

Mr & Mrs W Wallen

21 Lucerne Road

Inspection report

21-23 Lucerne Road
Thornton Heath
Surrey
CR7 7BB

Tel: 02082399547

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 6 December 2018 and was unannounced. At our last inspection in April 2017 we found the service met all the regulations we inspected. During this inspection we found two breaches of the regulations and other areas of practice which required improvement. The service is rated "Requires improvement" overall. This is the first time the service has been rated "Requires improvement."

21 Lucerne Road 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 is registered to accommodate up to four people with learning disabilities. At the time of our inspection there were three people living at 21 Lucerne Road.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was also the provider and had managed the service since first registration with the CQC.

The care provided was not sufficiently developed 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 living in the home were not fully living as ordinary a life as any citizen. People had limited opportunities to participate in activities go out in the community. Furthermore, the registered manager and staff had not refreshed their knowledge of the Mental Capacity Act (MCA) 2005 and therefore did not have a clear understanding of how the MCA applied to people as their circumstances changed. People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible; the lack of procedures and systems in the service supported this practice.

Staff received training and supervision but the scope of both could be further developed to better meet the needs of people and staff. People told us they felt safe living at 21 Lucerne Road and with the way they were supported by staff. There were arrangements in place to help protect people from the risk of abuse. Staff knew how to identify potential abuse and how to report any concerns. People knew how to make a complaint.

Risks to people's health, safety and well-being were assessed and management plans devised to guide staff on how to protect them from harm. However, we found that people's care records including their risk assessments were not always fully completed or accurate. Additionally, more needed to be done to ensure information regarding people's care was in a format which was accessible to people.

People told us staff were caring and kind to them; they were satisfied with the quality of care provided. Staff

respected people's privacy and dignity and treated them with respect. Relatives and other visitors were made to feel welcome and told us they were free to visit people at any time. Staff knew people well and understood their communication needs. There were sufficient staff recruited in a safe way to provide care and support to people.

People received their medicines as prescribed. People had access to external health care professionals to maintain their health. People had sufficient food and drink to meet their nutritional needs. People told us they enjoyed the meals provided.

There was not a system in place to ensure that people's views were obtained and used to make improvements if needed. There were limited systems in place to assess and monitor the quality of service provided and the systems which were in place were not always as effective as they needed to be. The provider's established quality checks had not identified the issues we found with record keeping and mental capacity assessments.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations in relation to the provider's failure to act in accordance with the MCA 2005 and the provider's lack of good governance. You can see what action we have asked the provider to take at the back of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People received their prescribed medicines when they needed them. People were protected from the risk of infection.

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

Staff knew how to keep people safe from harm at home and in the community.

Is the service effective?

Requires Improvement ●

Some aspects of the service were not effective.

Staff did not fully understand how the main principles of the Mental Capacity Act (MCA) 2005 applied to the changing needs of people. This meant that people were restricted without the relevant authorisations being in place.

Staff had received relevant training but required further training to meet the specific needs of people.

People had a sufficient amount to eat and drink. People were supported to maintain their health.

Is the service caring?

Good ●

The service was caring.

People and relatives told us staff were caring and kind to people.

Staff respected people's privacy and dignity.

Is the service responsive?

Requires Improvement ●

Some aspects of the service were not responsive to people's

needs.

The provider did not always ensure that people were supported to follow their interests at home or in the wider community.

More needed to be done to ensure information regarding people's care was in a format which was accessible to people.

People were satisfied with the care they received and knew how to make a complaint.

There was an appropriate complaints policy and procedure in place.

Is the service well-led?

The service was not well-led.

The registered manager had not kept abreast of developments in providing adult social care.

People's records were not fully completed or accurate.

The provider had not established and did not operate effective systems to assess and monitor the quality of care people received.

Requires Improvement 

21 Lucerne Road

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. We conducted a comprehensive unannounced inspection on 6 December 2018. The inspection was conducted by a single inspector.

Before the inspection we reviewed information we held about the service. This included statutory notifications submitted by the provider. Statutory notifications contain information providers are required to send to us about significant events that take place within services. The provider had 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 received feedback from a local authority that commissions services from the provider. We used this information to help inform our inspection planning.

We gathered information at the inspection by speaking with two of the people living at 21 Lucerne Road, two relatives as well as the registered manager and a member of staff. We observed the provision of care and support to people living in the home. We looked at three people's care records, three staff records and reviewed records relating to the management of the service.

Is the service safe?

Our findings

Staff understood their responsibility to protect people from abuse. Staff had received safeguarding training. They knew how to recognise the signs of potential abuse and what they needed to do to prevent and report it. People told us they felt safe living at 21 Lucerne Road and with the way in which staff supported them.

People had risk assessments in place which were personalised and covered risks such as those associated with poor nutrition and hydration. The risk assessments were supported by care plans which gave staff guidance on how to manage the risks identified. However, we found instances of people's risk assessments not being fully completed. We found no impact on people because staff were aware of the risks people faced and how to manage avoidable harm.

Staff knew what to do in case of emergency to keep people safe. The service had adequate procedures in place to respond appropriately to both foreseeable and unforeseeable emergencies to protect people. For example, staff knew how to quickly and safely evacuate people in the event of a fire. There was a system in place to record and monitor accidents and incidents. The registered manager told us there had not been any accidents or incidents since our last inspection.

There were also systems to safely manage infection, clinical waste, gas, portable and electrical appliances. We saw certificates of maintenance and servicing from external contractors which confirmed that these were safe. We observed that the home was clean and tidy which helped to protect people from the risks associated with poor infection control.

We found there were enough staff with the right experience to meet people's needs. There were contingency plans in place to ensure the home was always adequately staffed in the event of staff failing to attend work at short notice. Staff files demonstrated relevant checks were conducted before staff were allowed to work with people. These included criminal record checks, proof of identity and the right to work in the UK, suitable references and evidence of relevant qualifications and experience. This showed that the provider had taken appropriate steps to protect people from the risks of being cared for by unsuitable staff.

People received the medicines they required to maintain their physical and mental health as prescribed. Staff who administered medicines to people had been trained to do so. Medication Administration Records (MAR) were fully completed and showed people had received their medicines in the correct dosage and at the appropriate time. There were arrangements in place which ensured that people's medicines were regularly reviewed by their GP.

Is the service effective?

Our findings

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.

During this inspection we looked to see if the service was working within the legal framework of the MCA. The registered manager told us that everybody living at 21 Lucerne Road could make some but not all decisions about their care. There were no records to indicate that mental capacity assessments had taken place or that best interest meetings had been held. It was therefore unclear how decisions were arrived at when a person lacked the capacity to make that decision for themselves. Relatives told us they had not been involved in any best interest meetings relating to their family member's care and treatment.

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. The application procedures for this in care homes are 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 were being met. The Registered Manager did not have a comprehensive understanding of the legislation in relation to DoLS. Staff did not understand what DoLS was or how it was relevant to people in their care.

We found people were subject to restrictions of their liberty without the legal safeguards being in place. The regulations state people must not be deprived of their liberty for the purpose of receiving care or treatment without lawful authority. People were restricted from going out alone and were supervised 24 hours per day but no applications for DoLS had been submitted. The provider had no documentary evidence which indicated that staff had considered the steps they needed to take to both protect people while at the same time ensuring their actions were the least restrictive option. This meant that people who were unable to make all of their own decisions were not protected by ensuring restrictions were proportionate and legally authorised. The registered manager told us, "They can't go out on their own because it wouldn't be safe." A staff member told us, "We don't let them go out without one of us going for their own safety."

This amounts to a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Based on our feedback, after the inspection the registered manager notified us that DoLS applications had been submitted for people where this was appropriate.

People were supported by staff who had completed the provider's induction programme and who also received on-going training and development. Staff who were new to the service completed an induction to the home and had the opportunity to shadow more experienced staff members. Staff received training in areas such as food safety, safeguarding, infection control and medication awareness. However, they had not

received training to meet the specific needs of people using the service. One person was unable to communicate verbally but staff had not received any training recently in non-verbal communication methods. Additionally staff had not received training in learning disability awareness or managing challenging behaviour. Staff had developed their own ways of communicating with people and managing any behaviour which may challenge, however this was not necessarily in accordance with good practice guidance. We did not find there was a breach of the regulations in relation to this as there was no obvious impact on people.

Staff did not attend formal supervision meetings. The registered manager told us that she was constantly supervising staff and giving them feedback on their working practices. These informal discussions were not recorded. This meant there was not a system in place to monitor and develop staff personal and professional development. This is referred to in more detail in the "Well-led" section of this report.

People were protected from the risk of poor nutrition and dehydration. People's dietary needs were identified when they first moved into the home and this was recorded in their care plans. People had person-centred care plans based on their assessed needs in relation to their health. Staff followed people's care plans which had a positive impact on people's health. For example, records indicated that one person who was on a controlled diet because they were at risk of obesity was steadily losing weight. People were given sufficient amounts to eat and drink. People were satisfied with the quality and choice of food available.

People's day to day health needs were met. Staff knew and understood people's health care needs. People were registered with a local GP. The registered manager ensured that people had an annual health check. Staff supported people to attend other appointments when needed.

Is the service caring?

Our findings

People and their relatives told us staff were caring and treated them with respect. One person said, "[The registered manager] is good to me and [Staff member] is like my brother. He takes me for drives in his car. Everybody is very nice here." A relative told us, "As far as I can see [The registered manager] cares about all of them. She really works hard."

There was a calm, relaxed atmosphere in the home. People appeared comfortable and confident interacting with staff. We observed positive interactions and laughter taking place between people and staff. The registered manager and staff had a positive attitude to their work and told us they enjoyed supporting people. The registered manager told us, "I care for the people that live here like my own family."

Staff understood the importance of maintaining people's dignity and respecting their privacy. Staff told us they promoted people's dignity by ensuring doors and curtains were shut when supporting people with personal care. They also spoke to people discreetly about private and personal matters so others did not overhear. People told us their privacy and dignity was respected. People were clean, tidy and well-groomed. This helped people to maintain their confidence and self-esteem.

People were supported to maintain contact with their family and friends. The registered manager told us that visitors were welcome at any time. This was confirmed by a relative we spoke with. One person visited their relatives once per month and another saw their friend once per week. People and their relatives were involved in planning their care when people first began to use the service. Care records included people's preferences, likes and dislikes and staff understood these.

Is the service responsive?

Our findings

We found that more could be done to engage people in meaningful activities at home and in the community to ensure they did not become socially isolated. People did not have activity schedules which were being followed by staff which meant that people did not have a regular routine of attending activities outside the service. There were also no organised activities within the service. On the day of the inspection all three residents were at home. We asked one person what their plans were for the day and they told us, "I don't have anywhere to go. I spend most of my time in here (their bedroom) watching TV." We asked the registered manager how the person spent their time day-to-day. The registered manager told us the person goes out with a friend once per week and is taken out for a drive with staff sometimes. From speaking to the person it was clear that they had many interests including music and football. The person told us they would like to go to a disco.

The care plan of another person stated they wanted to attend the gym, go for walks and to the library. There was no evidence in the records of care we looked at that the person was going out to these places. We raised this with the registered manager who told us the person goes bowling every Monday and sometimes goes shopping with staff. There was no information in another person's care files about any activities they participated in. The registered manager told us that the person spent most of the time in their room but went for walks with staff. The registered manager told us this was the person's preference although this was not stated in the person's care plan. There was evidence that people were taken out shopping and for a walk or drive. They also went on an annual holiday. In 2018 people and staff had been on holiday to Portugal. People told us they enjoyed the holiday.

We raised our concerns with the registered manager and staff about the lack of activities available to people. The registered manager accepted that more could be done to find out about local, age appropriate activities for people using the service and told us that she would make enquiries.

People's religious and cultural needs were detailed in their care plans and respected in the way care was provided. One person was not able to eat beef for religious reasons and they were given an alternative meal when beef was on the menu. Some of the information people needed to know such as, their hospital passport was in a format they could understand. This was to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publicly funded bodies to ensure people with a disability or sensory loss can access and understand information they are given. A hospital passport is a document people take to health care appointments to give hospital staff helpful information about the person's health, preferences and communication needs.

However, the provider needed to do more work to ensure that other documents such as the provider's policies and procedures were in a format that people could understand. The Provider had a complaints policy in place. Although this was not in an easy-read format people knew who to talk to if they wished to complain. Family members also knew who to talk to if they had a complaint. One relative told us, "I don't have any complaints but if I did I would speak to [The registered manager] or [staff name]." At the time of our

inspection there had been no complaints in the last 12 months.

People received person-centred care however the care they received was not reflective of their care plans. People's care plans were not detailed and did not contain sufficient information to be of use to staff in any meaningful way. We saw evidence that people's care plans were regularly reviewed. There was no evidence that people were involved in these reviews and the people we spoke with were not sure whether they had been involved.

The registered manager told us there was a consistent staff team who had worked with people for many years and knew them well. It was clear from our observations that staff knew people well but during the course of our conversation with people information was obtained about them which the registered manager and staff did not know. This information could assist staff to provide more person-centred care. The registered manager acknowledged that people's care plans needed further development. This issue is referred to further in the well-led section of this report.

Despite the above issues, people were satisfied with the quality of care they received. One person told us, "I am very happy here. I never want to leave." A relative told us, "My only concern is [The person's] welfare. [The person] is clearly content and has told me that."

Is the service well-led?

Our findings

We found that some aspects of the service were disorganised and not well-managed. There was a registered manager in post who was also the provider. The registered manager told us she enjoyed supporting people day-to-day; and this was her main focus. Consequently, many of her responsibilities as a manager were not fulfilled to a standard which ensured that the service was consistently well-led.

The registered manager had worked in adult social care for many years and was keen to provide high quality care to people. People's needs in respect of their health and personal care were well met. However, the registered manager had minimal interaction with other providers or health and social care professionals and had not undertaken any training over and above the mandatory training undertaken by staff. This made it difficult for her to keep abreast of developments in adult social care or to receive up to date information on good practice.

The registered manager did not have a clear strategy to develop and improve the service. There was no strategy in place to upskill staff to meet the changing needs of people living at 21 Lucerne Road. Staff did not attend staff or formal supervision meetings which would give them the opportunity to discuss matters relating to the day to day running of the service and enable them to receive guidance on good practice and feedback on their working practices. There was not a system in place to monitor staff performance or develop staff. Staff competences were not checked and their lack of understanding regarding some aspects of their training such as, the MCA meant that people were subject to restrictions on their liberty without the necessary legal safeguards being in place.

People's records were not always accurate or fully completed. One person's care files contained information concerning another person. In a risk assessment, the scores of risk levels for falls or mobility had not been totalled up so that staff could readily identify the risk level. Records of the care provided had not been completed by staff in the two weeks prior to our inspection. This meant that people were not fully protected against the risks of unsafe and inappropriate care because records were not accurate, complete and contemporaneous. Other records and information regarding people's care was not always in a format which was accessible to people.

The provider did not have a system in place to obtain people's views and act on their feedback to improve the service. The provider did not have effective systems in place to assess and monitor the quality of care people received. The provider's auditing systems had not identified the areas which we found required improvement. The provider had not identified that people were not sufficiently engaged in meaningful activities or that people's records were not accurate or up to date.

The provider had a reactive rather than proactive approach to developing the service. Following our inspection, the registered manager took action to remedy many of the issues we found during our inspection. However, these issues would have been identified and rectified by the provider's own auditing systems if they had been sufficiently robust.

The above issues amount to a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and relatives told us the registered manager was caring, committed and approachable. One person told us, "[Registered manager] is always here. She is very helpful." A relative told us, "The registered manager is a very caring woman and I can always call her if I want to discuss anything to do with [Person's name]."

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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The care and treatment people received was not provided with their consent. The provider did not act in accordance with the Mental Capacity Act 2005.</p> <p>Regulation 11 - 1 and 3.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not establish and operate effective systems or processes to assess, monitor and improve the quality and safety of the services provided; or maintain an accurate, complete and contemporaneous record in respect of each person using the service, including records of care and treatment provided; or seek and act on feedback from people on the service provided.</p> <p>Regulation 17 - 1 and 2(a) (c) and (e).</p>