

St Lucy Care Services

St Lucy Lodge

Inspection report

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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 ●

Summary of findings

Overall summary

About the service

St Lucy Lodge is a residential care home providing 24 hour support and personal care to five people living with a mental health diagnosis. The service can support up to five people.

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

People told us they were kept safe at the service and their relatives agreed. People were protected from the risks of abuse and staff knew how to report concerns. People received their medicines in a safe manner.

People had effective risk assessments to reduce risks associated with their healthcare needs. People were supported to take positive risks to ensure they lived a non-restrictive life.

People were supported by staff who had received relevant training and were supported by management. People chose what they ate and drank each day and were encouraged to have a balanced diet. People were able to make their own choices and staff supported people to do this daily.

People were supported by kind and caring staff who enjoyed working with them. People's privacy and dignity was respected. People were not discriminated against and staff understood to treat people as individuals.

Care plans were personalised and contained people's preferences. People were supported to attend activities of their choice and to practice their religion if they wished. We have made a recommendation about planning and recording people's end of life care wishes.

People liked the management of the service and felt able to approach them at any time. The service had systems in place to monitor the quality of care provided and engaged with people using the service, staff and health professionals.

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

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

Rating at last inspection

The last rating for this service was good (published 7 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

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 well-led

Details are in our well-led findings below.

Good ●

St Lucy Lodge

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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

During the inspection

We spoke with three people who used the service and their experience of the care provided. We spoke with three members of staff including the provider, deputy manager and a visiting professional.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found and we spoke to a relative.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse.
- Care staff received training in safeguarding and understood how to identify the different types of abuse and the process to follow to report it.
- Care staff told us they would blow the whistle if they observed poor practice within the service.
- A member of care staff said, "We have to put the client first. If I saw abuse, I'd report it to my manager." Another member of staff said, "I know about safeguarding, we cannot hurt anyone. If I saw bruises I'd talk to the client to find out what had happened. If I saw abuse and my manager doesn't do anything I can go to the CQC, GP, Police and Haringey local authority."
- People at the service participated in safeguarding training which took the form of a drama and used songs. This helped to teach people at the service how to protect themselves, understand what abuse was and how they could raise a concern.

Assessing risk, safety monitoring and management

- People and their relatives told us they were kept safe at the service.
- One person said, "I feel safe living here." A relative told us, "[Person] is kept safe there."
- People had risk assessments which were clear and reduced them coming to harm and supported people to live in a non-restrictive way.
- People received regular room checks to check for hazards and the provider installed window restrictors to protect people from coming to serious harm.
- The service carried out regular environmental checks which included performing fire drills, gas, water and electrical safety checks.
- The deputy manager told us they encouraged people to take positive risks such as walking to their local shops with staff observing from a distance.

Staffing and recruitment

- People told us there were enough staff to support them at the service.
- We found there were suitable numbers of staff available to provide assistance to people when they needed it.
- Care staff were recruited in a safe way and the service followed their recruitment policy and procedure.
- Records confirmed staff completed an application form, attended an interview, supplied two references, proof of identification and a criminal record check to ensure they were safe to work with vulnerable people.

Using medicines safely

- People's medicines were managed safely. People told us they received their medicines on time.
- The service followed their policy and procedure to ensure medicines were handled, stored, ordered and disposed of safely.
- Staff received training in the safe administration of medicines.
- We observed a medicine round and care staff asked people if they were ready to take their medicines and where they would like to receive them.
- Staff completed a medicines administration record to show when people had taken their medicine. We did not see any gaps in the recording.

Preventing and controlling infection

- The premises were clean and free from malodour.
- Staff followed and completed a cleaning schedule to maintain the cleanliness of the home.
- The service used colour coded mops when cleaning to prevent the risk of cross contamination.

Learning lessons when things go wrong

- The service maintained an accident and incident folder. However, no incidents or accidents had occurred at the time of the inspection.
- There were processes in place to ensure care staff learnt from incidents and staff told us they would discuss issues during handovers and team meetings.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The service assessed people's needs before they started to use the service.
- The deputy manager advised they would visit people in their previous setting and talk to them about the service, what they could offer and what people were looking for from their care.
- Initial assessments covered a number of areas of people's lives and included some of the following; religion, previous history, medical history, finance, mobility, cooking, daily living skills and level of support needed.
- People and their relatives were involved in the care planning process as they were invited to the initial assessment and provided further information about a person to the service.

Staff support: induction, training, skills and experience

- People were supported by care staff who had the skills and experience to perform their role.
- Care staff completed an induction to the service which prepared them for their role and they were introduced to every person living at the service.
- Care staff received training relevant to their role on a regular basis, which included, safeguarding, medicines, diabetes, mental capacity, infection control, health and safety, person centred care, mental health awareness and food safety.
- People using the service and their relatives told us care staff were good at their jobs.
- Care staff told us they felt supported by the management of the service and they could ask colleagues for advice if needed. A member of staff said, "If I'm lacking they are there to support me."
- Records confirmed care staff received regular supervision where they discussed progress of their work and they had an annual appraisal.

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

- People were supported to eat healthily and to stay hydrated.
- People told us they liked the food and staff supported them to eat meals they enjoyed.
- People living at the service chose what they wanted to eat each day. A menu was in place however, people were able to change their mind if they wanted something else.
- People's care plans contained information to encourage people to eat healthily to keep them physically well and to prevent conditions people had from worsening, such as diabetes.

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

- The service worked with health and social care professionals to ensure people received the right level of support promptly. We saw evidence of this on the day of the inspection when a social worker attended the service to speak to someone using the service.
- Care plans contained contact information for people's GP, social worker, consultant psychiatrist, dentist, and advocate.
- Records confirmed the service educated people to stay hydrated and cool during periods of extreme heat through group discussions and one to one sessions with care staff.
- People were supported to attend regular health screening appointments to support early detection of health conditions.
- The deputy manager spoke in detail about how they had worked with health professionals and organisations to ensure people got the treatment they needed in a timely manner. Records confirmed this.

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

- The layout of the service promoted people to move freely and enjoy the communal areas inside and outside.
- People had decorated their rooms to their own preference and displayed personal items.
- One person said, "I put pictures the way I like and they painted it the way I like."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. No one at the service was currently subject to a DoLS. The deputy manager and care staff understood when they would need to apply for one.

- People received care once their consent had been given, records confirmed written consent was obtained before care began.
- Care staff asked people for their permission to provide support with personal care.
- Care staff knew to enable people to make their own choices as much as possible and understood the law and guidance around people's mental capacity.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by care staff who were kind and patient. One person said, "[Care staff] are nice and kind, we are like a little family." Another person smiled when asked if the care staff were kind and said, "I like it here, I had a party, I've been here 20 years."
- Care staff showed respect when they supported people in the service and talked about people in a caring manner. A member of staff said, "I like to spend time with them, supporting and talking to them." Another member of staff said, "I'm happy coming to work and caring for people, it's my passion."
- Care staff respected people's diversity and sexual orientation. A member of staff said, "We cannot discriminate against anyone, I always respect regardless if straight or gay."
- The deputy manager said, "We encourage cultural diversity, people sing their own music and eat Caribbean food."

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

- People told us they were able to tell care staff what they needed at all times. One person said, "Staff ask me about everything, they listen to what you say."
- Care staff knew people's individual needs including their likes and dislikes. Information to enable staff to support people make decisions about their care was written in the care plans.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected at the service.
- We observed staff knock on people's bedroom doors before entering and people were able to spend time alone in their bedroom.
- People were encouraged to maintain their independence to prevent them from losing their skills. A member of staff said, "I show [person] how to wash the dishes then she does it by herself. I want them to be able to live independently."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

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

- People received personalised care that met their needs.
- Care plans stated what each person wanted to achieve from their care and how the service would support them to reach their goals.
- Care plans contained people's preferred name, likes and dislikes, how they wanted to receive care and how staff should support them in different situations.
- People confirmed they were asked what they wanted from their care and this was regularly reviewed and updated to ensure care was constantly tailored to them.
- Care staff completed handovers during each shift where they shared important information with their colleagues. Staff also documented the care provided during each shift and this matched the support plan.

Meeting people's communication needs

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

- People's care plans contained information on their communication needs and how best to interact with them.
- The deputy manager informed us they had translated a care plan into someone's preferred language and were able to do this in the future if someone needed this done again. This enabled people to follow and understand their care plans.

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

- People were supported to attend activities of interest to them such as in house cookery groups.
- People confirmed the service helped them find local community and cultural groups which they attended to help them avoid social isolation. One person said, "I go to the club once or twice a week and I do stretches in the house." The same person said, "I get to choose music, I like Tom Jones and Elvis."
- The deputy manager confirmed people liked to listen to different music at the service.
- People were able to attend their chosen place of worship with the support of their family or with staff if they wished.

- The deputy manager explained how they supported people to maintain and establish contact with family members if people wished and this helped strengthen people's extended relationships.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure.
- People at the service knew how to raise a concern. One person said, "I will go to [provider] or to the [deputy manager]."
- Records showed no formal complaints had been raised, however, the service had documented when people had raised issues within the service and they had been resolved to people's satisfaction.

End of life care and support

- At the time of the inspection no one at the service required end of life support.
- Care plans contained a section covering future plans and moving on but nothing specifically addressing end of life care wishes.
- The deputy manager told us discussing end of life care caused some people anxiety and therefore it was not discussed.

We recommend the provider seeks guidance and support from a reputable source in relation to discussing and recording people's end of life care wishes and needs.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People told us they liked living at the service and emphasised the culture in the service was like a family.
- Relatives told us they were included in communication with the service and were made to feel welcome whenever they visited their family member.
- A member of care staff said of the working environment, "You can see [people] are all happy. They all get on. The atmosphere is very friendly."
- Staff were positive about the management. A member of care staff said the registered manager was 'very good'. Another member of care staff said, "[Registered manager] is open, you can pop in to the office anytime, if struggling with anything."

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

- The registered manager understood their role and was supported by a deputy manager and the provider.
- The service had quality assurance processes to monitor the service. Records confirmed the provider carried out weekly medicines audits, quarterly audits of the service and monthly evaluation of care plans.
- Management at the service acted on findings from quarterly audits and prepared an action plan where we could see they had achieved some of the set goals.

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

- The registered manager, deputy manager and the provider understood their legal duties to report to the regulator when things went wrong.
- The deputy manager advised they took ownership when mistakes were made. The deputy manager and provider told us they were transparent with people within the service and the organisations they worked with when anything happened within the service.

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

- People were actively encouraged to participate in training events which included safeguarding and

healthy eating to keep them involved in their care.

- People's feedback on the quality of the service was sought during their one to one session, group meetings and annual survey. The management used the data to improve the quality of care.
- Records confirmed monthly meetings took place for people and care staff within the service.
- Relatives told us they were asked for their views on the service and were invited to social events which provided an opportunity for them to share ideas for improvement. A relative said, "[The service] is good at communication, they know I like to be kept informed."
- Visiting health professionals were encouraged to provide feedback to the service to support improvement. A visiting social worker said, "I'm impressed with [the] care plan and [the] risk assessment. The way [staff] are supporting [person] is good."

Continuous learning and improving care; Working in partnership with others

- Management at the service and staff always wanted to learn something new at the service for people's benefit to ensure they received the best care and followed good practice.
- The registered manager and deputy manager worked in partnership with health and social care professionals and commissioners to improve people's physical health and emotional wellbeing.
- The provider confirmed the service was part of a steering group where improvements were discussed. They advised they were currently discussing mental health awareness, records confirmed this.