

# Nundoo Nand Seeboruth Lawrie Park Lodge

## Inspection report

27 Lawrie Park Road, Sydenham, London, SE26 6DP Date of inspection visit: 29 October 2014  
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### 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

Lawrie Park Lodge provides accommodation and support to up to 19 people with mental health needs. At the time of our inspection 19 people were using the service.

At our previous inspection on 30 August 2014 the service was meeting the regulations inspected.

People were treated with dignity and respect. Staff were knowledgeable about the people using the service and their preferences. People's support needs were identified and there were plans in place as to how they wished to receive support from staff. People were involved in decisions about their care and they had regular meetings with staff to discuss the care and support provided.

People were encouraged to maintain their independence and were supported to learn new skills. Activities were on offer at the service to enable people to learn new skills, for example budgeting, and people were also encouraged to participate in groups in the community.

People told us staff helped them to stay safe. Staff were knowledgeable in recognising signs of potential abuse and safeguarding reporting processes. We saw that risks to people were identified and plans were in place to manage them. Incidents were dealt with appropriately and further support was obtained from the emergency services, as required, to ensure the safety of the person and others using the service.

# Summary of findings

People were supported to access healthcare services to ensure they got the specialist support they required to manage their physical and mental health needs. Any concerns regarding a person's health were discussed with the relevant healthcare professional.

Staff had the skills and knowledge to support people. Staff received regular training and were supported by the managers through supervision and appraisal processes.

There were processes in place to gather the views of staff, people and visiting professionals about the quality of service provided. Appropriate action was taken, where required, to develop areas of service delivery requiring improvement. The managers were visible and approachable. There were mechanisms in place to ensure the opinions of people using the service and staff were taken into account when making changes to service delivery.

# 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. Staffing levels were reviewed to ensure there were sufficient staff to meet people's needs. Staff were able to recognise signs of potential abuse and were aware of safeguarding reporting processes.

Assessments were undertaken to identify risks to people that used the service. Management plans were in place to reduce the risks occurring. Staff responded appropriately to incidents and additional support was obtained from the police or ambulance service as required to maintain a person's safety and welfare.

Medicines were securely stored and people received their medicines in line with their prescription.

Good



### Is the service effective?

The service was effective. Staff had the knowledge and skills to meet people's needs. Staff continued to develop their skills through regular attendance at training courses.

A range of meals were provided at the service, and people's dietary requirements were catered for. People were supported to develop their cooking skills through cookery classes and use of an assessment kitchen.

People were supported to attend healthcare appointments, and each person was registered with a GP and dental service. People had access to their care co-ordinator from the community mental health team. Any concerns regarding a person's health was discussed with the healthcare professionals involved.

The service was aware of their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Good



### Is the service caring?

The service was caring. Staff were polite and respectful. People's privacy was maintained and people were able to have some space away from the group if they wished.

People were involved in decisions about their care. People were able to visit the service before deciding whether they wanted to stay at the service.

People were encouraged to be independent and learn new skills.

Good



### Is the service responsive?

The service was responsive. People's needs were assessed and care plans were in place about how people wished to be supported. Staff were aware of people's needs and preferences.

People's views and opinions were obtained through weekly community meetings. People told us they did not have any complaints and they felt comfortable to speak to staff if they had any concerns.

Good



# Summary of findings

## Is the service well-led?

The service was well-led. Staff felt supported and included in decisions about service delivery. They felt comfortable speaking to the manager of the service if they had any comments or concerns.

Checks were undertaken to ensure the quality of service provision. Feedback was sought from staff, people that used the service, and visiting professionals about the service provided and any suggestions for improvement.

The service met the requirements of their registration with the Care Quality Commission.

Good



# Lawrie Park 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 checked 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 October 2014 and was unannounced. The inspection team included an inspector and the head of inspection for London.

Before the inspection, the 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. We also reviewed the information we held about the service.

During the inspection we spoke with the provider, the manager, one senior support worker, two support workers, and the chef. We spoke with three people who used the service. We reviewed three people's care records, and six staff records. We looked at records relating to the management of the service including policies, satisfaction survey findings and audits. We undertook general observations, observed the community meeting and staff handover.

As part of this inspection we contacted other health and social care professionals involved in the care and treatment provided to people living at Lawrie Park Lodge. We spoke with the GP, a care co-ordinator and a consultant psychiatrist from the community mental health team, the pharmacy working with the service and one of the commissioners of the service.

# Is the service safe?

## Our findings

People told us they felt safe at the service and that staff helped to keep them safe. People had keys to their bedrooms so they were able to keep their belongings secure.

Staff were knowledgeable about recognising signs of potential abuse and reported any concerns to the manager of the service. All concerns were taken seriously and reported to the local authority's safeguarding team and the person's community mental health team as required. At the time of our inspection no safeguarding concerns were raised.

Staff had received safeguarding adults training. They were familiar with the service's safeguarding policy, and the local authority's safeguarding procedures.

Assessments were undertaken to identify risks to the person using the service and others. Any identified risks were taken into account during the care planning process and plans were in place to manage the risks and minimise the chance of them occurring. For example, one person had regular room checks to ensure they did not have anything in their room they could use to harm themselves or others. People gave their lighters to staff at night so the risks associated with fire setting were reduced.

Incidents were recorded and staff were aware of the incident reporting process. We reviewed the incidents that occurred. We saw that appropriate action was taken to manage the incident and protect the safety and welfare of people using the service. Staff contacted the ambulance or police service for additional support where required.

There were three support staff on duty during the day (plus a cook in the morning and one domestic in the afternoon), and two staff at night. Additional staff were allocated to support people as required, for example if they required support in the community or wished to be accompanied to healthcare appointments. The service had recently changed their staffing arrangements at night to ensure it

met the needs of people using the service. The service had also changed the duties staff were required to undertake during the day to free up staff's time to spend with people during the day. Staff and people using the service told us they felt there were enough staff. One person told us they liked to go for a walk and preferred staff to go with them. They said there was always staff around to accompany them when they wanted to go out.

A member of the management team was either on duty or available through an on call system if staff required additional support or advice.

People's medicines were stored securely. People were aware of what medicines they were on and when they were required to take it. We looked at the medicine administration records (MAR) for seven people for the two weeks prior to our inspection. These were completed correctly and showed that people received their medicines in-line with their prescription. Two people were self-administering their medicines and there were appropriate processes and assessments in place to ensure this was done safely.

People were aware of what PRN (when required) medicine they were prescribed and told us they were given it when they required. Some people were prescribed topical creams. People were self-administering their creams, and staff checked to ensure it was applied appropriately in line with their prescription.

Audits were undertaken weekly by the manager of the service to check medicines management. The service also had their medicines management audited by the pharmacy twice yearly. The latest audit was undertaken on 10 October 2014 and did not highlight any serious concerns. The pharmacy told us that any areas of concern were "immediately addressed" by the service. They told us they had good working relationships with the service and there was clear communication regarding people's prescriptions and medicines. The pharmacy delivered medicines management training to staff and they felt the staff were "competent" to manage people's medicines.

# Is the service effective?

## Our findings

One person told us, “The staff are trying to help me.”

Staff received regular training, supervision and appraisal to ensure that they had the skills and knowledge to meet the needs of people using the service. Staff attended monthly training sessions to update their knowledge on key topics. This included; understanding mental health, the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, Safeguarding adults, equality and diversity, first aid and fire safety. Staff were supported to complete quality credit framework diplomas in health and social care, and attend other relevant training courses. Learning from these courses was shared amongst the staff team during staff meetings. Staff told us they were encouraged to learn new skills and develop their knowledge in order to provide a high quality service that met people’s needs. They told us they were “learning every day.”

Staff received supervision every three months from their manager. These sessions gave staff the chance to review their progress and to identify areas for development, any required training and opportunities for career progression. Staff also received an annual appraisal. We saw that some staff had extra responsibilities so they were able to deputise for the manager, or lead on a shift when required. Staff were supported to develop their knowledge about a particular area, for example we saw one staff member was being supported to take a lead in medicines arrangements and undertake medicines management audits.

Staff understood their responsibilities under the Mental Capacity Act 2005. People were supported to make their own decisions about their care. If people were unable to make a decision because of a lack of capacity this was undertaken within their ‘best interests’ by other professionals involved in their care. We saw that some people did not have the capacity to manage their finances and this was organised for them by a court appointed deputyship. Staff were aware of the Deprivation of Liberty Safeguards and people had free access to the community.

Meals and snacks were provided by the service. A chef was employed to cook the breakfast and main meal each day. Other staff had received training in food hygiene and were able to prepare and provide meals when the chef was not on duty. The menu was decided each week by the staff with

input from people using the service. People were able to request particular meals and this was added to the service’s menu. There was a choice of meals at each mealtime and other options were available to accommodate dietary requirements. The chef told us they were informed of any specific dietary needs people had, for example if someone was diabetic. People told us, “The food is excellent. You can request other things [not on the menu] but I don’t have to as I like all the food available.” Another person told us, “The food’s lovely” and they were happy with the choice available.

Cooking sessions were held weekly for people using the service to participate in and the service had an assessment kitchen which people used to develop their cookery skills.

People were supported to access healthcare services when they required them. Each person was registered with a GP, dentist and optician. One person told us they went regularly to see a chiropodist. A GP from the local practice told us they were “impressed with how well looked after [people] are”. Staff supported people to make and attend appointments if they had concerns about their health.

Staff had concerns about some people’s diet and weight. These people were referred to a dietician to ensure they got the specialist care they required. Where more than one health care professional was involved in a person’s care the staff at Lawrie Park Lodge ensured the information and advice was coordinated and the person received the support they required.

Each person had access, as required, to the professionals involved in supporting their mental health. People told us they had access to their care co-ordinator whenever they needed them and they came to visit them at the service. Representatives from the community mental health team told us they had good working arrangements with the service. They said staff were quick to inform them if they had concerns about a person’s mental health and they followed any advice given.

People’s care records included information on signs and symptoms that a person’s mental health was destabilising and how people were to be supported to ensure they got the care they required. We saw that staff had concerns about one’s person health and they had liaised with the person’s care co-ordinator and their GP to ensure they got the treatment they required.

# Is the service caring?

## Our findings

One person told us the staff were “very good”. Another person said, “[the staff] treat me nicely.” People told us the staff were kind and spoke to them politely.

We observed staff speaking to people politely and reminded them discreetly that they may wish to change their clothes to maintain their dignity if they had spilt something. Staff were knowledgeable about people’s likes and the activities they enjoyed. Staff asked people how they were and about the activities they had participated in the previous day. For example, two people had a cooking class the day before our inspection and there was a discussion between them and staff about the cake they cooked.

Staff respected people’s privacy and dignity. People told us they were able to go to their bedrooms if they wanted some time on their own. One person told us, “I can have a bit of space if I want. I go to my room.” Staff did not enter people’s bedrooms without their permission, unless there were concerns about the person’s safety.

People were able to have friends and family visit them at the service, and staff supported them to maintain these relationships. One person told us their sister and niece came to visit them every few weeks. People were supported to visit family and spend the weekend with them.

People were supported to practice their religion. One person told us they preferred not to go to a place of worship but did like to pray in their room and this was

respected by staff. We observed in the community meeting that people were asked when discussing Christmas arrangements whether they wished to go to church over the festive holiday so staffing could be organised to support this.

People were involved in decisions about their care. People were able to visit the service and have overnight and weekend stays so they were able to experience the service before making a decision as to whether they wanted to stay there. One person had a gradual admission over a period of eight months in which they got to know the staff, other people using the service and the support available so they were able to make an informed choice as to whether they wanted to stay at Lawrie Park Lodge. People were involved in their care planning and we saw that people had signed their care plans to indicate they were in agreement with it. Staff respected a person’s decision if they did not wish to receive support, if they had the capacity to make that decision. People were also able to input into decisions about the activities on offer through weekly community meetings.

People were encouraged to be independent and staff helped them to develop their skills so they were able to increase their independence whilst at the service. Where able, people were encouraged to undertake their own activities of daily living, organise and attend primary healthcare appointments, and access groups and activities in the local community. We saw that one person was supported by the service to access adult education classes to further develop their skills.



# Is the service responsive?

## Our findings

One person told us, “I’m happy here and you get the support you need.” They also said, “I’m able to do what I want and get support from staff.”

Each person had their needs assessed and any identified need was included in their care plan, including detailed information about how the person wished to be supported. People’s care plans addressed physical, psychological and social support needs.

Staff told us they ensured they regularly read people’s care plans so they were aware of people’s preferences and any changes in their care and support needs or changes in the way they wished to be supported. We saw in the staff communication book that staff were informed and directed to read a person’s care plan if their needs had changed.

People’s care records included information about their preferences. One staff member told us, “We need to know what they like and don’t like to be able to care for them.” Staff also told us they got to know what worried people so that they could adequately support them. For example, one person was worried about falling whilst out in the community. The service ensured staff were available to support the person and reassure them if they needed it whilst out.

We observed staff handover between the morning and afternoon shift. Staff used this time to discuss the needs of people using the service and identify any particular support people required during the next shift. It was also used to identify any appointments people had booked so this could be accommodated.

Staff had the time to spend with people to support them to engage in activities and partake in outings they enjoyed. One person liked going to the local coffee shop with staff and the service ensured staff were available to support this. There were instructions in people’s care records about who was at risk of social exclusion and how they preferred to be supported to be included in activities at the service and in the community. People were supported to take part in activities in line with their preferences including groups with a similar cultural or religious preference.

People had regular meetings with staff to discuss their care plans and what support they liked to receive whilst at the service. One person told us these meetings enabled them to “talk about progress, personal hygiene, anything that needs improving”. Another person told us, “We chat and they check everything is going alright.”

One of the commissioners of the service told us staff had “a sense of what’s best for the [person]”. They told us they were happy with the service provided and that people living there were making progress. We saw letters from people’s care co-ordinators confirming that people were progressing well at the service and their needs were being met. It confirmed that people were participating in activities in the community and in the groups held at the service to support people to learn new skills, including budgetary skills. This feedback also confirmed that people were receiving the care they required for their mental illness in line with best practice guidelines.

People were able to express their views and opinions about the service at weekly community meetings. We observed the meeting taking place on the day of our inspection. People were asked as to whether they wished for any items to be discussed during the meeting and staff took the time to listen to people’s suggestions and opinions. Where appropriate, people were given the responsibility to lead on some of the actions identified through the meeting and contribute to the service and the activities on offer.

People we spoke with said they had no complaints about the service they received. They told us they knew how to make a complaint and felt comfortable talking to any of the staff about any concerns they had.

Information in the service’s policy and “service user guide” contained incorrect information about how and who to escalate concerns to if people felt the service had not adequately addressed their complaint. We informed the manager about this and they told us they would make the necessary changes to the information provided to people and to their complaints policy.

# Is the service well-led?

## Our findings

There was a clear management structure in place and staff were aware of their roles and responsibilities.

Staff felt comfortable to approach the manager and proprietor and told us, “The managers are always available. If not on duty we can always ring them, even in the middle of the night.” Staff felt there was clear communication between the staff team and the managers of the service, and that they had been informed to raise any concerns with the manager. Staff told us the manager responded quickly to concern raised and that, “If something goes wrong we don’t wait for the next supervision. We tackle the problem and talk about it.”

Staff meetings were held every two months and they “gave everybody the chance to talk”. Staff told us, “Everyone has a voice and can express opinions” and that the managers were open to suggestions to improve the service. One staff member told us they felt the service could do more to support people in the community and provide further activities in the community. This person had started to develop this programme and encouraged people to engage in groups and activities on offer in the community.

Staff were invited to feedback about the service and contribute suggestions to improve the service. This was accommodated through regular supervision and appraisals, annual satisfaction surveys and staff meetings. We looked at the minutes from the previous two staff meetings and saw topics discussed included; respect and dignity of people that use the service, awareness of people’s diversity and appropriate communication.

People were involved in decisions about the service and were able to feedback their views and opinions to staff through community meetings, annual satisfaction survey and through discussions with staff. The findings of the

satisfaction surveys were discussed with people and they made a joint decision as to which suggestions to prioritise and implement. People were also invited to sit on recruitment panels when employing new staff.

At the time of our inspection the service was in the process of collecting feedback from this year’s satisfaction survey from people, staff and visiting professionals. We viewed the completed surveys returned. Staff were positive about the training, teamwork, and handover system. People were positive about the food, the accommodation and the activities on offer. People had suggested some other activities they would like to be offered at the service and the manager told us they would review those with people as to which were the most popular to implement. Visiting professionals were satisfied with the service offered to people and felt people were kept safe at the service.

Checks were undertaken to ensure the quality of the service provided. This included daily checks of health and safety processes, and identification of any maintenance required. The service also undertook reviews of the first aid box, medication management processes and people’s care records to ensure they were appropriate to meet people’s needs. We viewed the latest checks and saw no major concerns were identified.

The service kept up to date with health information and advice from the Department of Health to ensure people’s safety, for example heat wave guidance and swine flu guidance. This information was provided to staff and people using the service so everyone was aware of how to protect themselves.

The commissioner of the service we spoke with told us there were good joint working arrangements. They told us they met with the proprietor of the service annually and they were impressed with the management of the service.

The service was aware of the requirements of their registration with the Care Quality Commission and complied with the conditions of their registration. Statutory notifications were submitted as required.