

Arthur Lodge Limited

Arthur Lodge Residential Care Home

Inspection report

16-18 Arthur Road
Edmonton
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Date of inspection visit: 14 April 2015
Date of publication: 23/06/2015

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

This inspection took place on 14 April 2015 and was unannounced. At our last inspection in April 2013 the service met all the standards we looked at.

Arthur Lodge is a care home for adults with learning disabilities, including a dual diagnosis of a mental health condition. The maximum number of people they can accommodate is 11. On the day of the inspection there were eight people residing at the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care

Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe at the home and safe with the staff who supported them. They told us that staff were patient, kind and respectful. They said they were satisfied with the numbers of staff and that they didn't have to wait too long for assistance.

Summary of findings

The registered manager and staff at the home had identified and highlighted potential risks to people's safety and had thought about and recorded how these risks could be reduced.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and told us they would presume a person could make their own decisions about their care and treatment in the first instance. Staff told us it was not right to make choices for people when they could make choices for themselves.

People had good access to healthcare professionals such as doctors, dentists, chiropodists and opticians and any changes to people's needs were responded to appropriately and quickly.

People told us staff listened to them and respected their choices and decisions.

People using the service and staff were positive about the registered manager and management of the home. They confirmed that they were asked about the quality of the service and had made comments about this. The management took people's views into account in order to improve 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. People told us they felt safe at the home and with the staff who supported them.

Risks to people's safety had been identified and measures put in place to reduce these risks as far as possible.

There were enough staff at the home on each shift to support people safely.

There were systems in place to ensure medicines were handled and stored securely and administered to people safely and appropriately.

Good



Is the service effective?

The service was effective. People were positive about the staff and we saw that staff had the knowledge and skills necessary to support them properly.

Staff understood the principles of the MCA and told us they would always presume a person could make their own decisions about their care and treatment.

People told us they enjoyed the food and staff knew about any special diets people required either as a result of a clinical need or a cultural preference.

People had good access to healthcare professionals such as doctors, dentists, chiropodists and opticians.

Good



Is the service caring?

The service was caring. We observed staff treating people with respect and as individuals with different needs and preferences. Staff understood that people's diversity was important and something that needed to be upheld and valued.

Staff demonstrated a good understanding of peoples' likes, dislikes and cultural needs and preferences.

Staff gave us examples of how they maintained and respected people's privacy. These examples included keeping people's personal information secure as well as ensuring people's personal space was respected.

Good



Is the service responsive?

The service was responsive. Everyone at the home was able to make decisions and choices about their care and these decisions were recorded, respected and acted on.

People told us they were happy to raise any concerns they had with the staff and management of the home.

Care plans included an up to date and detailed account of all aspects of people's care and recreational needs, including personal and medical history, likes and dislikes, recent care and treatment and the involvement of family members.

Good



Summary of findings

Is the service well-led?

The service was well-led. People we spoke with confirmed that they were asked about the quality of the service and had made comments about this.

The service had a number of quality monitoring systems including surveys for people using the service, their relatives and other stakeholders. The registered manager took people's views into account in order to improve the service and care provided.

Staff were positive about the management and told us they appreciated the clear guidance and support they received. Staff had a clear understanding about the visions and values of the service.

Good



Arthur Lodge Residential Care Home

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 undertook this unannounced inspection of Arthur Lodge on 14 April 2015.

Before our inspection we reviewed information we have about the provider, including notifications of any safeguarding and incidents affecting the safety and wellbeing of people. We also spoke with a social care professional who had regular contact with the service.

This inspection was carried out by one inspector. We met with all eight people who used the service and spoke in more detail to three people who could give us their views about the home verbally.

Some people could not let us know what they thought about the home because they could not always communicate with us verbally. Because of this we observed interactions between staff and people using the service as we wanted to see if the way that staff communicated and supported people had a positive effect on their well-being.

We spoke with seven staff including the registered manager.

We looked at six people's care plans and other documents relating to their care including risk assessments and medicines records. We looked at other records held at the home including staff meeting minutes as well as health and safety documents and quality audits and surveys.

Is the service safe?

Our findings

People we spoke with told us they felt safe and had no concerns about how they were being supported at the home. We observed staff interacting with people in a kind and supportive way.

Staff had undertaken safeguarding adults training and up to date training certificates were seen in files we looked at. Staff could explain how they would recognise and report abuse and were aware that they could report any concerns to outside organisations such as the police or the local authority.

There had been a recent safeguarding issue at the home which had been investigated by the local authority. There had been a number of recommendations arising for the investigation and we saw that the registered manager had taken appropriate action on these recommendations and was able to describe to us the lessons learnt from the whole process. We discussed this matter with the social care professional from the local authority who had chaired the strategy meeting. They told us the registered manager had taken on board these recommendations and had worked cooperatively with them.

Care plans we looked at included relevant risk assessments including any mobility issues and risks identified to the individual or others as a result of possible behaviours that challenged the service.

Where a risk had been identified the registered manager and staff had looked at ways to reduce the risk and recorded any required actions or suggestions. For example, where someone had been identified as being at risk from falling because of their limited mobility, the registered manager had made sure they had been assessed by a physiotherapist and had been provided with a walking frame. The risk assessment reminded staff that the person must have access to this frame at all times.

We saw that people's risk assessments had been discussed with them if possible and were being reviewed on a regular basis. We saw that changes had been made to people's risk assessment where required.

Recruitment files contained the necessary documentation including references, proof of identity, criminal record checks and information about the experience and skills of the individual. The registered manager made sure that no staff were offered a post without first providing the required information to protect people from unsuitable staff being employed at the home. Staff confirmed they had not been allowed to start working at the home until these checks had been made.

People using the service and staff we spoke with did not have any concerns about staffing levels. We saw that staff had time to be with people and to sit and chat together with them. The registered manager confirmed that staffing levels were adjusted to meet the current dependency needs of people and extra staff were deployed if people needed to attend healthcare appointments or recreational activities.

We saw that the help and support people needed to keep safe had been recorded in their care plan and this level of help and support was being regularly reviewed.

We saw that risk assessments and checks regarding the safety and security of the premises were up to date and being reviewed. This included fire risk assessments for the home and the provider had made plans for foreseeable emergencies including fire evacuation plans.

People we spoke with said they were happy with the way their medicines were managed at the home. The registered manager told us that medicine records were checked each morning and error reporting forms were available if any mistakes had been made. All medicines in use were kept in the medicine trolley, which was safely attached to the wall when not in use.

We saw satisfactory and accurate records in relation to the management of medicines at the home. Staff told us they had attended training in the safe management of medicines and felt confident in this area of their work. We saw that people's medicines were reviewed every six months by a mental health professional or their GP.

Is the service effective?

Our findings

People who used the service were positive about the staff and told us they had confidence in their abilities. One person commented in the most recent quality assurance survey, “I am always well looked after.”

Staff were positive about the support they received in relation to supervision and training. One staff member commented, “The manager is very supportive.”

Staff told us that they were provided with a good level of training in the areas they needed in order to support people effectively. Staff told us about recent training they had undertaken including safeguarding adults, fire safety, mental capacity awareness and moving and handling.

Staff told us how they had put their training into practice, for example, one staff told us how undertaking the food and hygiene training had improved their understanding of people’s nutritional needs. We saw training certificates in staff files which confirmed the organisation had a mandatory training programme and staff told us they attended refresher training as required.

Staff told us that they would discuss learning from any training course at staff meetings and any training needs were discussed in their supervision.

Staff confirmed they received regular supervision from the registered manager or deputy manager. They told us they could discuss what was going well and look at any improvements they could make. They said the registered manager was open and approachable and they felt able to be open with him. Staff also told us they would always talk to the registered manager when they needed to and that they would not wait until their supervision or a staff meeting.

Staff were positive about their induction and we saw records of these inductions which included health and safety information as well as the organisation’s philosophy of care.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and told us they would always presume a person could make their own decisions about their care and treatment. They told us that if the person could not make certain decisions then they would have to think about what was in that person’s “best interests” which

would involve asking people close to the person as well as other professionals. Staff told us it was not right to make choices for people when they could make choices for themselves.

Staff told us how they communicated information to people, in the form of pictures with some people who could not speak, and gave us examples of how they understood individual’s responses, for example, through people’s facial expression and body language.

The registered manager had reviewed the home’s policy and procedure in relation to the Deprivation of Liberty safeguards (DoLS). These safeguards are put in place to protect people’s liberty where the service may need to restrict people’s movement both in and out of the home. For example, if someone left the home unaccompanied and this would be unsafe for them, the home would have to provide a member of staff to take them out. Although everyone had undertaken training the registered manager told us he would get in touch with the local authority to discuss how the MCA should be put into practice.

We observed staff asking people for permission before carrying out any required tasks for them. We noted staff waited for the person’s consent before they went ahead. People told us that the staff did not do anything they didn’t want them to do.

People told us they liked the food provided at the home. We saw that choices of menu were available to everyone and the menu was discussed with people at each house meeting. The home had a four week pictorial menu on display. Four people were at the home during lunch and we saw everyone had a variety of different meals. Staff told us that although this was sometimes a challenge for them, it was important that people were able to eat what they wanted.

We saw that people’s weight was being monitored and discussed in staff meetings and action taken if any concerns were identified. We saw records that showed people had been referred to appropriate health care professionals such as GPs and dieticians. Care plans included information and treatment advice from these healthcare professionals including recording food and fluid charts if there were concerns about individual’s weight loss.

The registered manager told us that a number of people with a previous history of weight loss had improved since they had been admitted to the home.

Is the service effective?

People's records contained information from health professionals on how to support them safely, such as advice from speech and language therapists regarding healthy eating and advice on potential swallowing problems.

People were appropriately supported to access health and other services when they needed to. Each person's personal records contained documentation of health appointments, letters from specialists and records of visits.

People were registered with a number of different GPs in the area and the registered manager told us that this was because they had wanted to retain their GP after coming to the home.

We saw that assistance from medical professionals was sought quickly when people's needs changed. People confirmed they had good access to health and social care professionals.

Is the service caring?

Our findings

People told us they liked the staff who supported them and that they were treated, “good”. One person commented in the most recent quality assurance survey, “I feel at home and I like the fact that we live as a family.”

We observed staff interactions with people throughout the day. We saw that people were very relaxed with staff and it was clear that positive and supportive relationships had developed between everyone at the home. One staff member commented, “I enjoy looking after people and I learn things every day.”

We saw that people had commented and had input in their care plans. Staff told us about regular key worker sessions they had with people and how they looked at what the person wanted to do and how they followed the person’s needs and wishes. Staff felt that these one to one sessions enabled people to be more independent and to make their own decisions and choices about their care.

There were monthly house meetings between people using the service and staff and management. We saw from the last meeting minutes that everyone had discussed people’s preferences for their annual holiday, menu plans, if people had any concerns about staff or the management as well as views about their care in general.

We saw that staff had discussed people’s cultural and spiritual needs with them and recorded their wishes and preferences in their care plans. For example, how and where people wanted to attend places of worship. We saw that people’s cultural preferences in relation to food and diet had been recorded and menus we saw reflected the diversity of people living at the home.

People told us that staff respected their privacy and staff gave us examples of how they maintained and respected people’s privacy. These examples included keeping people’s personal information secure as well as ensuring people’s personal space was respected.

Is the service responsive?

Our findings

People told us that the service was responsive to their needs and preferences. One person commented in the most recent quality assurance survey, “Staff listen to me.”

We saw that the registered manager and staff responded appropriately to people’s changing needs. For example, one person had recently been diagnosed with a long term health problem. We saw that this person’s care plan had been updated to include information on how to manage this condition. We also saw that information had been given to the person’s family so they could better understand the condition.

We saw that, following an assessment by the speech and language therapist, a person’s care plan had been updated to reflect the advice given as a result of this assessment. Staff told us that the registered manager kept them updated about any changes in needs of the people using the service. Staff had a good understanding of the current needs and preferences of people at the home.

The registered manager confirmed that everyone had been assessed before moving into the home to ensure only people whose needs could be met were accepted. We looked at three people’s care plans in detail. These plans covered all aspects of the person’s personal, social and health care needs and reflected the care given.

The home provided a respite service and a number of people had moved into the home on a permanent basis after coming in for regular respite. The registered manager told us this was a positive transition as they already knew the staff and other people in the home.

We saw that people could take part in recreational activities both inside and outside the home as well as take part in ordinary community activities. On the day of the inspection there were eight people residing at the home. Four people had gone out to attend regular day centre places and four people had stayed at the home. We met with the four people when they returned later in the afternoon. They told us they enjoyed attending the day centre. We observed staff sitting and chatting with them and asking how they enjoyed their day.

The home’s complaints procedure, which was easy to understand and also included pictures, was on display. People told us they had no complaints about the service but felt able to talk to staff or the management if they did. We saw, from records, that no complaints had been received by the service since our last inspection. Staff told us that people were encouraged to raise any concerns with their key worker and at regular house meetings. We saw, from minutes of monthly meetings with people using the service, staff and the registered manager, that concerns and complaints were a standing agenda item as was reminding everyone of the way they could make a complaint.

Is the service well-led?

Our findings

People we spoke with confirmed that they were asked about the quality of the service and had made comments about this. They felt the service took their views into account in order to improve service delivery.

Staff were positive about the registered manager and the support and advice they received from them. They told us that there was an open culture at the home and they did not worry about raising any concerns. A staff member commented, “I feel free to talk.”

Staff told us about improvements to the service that had come about as a result of regular staff and house meetings. For example, as a result of a suggestion from both staff and people using the service, a monthly trip out to local restaurants was now taking place.

The registered manager and provider had developed a number of quality monitoring systems. These included quality monitoring surveys that were given to people who used the service, their relatives and representatives, staff and other stakeholders. The survey for people who used the service was in a pictorial format and we saw the results from the last survey included very positive views about the home.

We asked staff how the home’s visions and values were shared with them. Staff told us this was discussed in meetings and during supervisions. One staff member told us that they discuss what “good care” is.

Staff understood the ethos of the home which they told us looked at everyone as a unique individual with different care, social and cultural needs and preferences. The registered manager confirmed that this “person centred” approach to care was an important value for the service.

Staff also told us that the registered manager encouraged staff to look at ways of maintaining people’s independence and we saw that people were supported to carry out activities of daily living such as tidying their room or helping with meals. We saw that these values were identified within all aspects of people’s care plans.

The management had implemented systems to audit various health and safety and treatment monitoring within the home. For example, we saw that fire safety and infection control were audited on a regular basis and environmental risk assessments were reviewed as part of this audit and changed where required.