

London Borough of Greenwich

London Borough of Greenwich - 169 Lodge Hill

Inspection report

169 Lodge Hill
Abbey Wood
London
SE2 0AS

Tel: 02083111139

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17 January 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: 169 Lodge Hill is a residential care home that was providing care and support to six people with multiple learning and physical disabilities at the time of this inspection.

People's experience of using this service:

- The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.
- The premises and equipment used by the service was not always clean and appropriate hygiene procedures were not always followed.
- The staffing rota in place matched the numbers of staff on shift. However, feedback from relatives and staff showed that additional staff was required to provide safe care and support.
- Staff were not always supported through training to update their knowledge and skill in line with the provider's policy.
- The systems in place for monitoring the quality of the service were not always effective to drive improvement.
- We received mixed feedback from healthcare professionals that staff did not always follow appropriate guidelines when supporting people.
- Medicines were not consistently stored safely. Despite this, people were supported to take their medicines as prescribed by healthcare professionals.
- Management of the service was not actively encouraging feedback from relatives, advocates, staff and other professionals to develop the service.
- We have made a recommendation about the fire safety procedures.
- Relatives were complimentary about the care and support people received but told us more could be done to improve the quality of the service.
- Staff knew how to recognise abuse and protect people from the risk of abuse.

- Staff knew of the importance to report and record all accidents and incidents.
- Staff received support through induction, supervision and appraisals.
- People's needs were regularly assessed to ensure they could be met.
- People were supported to eat and drink sufficient amounts for their health and wellbeing.
- People were supported to maintain good health and had access to healthcare services.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- People's privacy and dignity was respected and their independence promoted.
- Staff understood the Equality Act and supported people in a caring way.
- People were supported to participate in activities that interested or stimulated them.
- The provider had a complaint policy and relatives knew how to make a complaint if they were not happy.
- The service worked in partnership with key organisations to provide an effective service.

Rating at last inspection: Good (report published 12 July 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection. At this inspection, we identified breaches in regulations.

Enforcement: Please see the 'actions we have told the provider to take' section towards the end of the report.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

London Borough of Greenwich - 169 Lodge Hill

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

A single inspector carried out this inspection.

Service and service type: This service is a care home. It provides care and support to people with learning disabilities and autism.

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 carried out on 16 and 17 January 2019 and was unannounced.

What we did:

Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with four members of staff including the registered manager. We reviewed a range of records including four people's care plans, risk assessments and medicines records and four staff files in relation to recruitment, training and supervision. We also looked at records relating to the management of the service including policy and procedures, audits, health and safety and infection control records.

People using the service could not communicate their views to us verbally because they had had complex communication needs. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

After our inspection, we spoke with one relative on the telephone to seek their views about the service.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety.

Preventing and controlling infection

- Relatives told us, "The home needs a bit of cleaning up and painting, it looks tired."
- The home was not consistently clean. The kitchen floor, tiles, windowsills and chairs were dirty and stained. The toilets bowls were stained and the medicines room was dirty and disorganised. The back garden was not well maintained and was dirty and untidy; although one person accessed the garden daily irrespective of the weather.
- The service had a domestic member of staff that cleaned the home three days a week. Care staff were also responsible for maintaining cleanliness of the home. A cleaning schedule we reviewed showed all areas of the home including kitchen, toilets and bedrooms had been cleaned on the day of our inspection. However, we identified various areas of the home being unclean and/or untidy.
- Food stored in the fridge was not consistently labelled which put people at risk of consuming expired or contaminated food.

People were put at risk of infections because staff had not followed appropriate infection control procedure to keep the premises clean. These issues were a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We brought these issues to the attention of the registered manager and they told us, they would speak to domestic and care staff to improve the cleanliness of the home. They told us the home was also due for a refurbishment project this year.

- On the first day of our inspection, we noted the sharps bin was kept on top of a fridge in the kitchen. We brought this to the attention of staff and the registered manager. We saw the sharps bin had been removed when we returned the second day.
- Staff used personal protective equipment including gloves and aprons when supporting people with personal care. They told us they washed their hand to prevent the spread of infections.

Staffing and recruitment

- Staffing levels were planned based on people's needs. The staffing rota in place matched the numbers of staff on shift. In addition to regular staff, people also had one-to-one support from allocated staff where it had been planned for. The registered manager told us that where people required additional staff support for example to attend healthcare appointments, additional staff was arranged to ensure people's needs were met.
- Despite this, we received mixed feedback from relatives and staff regarding additional staff support required at certain times of the day. A relative told us, "There seems to be a lot at one time and sometimes there isn't." One staff member said, "The staffing level is not perfect and we have complained as three

people needed at least two to one care, the staffing levels requires improvement, the numbers of staff on shift needs increasing from three to four."

- Staff told us if the staffing levels were appropriate, they could take people out into the community more regularly to stimulate or support their interest and a healthcare professional confirmed this with us.

People were put at risk of receiving unsafe care and support because sufficient staff were not always available to support their needs. This issue was a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

We raised this issue with the registered manager who told us four additional staff would be transferring from another home owned by the provider and this would improve the staffing arrangements in place.

- The provider followed appropriate recruitment practices and had carried out appropriate pre-employment checks to ensure staff employed at the service were suitable to work with people.

Using medicines safely

- Medicines were not consistently stored safely. Medicines were kept in a locked medicines room and daily room and fridge temperatures were taken. The medicines room was dirty and cluttered. Each person had a secured allocated medicines cabinet. However, relevant national guidance was not followed when new stock of medicines was received, as these were stored on top of the medicines cabinet.

We raised this issues with the registered manager and they told us only the shift leader had access to the medicines room. After our inspection, they sent us photographic evidence to demonstrate they had acquired an additional lockable cabinet to store all medicines safely and had tidied and cleaned the medicines room. We will follow up on managing medicines safely at our next inspection.

- Each person had a medicines administration record (MAR) which included their photograph, list of medicines, dosage, frequency, how they preferred their medicines taken, reasons for taking each medicine and any known allergies.
- People were receiving their medicines as prescribed by healthcare professionals. Medicines records we reviewed were completed without gaps and the number of medicines in stock matched the numbers recorded.
- Staff had completed medicines training and their competency had been checked to ensure they had the knowledge and skills to support people safely with their medicines.

Assessing risk, safety monitoring and management

- Health and safety checks including portable appliance tests, water temperature checks and equipment such as epilepsy alarm, wheelchair, hoist and sling checks had been carried out regularly to ensure they were safe for use. However, weekly fire alarm tests were not always completed in line with the provider's policy.
- A member of staff told us that although fire drills were being carried out quarterly they had never been on shift or involved and would not be confident in evacuating people promptly and safely if an emergency arose. Staff fire safety training was also not updated for all staff in line with the provider's policy. See our judgement about staff training under the key question 'Effective'.

We recommend that the provider follows appropriate health and safety and fire safety protocols and refer to current fire safety procedures or seek advice from a reputable source.

- Each person had a personal emergency evacuation plan in place which included the level of support they required to evacuate the building safely.
- Risk to people had been identified and assessed and had appropriate management plans in place. Risk management plans included guidance for staff on how to minimise or prevent risk in areas including personal care, medicines, eating and drinking, mobility and access to the local community.
- Appropriate healthcare professionals had been involved in assessing risks in relation choking and moving and handling and had provided staff with guidance to manage these risks safely.
- Staff knew people well and they told us of the support they provided to ensure they remained safe.

Systems and processes to safeguard people from the risk of abuse

- The provider had safeguarding policies and procedures in place. Staff had completed safeguarding training and knew of the types of abuse and what to look out for. They told us they would report any concerns of abuse to their manager and the community learning disability team (CLDT).
- The registered manager knew of their responsibility to protect people in their care from abuse and had reported any concerns of abuse with the local authority safeguarding team and CQC.
- Relatives told us that they felt their loved ones were safe at the service and they did not have any concerns of abuse or discrimination.

Learning lessons when things go wrong

- There were systems in place to record and report accidents and incidents.
- All staff understood the importance of reporting and recording accidents and incidents.
- Where things went wrong, the registered manager responded appropriately and used any incident as a learning opportunity to develop the service.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience

- Staff training was not always up to date. All staff had completed mandatory training in areas including moving and handling, safeguarding, medicines, fire safety and infection control, food hygiene and first aid. However, their training was not always refreshed as required. For example, seven of nine staff's fire safety training had not been refreshed annually in line with the provider's policy. One staff had not refreshed their fire safety training since March 2015. A staff member said they were not confident to evacuating people safely in the event of an emergency.

The lack of staff knowledge and skills about fire safety procedures put people at risk of unsafe care and support in the event of an emergency. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- All new staff completed an induction and were placed on a three months' probationary period until they had been assessed and found suitable for the role. New staff completed the Care Certificate which is the bench mark set for the induction standard of new care workers.
- Staff also completed training in areas including autism, epilepsy, dementia, diabetes and fluid and nutrition to ensure individual needs were met.
- Staff were supported through regular supervision and their performance was appraised annually to support their development and to set new objectives for the coming year. Staff told us they felt supported in their role.

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

- We received mixed feedback from healthcare professionals that staff did not always follow appropriate guidelines when supporting people. One professional told us management team made prompt referrals and staff followed eating and drinking guidelines well. However, staff did not always follow communication guidance they provided. Another professional told us that a member of staff did not have knowledge of appropriate feeding guidelines that was in place for one person and staff were not always prepared for healthcare appointments unless they were reminded.
- A relative we spoke with told us people had access to healthcare services. However, they missed supporting their loved one for a healthcare appointment because they were given the wrong information and they had to rebook the appointment.
- On the first day of our inspection, we saw one person being taken for a health appointment. However, we noted that staff had not prepared and were not aware of this appointment until the day on which they were

due to attend. Staff we spoke with told us this information was available to them in the diary. Improvement was required in this area and we will follow up on it at our next inspection.

- People had been registered and treated by GPs, dentists, opticians, chiropodists, occupational therapists and speech and language therapists. Other healthcare professionals such as district nurses visited the home to provide additional support to people where this was required.
- The service shared information with relevant healthcare services. For example, each person had a hospital passport which provided hospital and emergency teams relevant information about their health, communication, behaviour, likes and dislikes.

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

- People and their relatives were involved in making decisions about the home. Bedrooms were decorated and personalised to individual needs.
- There were handrails in communal areas to support people with their mobility.
- At the time of this inspection, the living room was being redecorated and people had been consulted for example, about the colour of the walls and soft furnishings.

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

- People's physical, mental and social health needs were regularly being assessed by care staff to ensure the home was still suitable and their care and support needs could be met. Because of these assessments, arrangements were in place for one person to be transferred to a more suitable service that could meet their needs.
- Appropriate health and social care professionals were involved in these assessments to ensure people received the appropriate care and treatment they required and to support staff deliver care and support that met their needs.

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

- People were supported to eat and drink sufficient amounts for their health and wellbeing. Staff developed a weekly menu by involving people to make a choice of the food they would like to eat. Staff showed people pictures and/or objects to support them make informed decisions for themselves. Each day's menu was displayed in pictorial formats on a notice board in the kitchen.
- People were supported to prepare their meals and staff told us that the service aimed at providing healthy meal choices. We observed lunch on the second day of our inspection. We saw that people were given choice and staff interacted with them politely without rushing them. When one person requested additional food, staff provided it and told us that was the person's favourite food.
- Where people required their food prepared differently due to medical reasons staff we spoke with knew of the support to provide. The service was working in partnership with speech and language therapists who had provided staff with guidelines to follow to maintain people's safety when they ate their food.
- A relative told us they felt people were supported to eat and drink well.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Both staff and the registered manager had followed the requirements of MCA.
- Where people lacked capacity to make specific decisions for themselves, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- Information was provided in formats that was suitable to individual needs. People's family and advocates [where appropriate] and health and social care professionals were involved in best interest decisions.
- Where people were deprived of their liberty for their own safety, DoLS authorisations were in place and the conditions of the authorisation were being met and kept under review.
- Staff told us they sought people's consent and waited for them to respond in their preferred way of communicating.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were supported by staff who were kind and caring towards them. During our inspection, we observed positive interaction between people and staff. We noted that people appeared relaxed around staff.
- People received care and support from staff that were attentive and understood their individual needs.
- People's life histories, preferences including their likes and dislikes were included in their care plans and staff who supported them knew the level of care and support to provide.
- We observed that staff respected people and called them by their preferred name. A relative told us staff were caring and respectful.

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

- People, their relatives and advocates were involved in planning their care and support needs. Relatives confirmed they had meetings at the service with the management team to discuss their loved one's care needs.
- People were provided with choice so they could make day-to-day decisions about the clothes they wore, food they ate or activities they participated in.
- People had complex communication needs and could not always communicate verbally. However, staff knew people well and understood their preferred way of communicating. A staff member told us they provided people with choice and explained in detail what one person would do if they wanted a bath or a shower.
- Key worker sessions were used to encourage and support people to make decisions about their care and support. A key worker is a named staff member responsible for coordinating a person's care and providing regular reports on their needs or progress.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected, their rights to confidentiality was upheld and they were not discriminated against in anyway.
- Staff told us they promoted privacy and dignity when supporting people. A staff member said, "I knock on the door and ask if I could come in, I make sure doors and windows are shut during personal care."
- People were supported to maintain their independence. People's care plans included things they could do for themselves and those that they needed staff support with. Staff told us that one person could make their own hot drink and another person could choose their own clothes. We also saw two people eating their lunch independently.
- People were supported to maintain and develop relationships with those close to them. Relatives were

regularly updated about people's wellbeing. They could visit their loved ones and where planned people could also visit their relatives.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Each person had a care and support plan which provided staff with guidance on how their needs should be met and the level of support they required. Care plans included people's physical, mental and social care needs; in areas such as personal care, communication, mobility and leisure and activities.
- Staff we spoke with knew people well and the level of support they required in various aspects of their care and support needs.
- People were supported to participate in activities that met their needs. Each person had a weekly activities planner which included activities of their choice or those that stimulated them. Activities people participated in included attending a day centre, using a hydro pool, shopping, a music session, and accessing the local community. Staff told us that various animals were also brought into the home to stimulate people.
- Staff understood the principles of the Equality Act and to support people in a caring way. They told us of how they supported people with their physical disabilities and without any discrimination.
- Staff understood the Accessible Information Standard. People's communication needs had been assessed and each person had a communication passport which outlined their preferred mode of communicating and how they should be supported. A staff member told us, "I will communicate with people verbally but they will respond with body language and facial expression." We observed this practice during our inspection.

Improving care quality in response to complaints or concerns

- The provider had an effective system in place to handle complaints. The service had a complaints policy and procedure which provided guidance on how to raise a concern or complaint and the timescales for responding.
- Relatives told us they knew how to raise a complaint but did not have anything to complain about. However, any concerns they had raised were addressed promptly.
- The service had not received any formal complaints. The registered manager told us all complaints and concerns would be addressed by following their complaints policy and any lessons learnt would be used to improve on the quality of the service.

End of life care and support

- No one using the service required end of life support. The registered manager informed us that where required they would work with people, their relatives where applicable and other professionals to ensure the person's end of life wishes were respected.
- People and their relatives had been consulted about end of life care. Where required people had been supported to purchase a funeral plan to ensure their end of life wishes would be respected.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The systems and processes in place for assessing and monitoring the quality of the service was not always effective and did not always drive improvement. Regular monitoring checks were completed in areas including health and safety, infection control, medicines and care files. However, these checks did not identify all the issues we found at our inspection in relation to health and safety, infection control and medicines storage. Where issues were identified they were not always acted on to improve on the quality of the service.

- Management did not always have sufficient oversight of the service. Regular checks were not carried out to ensure information about staff was up-to-date. For example, in relation staff training.

The lack of robust quality assurance meant people were at risk of receiving poor quality care and should a decline in standards occur, the provider's systems would potentially not pick up issues effectively. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was a registered manager in post who knew of their responsibility to work within the principles of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. However, the registered manager failed to notify CQC promptly of updated DoLS authorisation renewed for three people. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Following our inspection, the registered manager sent us three notifications for DoLS authorisations for three people.

- The provider had an organisational structure in place and staff understood their individual roles and responsibilities. Staff knew of the provider's values and we saw they upheld these values when supporting people.
- The service had an out-of-hours system in place and managers also took turns to be on-call during out of hours

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

- The registered manager was not positively encouraging feedback to continuously develop the service. For example, by engaging relatives, staff, advocates and professionals in all aspects of the service.
- Regular staff meetings were held to update staff on people's needs, training, health and safety, rota and

annual leave. However, these meetings did not always give staff an opportunity to feedback on the service or to share good practices.

- Relatives told us that they had regular meetings with management to plan and develop their loved one's care and support. However, their feedback had not been sought in relation to other aspects of the service. The registered manager told us they sent out questionnaires but had not received any back. They said they had received verbal feedback but these had not been documented. Improvement was required in this area and we will follow up on it at our next inspection.
- The service had received one completed questionnaire from a professional in December 2018 and the feedback they received was positive.
- Residents' meetings were used to seek people's views about the service. We saw that issues discussed at these meetings included Christmas party, clothing, furniture and decoration, in-house activity and healthy eating. During these meetings, pictures and objects were used to support people make informed choices for themselves.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Relatives were complimentary about the service; however, they felt more could be done to improve on the quality of the service.
- Staff told us that at times they did not feel listened to where they had informed managers that the numbers of staff on shift was low and this impacted on the quality of the service delivery. See our Safe key question for actions we have asked the provider to take.
- The provider had a policy and an understanding of their responsibility of duty of candour. Duty of candour ensures that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

Working in partnership with others

- The service worked in partnership with key organisations including the local authority that commissioned them and other health and social care professionals to provide joined-up care.
- The service had good links with other resources and organisations in the local community such as the day centres to support people's needs.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider failed to notify CQC promptly of all incidents that affect the health, safety and welfare of people who use services and this included DoLS authorisations.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment People were put at risk of infections because staff had not followed appropriate infection control procedures.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The lack of robust quality assurance meant people were at risk of receiving poor quality care and should a decline in standards occur, the provider's systems would potentially not pick up issues effectively.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing People were put at risk of receiving unsafe care and support because sufficient numbers of staff were not always available to support their needs. The lack of staff knowledge and skills about fire

safety procedures put people at risk of unsafe care and support in the event of an emergency.