how to report any concerns. Staff understood their responsibilities to safeguard people from abuse. Staff were aware of the provider's whistleblowing procedures and told us they would not hesitate to report any concerns they might have.

There were systems in place for the safe storage, administration and recording of medicines. Each person's medicine was stored securely and trained staff whose competencies were assessed administered people's medicines safely.

Staff were recruited safely with appropriate checks on their backgrounds completed. All staff had completed an induction programme and on-going training was provided to ensure skills and knowledge were kept up to date.

There were sufficient numbers of staff on duty for each shift at the time of this inspection.

Necessary improvements were underway with the provider's infection control procedures. We saw areas of the service were clean and well maintained. Cleaning schedules were in place and staff had access to personal protective equipment when required.

People's healthcare needs were met and staff supported them to attend medical appointments. People lived in a comfortable environment which was clean and free of hazards. They were able to personalise their bedrooms as they wished.

Staff had undertaken training in the Mental Capacity Act 2005 and were aware of their responsibilities in

relation to people who might be deprived of their liberty. They ensured people were given choices and the opportunity to make decisions.

Throughout the inspection, we observed staff caring for people in a way that took into account their diversity, values and human rights. People were supported to make decisions about their activities in the home and in the community.

Information about how to make a complaint was available to people and their families, and they felt confident that any complaint would be addressed.

Work was being progressed to ensure people had a choice about what happened to them in the event of their death and that staff had the information they needed to make sure people's final wishes would be respected.

There was a clear management structure at the service, and people and staff told us that the registered manager and deputy manager were supportive and approachable. There was a transparent and open culture within the service and people and staff were supported to raise concerns and make suggestions about where improvements could be made.

The provider had effective systems in place to monitor the quality of the service and where issues were identified, they were addressed promptly.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was safe. Staff understood how to respond if they suspected people were being abused to keep them safe.

There were good risk management plans in place and staff knew how to manage the risks identified for people.

There were enough staff on shifts to support people and the provider followed robust recruitment procedures.

Staff managed people's medicines safely.

Concerns identified with the procedures to do with infection control were in the process of being addressed. We saw evidence that the registered manager responded to these concerns appropriately.

Is the service effective?

Good 

The service was effective. People's needs and choices were assessed.

Staff were supported to meet people's needs with training, supervision and appraisals.

People chose what they ate and received the support they required to meet their assessed nutritional needs. Where people required support to eat this was provided by staff.

Staff supported people to access the healthcare services they needed to maintain their health. Staff were aware of their responsibilities in relation to the MCA and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good 

The service remained Good.

Is the service responsive?

Good 

The service remained Good.

Is the service well-led?

Good 

The service remained Good.

Linda 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 comprehensive inspection took place on 6 and 21 December 2018. The first date was an unannounced visit. At the last inspection in December 2017 we rated the service "requires improvement" in the safe and effective domains and "good" in caring, responsive and well-led. We rated the service "requires improvement" overall.

This inspection team consisted of one adult social care inspector.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

The registered provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with five people who used the service, a health and social care professional, three members of staff, the deputy manager and the registered manager. We looked at three people's care files and three staff files which included staff recruitment, staff training and supervision.

Is the service safe?

Our findings

People told us they felt safe and relatives told us they thought their family members were safe and well looked after. Healthcare and social care professionals commented on how friendly and welcoming they found the home when they visited.

At the last inspection we found that risks to people were not always managed appropriately or reviewed in line with the provider's own policies. Since then the provider has made significant improvements in that they have reviewed and revised all risk assessments and care plans together with people.

A recent infection control audit carried out in December 2018 identified some concerns with infection control procedures in the home. We saw evidence that the registered manager responded to these concerns appropriately. An action plan to address each issue was put in place. Some necessary actions had been implemented straight away, for example a process was now in place to segregate soiled washing from other washing; the hoist in a downstairs bathroom was thoroughly cleaned as was the bath, some new bath mats were purchased and staff were aware of their responsibilities to ensure offensive waste is stored safely and in line with national waste regulations. Where an immediate response was not possible the provider had taken measures to ensure they carried out the required actions. For example, a contractor was booked to carry out a legionella water test early in the new year; a new clinical waste bin was ordered and infection control training was arranged for all staff in January 2019. We shall monitor the progress of these actions and report the provider's progress at the next inspection.

There were policies and procedures in place for safeguarding adults from abuse to protect people using the service from the risks of abuse. We saw these were in line with the London Borough of Sutton's procedures. We saw guidance for staff displayed in the office on how to respond and report any concerns. Staff told us how they would recognise signs of abuse if they arose and knew how to report concerns appropriately. They understood the provider's policies and procedures regarding safeguarding adults from abuse and also the whistle blowing policy. We saw records where staff were required to sign to say they had read the policies and understood them. Some staff had received training on safeguarding and the registered manager informed us other staff were booked onto training for this in the New Year. We will monitor this and check on progress at the next inspection.

The provider had risk assessments and risk management plans in place for the building that staff followed to ensure identified risks were minimised so that people were helped to keep safe and staff protected. We saw an up to date fire risk assessment, fridge and freezer checks for equipment in the kitchen, an environmental risk assessment and a monthly health and safety checklist to monitor the identified risks and minimise problems arising. Environmental Health undertook an inspection in December 2018 and awarded the home five stars, the top rating.

There were safe recruitment practices in place and appropriate checks were conducted before staff started work. We saw that pre-employment and criminal records checks were carried out before staff started work.

This helped ensure people were cared for and supported by staff who were deemed as suitable by the provider for their roles in the home.

We observed there were enough staff on duty and deployed throughout the home at the time of our inspection to ensure people's needs were met. Staffing rota's showed there were sufficient numbers of staff available to supervise and support people.

We found medicines were stored and managed safely and appropriately. We undertook a stock take check to ensure that stored medicines matched recorded medicines stocks. Records matched the actual medicines stored. The deputy manager showed us records that evidenced they conducted weekly checks for the administration of medicines. All staff who administered medicines were assessed annually to check on their competency to do so safely. We saw medicines administration records [MAR] were completed appropriately with no errors. Each person who lived in the home had an individual medicines profile. An appropriate risk management plan was in place that related to the administration of medicines to people by staff. Those people who were able to take their medicines themselves with minimal assistance from staff.

The pharmacist carried out an audit in November 2018 of the homes procedures to do with medicines. We were shown their report and we saw they were satisfied staff practices, policies and procedures were satisfactory. We saw records to show that staff had received medicines training and that there were monthly audits of medicines to help to ensure the safe management of medicines.

People received care in premises and equipment which were reasonably maintained by the provider. Checks were in place including those relating to fire safety, gas safety, electrical installation and electrical equipment. A repair and maintenance person was available to carry out repairs when necessary so as to ensure the premises remained safe. A health and social care professional told us, "The premises are safe and clean whenever I come here." The premises were clean and a cleaning schedule was in place with a range of audits for the provider to check the cleanliness. Processes were in place for staff to check food was stored safely, such as checks of the food temperatures.

Is the service effective?

Our findings

Procedures for assessing people's needs were revised following the last inspection. They were now improved so that they were more holistic in the coverage of people's physical, social, emotional, cultural and healthcare needs. Where appropriate people's relatives and health and social care professionals were involved in discussions about the care and support people were to receive. People told us that they were consulted and they had felt listened to. The healthcare professionals we contacted said that the staff team provided a service which met people's individual needs.

The provider used technology to support people to receive prompt care. There was a call bell system in place which people could use when in their bedrooms to request assistance from staff. We observed call bells were placed within easy reach in people's rooms and people said they knew how to use these to call for assistance from staff when this was needed. To minimise the risk of falls, people at risk of falls had sensor mats next to their beds so that staff were alerted when they were getting out of bed.

People were supported by staff who had the appropriate skills and experience. All the staff we spoke with told us they completed an induction process and they felt well supported by the registered manager and the deputy manager. One staff member told us, "When I started here I had a good induction and this helped me find my feet quite quickly."

Staff received training the provider had identified as mandatory, although for some staff this training needed updating. Certificated training, we saw included health and safety, manual handling, fire awareness, food hygiene, safeguarding and the Mental Capacity Act 2005 (MCA). The registered manager arranged refresher training for staff to do with infection control, fire safety and safeguarding adults while we were at this inspection. Some additional training specific to the needs and conditions of the people who used the service was provided for staff which included end of life care and dementia. One staff member said, "We have quite a lot of training, some of which is by e-learning and the rest is face to face training here in the home." This helped to ensure that staff employed by the service were sufficiently well trained and qualified to deliver care to the expected standard.

People were supported by staff who were regularly supervised and appraised. One staff member told us, "I have regular formal supervision with the manager and I get a copy of the notes for my information and sometimes actions." Other staff told us they felt supported and were provided with an opportunity to address any issues and discuss any areas for improvement. Staff also received an annual appraisal. This provided an opportunity for staff and their manager to reflect on their performance and identify any training needs.

People told us they had good food and plenty to drink. People were able to choose their daily meals from a selection of options and received the support they required to meet their assessed nutritional needs.

People were supported to maintain good health. The service maintained a close working relationship with healthcare professionals to ensure people's needs were met in a timely way. Where people presented with

health needs staff made referrals and appointments for people and provided appropriate support. People's health needs and the input they received from health professionals were recorded in care records and reviewed.

Health and social care professionals told us they were kept fully informed by the staff of people's progress. They said healthcare appointments for people were maintained appropriately. Care files confirmed all the people were registered with a local GP and had regular health checks as and when they needed them.

The MCA provides a legal framework for making particular decisions on behalf of people who use the service and 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 be as least restrictive as possible.

Assessments were undertaken to establish people's capacity to consent to aspects of their care and support as they arose. 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. We checked whether the service was working within the principles of the MCA. Consent was sought before support was offered and we saw evidence that people were consulted in all aspects of their care and support. Some of the people using the service had capacity and some did not. Where appropriate applications were made to the local authority for an assessment to be carried out. We saw no evidence that people were being deprived of their liberty where authority to do so was not provided. This indicated that care and support was being delivered according to the principles of the MCA.

Staff were knowledgeable about the principles of the MCA and were able to tell us what they would do if they noticed that a person lacked the capacity to make decisions about their care and support. They told us they encouraged people to remain as independent as they could be. People confirmed that staff gave them the chance to make daily choices. We saw evidence of this throughout the day of our inspection.

Is the service caring?

Our findings

People continued to receive caring and kind support. One person said, "I think the staff are very kind, they do their best to help us." Another person said, "They [the staff and the two managers] are very caring." Health and social care professionals told us, "Staff are friendly and keep us well informed." A relative said, "Staff care for people well." We observed people were relaxed and comfortable with staff and staff were talking and laughing with people throughout our visit.

Staff knew people well and were able to tell us about people's individual needs, preferences and personalities. From our conversations with staff they seemed to really enjoy their jobs and spoke about people with enthusiasm and warmth.

Care records were person centred. From the records we examined we saw people were seen and treated as individuals. Records contained detailed information about people's different needs, their life histories, strengths, interests, preferences and aspirations. For example, there was information about how people liked to spend their time, what activities they enjoyed and what was going well for them and what could go better.

People were supported with their cultural and spiritual needs. People who wanted to go to church were supported to do so. For example, at the time of our inspection one person told us how much they enjoyed going to church on a Sunday and staff told us how they helped to enable this to happen for the person.

Some of the people had contact with their relatives who occasionally visited. People were able to make their own decisions about their daily lives and the level of support they needed. All the people using the service were able to communicate well verbally and staff involved them in house meetings and individual discussions. The registered manager told us they had not needed to use an advocacy service recently, but would provide the necessary information to people if they needed it. We saw information about the local advocacy service displayed on the notice board for people to see.

People's privacy, dignity and independence were promoted, staff gave us examples of the ways they respected people's privacy and dignity and we observed this during our inspection. One member of staff was the dignity champion for the service. The registered manager explained how they were able to provide updates and training during staff meetings and observe the day to day care staff provided to ensure people were supported in a dignified way.

People's relatives and the health and social care professionals we spoke with after the inspection all told us they were made to feel welcome when they visited. We were told about the recent Christmas party that everyone enjoyed. Other events throughout the year when people were invited to attend were also mentioned, such as people's birthday parties and summer barbeques.

Is the service responsive?

Our findings

People continued to receive care and support which was responsive to their needs. People enjoyed living at the home and seemed to be satisfied with the quality of care they received. They commented, "I'm happy here", "I've lived here for a long time. I like it", "I've got a nice room. It's clean. I go out with [my relative] when it's possible and the food is good" and "I'm happy living here and getting the support of the staff because I cannot do much for myself. It's a good home." A relative told us, "[family member] is happy there. They have everything they need." The service assessed and met people's communication needs and was meeting the requirements of the Accessible Information Standard. For example where appropriate menu choices were provide for people in pictorial form to enable them to make informed choices.

Staff knew people well and people received person-centred care. For example, staff told us that it was important for one person that they saw the hairdresser regularly. This was arranged for them. Another person felt they would benefit from a hearing test and this too was organised for them.

The provider had arrangements in place which enabled people to engage in an activities programme that included weekly exercise sessions led by an outside trainer and activities co-ordinator. We spoke with the activities co-ordinator who told us people were offered choices and were encouraged to participate in the activities to help maintain good physical and mental health. The activities programme also included quizzes, craft work, bingo and sing-a-longs. While we were carrying out this inspection people were involved in singing Christmas carols together with staff and were evidently thoroughly enjoying the occasion. However we received mixed views from some people as to whether they were satisfied with the activities on offer. A variety of different people told us, "I enjoy the activities", "I'm not sure what to do half the time but I join in if I'm in the mood", "I'd like a few more trips out, say to a garden centre" and "I think the activities for people could be improved." The registered manager told us they understood some people felt there was a need to improve the home's activities programme. As a response to this the registered manager had recently sent out a questionnaire to find out how people would like the programme to be improved. They told us people's suggestions would be worked with to extend and improve the activities available for people as they were aware that the activities needed to be more stimulating and frequent. We saw evidence of the questionnaire sent out to people. We shall monitor the progress of these actions and report the provider's progress at the next inspection.

The provider had not received any formal complaints since our last inspection in 2017. People knew how to make a complaint. They told us they would speak to staff or the registered manager if they had any worries or concerns. Staff were aware of the complaints procedure and knew how to record and escalate concerns and complaints.

Staff had received training in end of life care and people received dignified and pain-free care as the approached the end of their life. People's choices for their care were recorded and this information was communicated to all staff involved in their care.

Is the service well-led?

Our findings

The service was well-led and people received safe, effective care which met their needs.

There was a clear staff and management structure at the home which people and staff understood. People knew who to speak to if they needed to escalate any concerns. Staff knew their roles and responsibilities within the structure and what was expected of them by the managers and people living in the home.

Staff told us they were well supported by the registered manager who was accessible and approachable. The registered manager worked well with staff to develop and improve the service. They also worked well with external organisations to introduce training, policies and procedures for staff to follow in order to improve the quality of care people received. An example of this was with the recent infection control audit undertaken by health professionals. The registered manager responded quickly to the findings, resolving some issues immediately and making arrangements for other issues to be dealt with forthwith. The registered manager had established and good working relationships with the local GP surgery and pharmacy.

Information was collected and recorded in a variety of ways to regularly assess and monitor the quality of care provided. This included the completion of monthly audits in relation to medicines management and maintenance of the premises. Where issues affecting the quality of the service were identified, action was taken to drive improvement. For example, the registered manager's audits had identified that aspects of people's care plans could be more person-centred; a senior staff member had already started revising people's care plans.

We requested a variety of records relating to people using the service, staff and management of the service. A review of our records indicated that the provider promptly submitted relevant statutory notifications to the CQC. Statutory notifications contain information providers are required to send us about significant events that take place within services. Statutory notifications are important as they allow the CQC to monitor risk within a service.

We saw evidence that people, their relatives and other professionals associated with people's care were consulted about a range of aspects of the care they received through quality assurance questionnaires. We viewed questionnaires sent out earlier in 2018. Returns from people were positive about the service, although returns from the other groups were poor. The registered manager told us they would be chasing up these groups to encourage a fuller return of feedback information. They said the intention was to ensure that any areas identified that needed improvement will form part of an action plan for service development.