

# Community Housing and Therapy

# Highams Lodge

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 26 July and was unannounced. At the last inspection of this service in December 2015 we found six breaches of regulations. This was because the service had not notified the Care Quality Commission of all safeguarding allegations, medicines were not managed in a safe manner, people's physical health care needs were not adequately met, care plans did not include clear and measurable objectives for people, complaints were not always recorded appropriately and they did not have robust quality assurance and monitoring systems in place. We found all of these issues had been addressed during this inspection.

The service was registered to provide accommodation and support with personal care to a maximum of 15 adults. The service provided support to people with complex mental health needs and substance misuse issues within a therapeutic environment. Typically people used the service for a period of 18 to 24 months before moving on to a more independent setting. At the time of our inspection 12 people were using the service.

The service had a registered manager in place. However, they were on a period of extended leave at the time of our inspection and one of the deputy managers was acting up in the role of the manager. 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.

The service did not carry out mental capacity assessments where they managed medicines on behalf of people without their consent to do so.

We found one breach of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The service had appropriate safeguarding procedures in place which staff understood. Risk assessments were in place which included information about how to support people in a safe manner. There were enough staff working at the service and robust staff recruitment procedures were in place. Medicines were stored, administered and recorded safely.

Staff were well supported and received regular training and supervision. No one using the service was subject to a DoLS authorisation and people were free to come and go as they chose. People were supported to eat a healthy and nutritious diet and had choice about what they ate and drank. People had routine access to health care professionals.

People told us they were treated with respect and in a caring manner by staff. The service promoted people's independence and privacy and sought to meet people's needs in relation to equality and diversity

issues.

Care plans were in place which set out how to meet people's individual needs. People were supported to engage in a variety of activities. The service had a complaints procedure in place and people knew how to make a complaint.

People and staff told us they found the management team to be approachable and helpful. The service had various quality assurance and monitoring systems in place. Some of these included seeking the views of people that used the service.

## 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. Staff understood their responsibility with regard to safeguarding adults and systems were in place to help protect people from the risk of abuse.

Risk assessments were in place which set out how to support people safely and there were guidelines about supporting people who exhibited behaviours that challenged the service.

There were enough staff working at the service to meet people's assessed needs. Robust staff recruitment procedures were in place.

Medicines were managed in a safe manner.

### Is the service effective?

Requires Improvement ●

The service was not always effective. Mental capacity assessments had not been carried out as appropriate in relation to managing people's medicines.

Staff undertook regular training and received one to one supervision from a senior member of staff.

No one living at the service was subject to a DoLS authorisation and people were able to make choices about their daily lives. This included choices about food.

People had regular access to health care professionals.

### Is the service caring?

Good ●

The service was caring. People told us staff treated them well and we saw staff interacting with people in a friendly and respectful way.

The service promoted people's dignity, privacy and independence and supported people with equality and diversity needs.

### Is the service responsive?

Good ●

The service was responsive. People's needs were assessed and care plans were in place which were personalised around the needs of individuals and staff were aware of how to meet people's needs.

People were supported to access a variety of activities, both at the service and in the community.

The service had a complaints procedure in place and people knew how to make a complaint.

**Is the service well-led?**

The service was well-led. The service had an acting manager in place covering for the registered manager who was on a prolonged period of leave. People and staff told us they found the acting manager to be approachable and helpful.

The service had various quality assurance and monitoring systems in place. Some of these included seeking the views of people that used the service and other stakeholders.

**Good** ●

# Highams Lodge

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 26 July 2016 and was unannounced. The inspection team consisted of two inspectors, a specialist advisor with a background of working in mental health services and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at the information we already held about this service. This included details of its registration, previous inspection reports, notifications the service had sent us and details of any safeguarding allegations. We contacted the local authority with responsibility for commissioning care from the service to seek their views.

During the inspection we spoke with four people that used the service. We spoke with seven staff. This included the acting manager, the deputy manager, the clinical director, the chief executive, a senior therapist, a therapist and a support worker. We examined seven sets of records relating to people that used the service including risk assessments and care plans. We looked at medicine records and five staff files which included recruitment, training and supervision records. We looked at quality assurance and monitoring systems at the service and minutes of staff and residents meetings. We examined various policies and procedures, including those relating to the Mental Capacity Act 2005, safeguarding adults and complaints.

# Is the service safe?

## Our findings

At the previous inspection of this service in December 2015 we found that safeguarding allegations were not always reported to the Care Quality Commission and that medicines were not managed in a safe manner. During this inspection we found the service had addressed those issues.

A new system had been introduced to monitor any safeguarding allegations to help ensure the service acted appropriately when a safeguarding allegation was made. We looked at safeguarding records for allegations made since our previous inspection and found that the service had notified the Care Quality Commission as appropriate as well as the relevant local authority.

Staff were knowledgeable about the different types of abuse that might occur in a care setting and were aware of their responsibility for reporting any allegations of abuse. One staff member said, "If it [safeguarding allegation] was in the day I would report it to the manager and at night I would report it to the on-call manager." Staff were also aware of their right to whistle blow to outside agencies such as the Care Quality Commission if they deemed it appropriate. One member of staff said, "Our policies are very clear on whistleblowing, I would discuss any issues with management or contact someone from head office." The service had appropriate policies and procedures in place for safeguarding adults and whistleblowing.

Medicines were stored securely in designated medicines cabinets inside the office. Some medicines were stored in a locked fridge in the office and we found the temperature was checked each day to make sure the medicines were stored at the appropriate temperature. The office was kept locked when not in use. Most medicines were stored in blister packs which made it easier to see what medicine a person was due on a particular date and time and reduced the risks of mistakes occurring. One person did not want to have their medicines in blister packs and theirs was kept in its original packaging which demonstrated a person centred approach to supporting people with medicines.

The staff member with lead responsibility for medicines at the service told us they carried out a weekly audit of medicines. We checked several medicines and found that the amounts held in stock tallied with the amounts recorded as being in stock on the weekly audit. Medicine administration record (MAR) charts were in place which included information about the name, strength and dosage of medicines to be administered. We checked these for a six week period leading up to the date of our inspection and found them to be accurate and up to date.

People told us they felt safe using the service. One person said, "[The service has] improved in all aspects in what you are looking for, safety, care, they have improved a lot from how they used to be." People told us there was enough staff working at the service to meet their needs.

Detailed risk assessments were in place which included information about how to mitigate the risks people faced. These included risks related to aggression and violence, substance misuse, mental health, self-harm and suicide, general health, absconding, finance and medicines.

Risk assessments were person centred, providing information specific to the needs of the individual. For example, the risk assessments about violence and aggression set out the signs and potential triggers that may lead to a person becoming agitated and aggressive. They then set out the interventions to take to de-escalate the situation. For example, the risk assessment for one person stated, "Give [person who used the service] space and time to calm down. Acknowledge his anger and try to see things from his perspective. Speak calmly and instruct him on the actions you are going to take." In addition risk assessments included a management plan to support the person over a longer timeframe to help them deal with the issue of aggressive and violent behaviour.

People were supported to take risks to promote their individual freedoms and their independence. People were able to come and go from the service as they chose [unless subject to a Community Treatment Order which imposed conditions from the Home Office]. One staff member told us, "We have a good balance between having boundaries but accepting the client's difficulties."

The acting manager said that the service did not generally use any form of physical restraint when working with people. However, they said there had been one recent incident in which this had been required. We spoke with one of the staff that had used physical restraint on this occasion and reviewed the records of the incident. It was possible that the incident was potentially life threatening to the person and physical intervention was deemed necessary in the extreme circumstances. Staff were provided with training about supporting people who exhibited challenging behaviours including where people were exhibiting signs of physical aggression.

Enough staff were working at the service to support people in a safe manner. During the course of the inspection we observed that staff were able to respond to people's support needs promptly. Staff did not appear to be rushed as they carried out their work. Staff told us that staffing levels were sufficient for them to carry out their work duties.

Two staff were on site during the night time. One waking night staff and the other sleeping. We spoke with one of the night staff who did sleep-in duties who told us they were available to provide support during the night if required. They told us there had not been any major incidents during the night and that they believed night time staffing levels were safe.

The service had a robust staff recruitment system. Records showed various checks were carried out on staff before they commenced working at the service. These included criminal records checks, employment references and proof of identification. This process helped assure the provider that employees were of good character and had the qualifications, skills and experience necessary to support people using the service.



## Is the service effective?

### Our findings

At the previous inspection of this service in December 2015 we found the service was not adequately meeting people's physical health care needs. This was because care plans did not include information about promoting people's physical health and records were not maintained of medical appointments. We also found that people did not have access to routine dental care. During this inspection we found this issue had been addressed and people's physical health care needs were being met.

The service had a health log in place which tracked people's involvement with medical professionals. This included details of who any appointment was with, the reason for it and details of any follow up action. This enabled the service to monitor people's involvement with health care professionals and helped ensure people got the support they required. Responsibility for people's physical health care needs had been given to a designated member of staff to monitor and ensure health care needs were being met.

The service had sought consent from people to allow their GP service to share information with the home so that they were able to be supportive and complimentary to the GP service in meeting health care needs. The service had also worked with the GP service to ensure that each person received an annual review of their health care needs. Since the last inspection each person had been offered the opportunity to register with a dental service and where people refused this was recorded. Records showed people now had routine access to dental care as well as other health care professionals including GP's, psychiatrists and opticians. Staff were responsive in responding to identified risks. One resident with significant health issues who refused to engage with suggested interventions by staff was taken to the local hospital for assessment. Another resident who identified feeling suicidal was accompanied by staff to a local psychiatric hospital where an informal admission was facilitated.

Staff completed an induction programme upon commencement of their employment. The induction lasted six weeks and included shadowing senior members of staff, completing an assessment work book and mandatory training such as medicines, safeguarding, first aid, food hygiene, health and safety and fire safety. One member of staff told us their induction was, "Very thorough," and explained, "I was learning as I went along and I could apply my knowledge." They also told us about the training they had received stating, "I was doing online training and my induction at the same time and it all tied in." They also told us, "I couldn't administer medication before completing my induction and medicines training."

We saw records of training courses attended by all staff on a training matrix which showed that staff were undertaking training in areas such as managing violence and aggression, equality and diversity, mental capacity, deprivation of liberty safeguards, risk assessments and safeguarding adults.

The staff meetings included a section used for staff training and development. One staff member said, "We have a weekly training hour in the staff meetings. At a recent meeting we used this as an opportunity to talk about the new care plans and risk assessments."

The acting manager received monthly supervision from the clinical director for the service. This included

clinical supervision and a more general supervision to support them in the management of the home. Other staff told us they received weekly supervision from a senior staff member at the service. One member of staff said, "We have our weekly supervision. Its clinical and managerial supervision. I'm responsible for medication so we look at that." Records confirmed that supervision of staff took place on a regular basis.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Where the service managed medicines on behalf of people they had not obtained their signed consent to do so and the acting manager told us the service had not carried out any mental capacity assessments to determine if people had the capacity to manage their own medicines.

The service had a procedure on assessing mental capacity. This stated, "You should assess and clearly record a person's capacity to make any decisions about their healthcare or treatment. Providing healthcare or treatment includes . . . giving medication."

The acting manager told us they discussed this issue of mental capacity assessments with the Chief Executive Officer [CEO] of the provider by telephone during the course of our inspection after we raised it with them. The acting manager said, "I have spoken to [CEO] about that and he said this [mental capacity assessments relating to people's capacity to manage their medicines] is something we have to work on." This meant the service was not following it's own procedure about mental capacity and people were potentially receiving care and support without their consent.

Not carrying out mental capacity assessments as appropriate in line with the MCA was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The acting manager told us that no one was subject to a DoLS authorisation at the time of our inspection and we observed that people were free to come and go from the service without staff support as they chose.

People told us they had sufficient to eat and drink. One person replied, "Yes, plenty" when asked if they had enough to eat and drink. The service supported people to maintain independence with eating and drinking. The food supplies officer told us that the service, "Operates as a community with food." They told us about a weekly meeting with people using the service and how meal planning and shopping was carried out. The food officer said, "Cooking is planned in the weekly community meeting. Residents work in pairs or with staff to cook for everyone". They also told us, "Usually the person who is going to be cooking will say what they want to cook. We try to encourage variation, every day is different, for example lasagne, curry, homemade kebabs." We looked at meal records and saw that foods were varied and choice was offered. One person at the service was a vegetarian and we saw that they were catered for on the cooking rota and on meal planning documents.

People using the service were supported to access the local shops to purchase ingredients on their allocated cooking day which helped to develop their independent living skills. The food supplies officer told

us that for breakfast, people helped themselves to a breakfast of their choice and there was no fixed time for breakfast because most people woke up at different times. We saw that cupboards were fully stocked, as were the fridge and freezer. We observed people in the kitchen helping themselves to food and drink without restriction. People with cultural needs were supported and people were able to eat food that reflected their cultural backgrounds.

# Is the service caring?

## Our findings

People told us staff treated them in a caring manner. One person said staff were, "Very helpful."

Care plans included information about people's past life history. This information helped staff to know and understand people which facilitated their ability to form positive relationships with them.

Care plans demonstrated a practical emphasis to supporting people towards independent living. One person was being supported to create a budget plan. Another person was supported with researching volunteering opportunities and in updating their CV with a view to eventual return to employment.

People had signed 'Release of Information Authorisation' forms to indicate they consented to the service sharing confidential information about them with relevant persons. This included health care professionals and specific family members that were listed. This helped to promote people's privacy by ensuring confidential information was only disclosed to people whom the person was happy for it to be shared with.

Staff we spoke with had a good understanding of how to promote people's dignity. For example, staff were aware of the importance of knocking on doors and waiting for a reply before entering bedrooms and we observed staff doing this during our inspection. This promoted people's privacy. At the time of our inspection no one using the service required any support with personal care but staff explained that they prompted and encouraged people to attend to this as appropriate.

Discussions with staff about people that used the service staff showed respect and compassion and this was reflected in the care records reviewed. One member of staff said that, "It's important that they [people who used the service] have a voice, that they feel listened to and respected." The same staff member said, "A considerable emphasis is placed on developing a `Therapeutic relationship` with residents."

During the course of our inspection we observed people interacting with staff and the acting manager in a relaxed manner and people were at ease in the company of staff. Staff spoke with people in a polite and sensitive manner and were seen to be responsive to concerns and anxieties people exhibited.

We observed people using their own telephones during the course of our inspection which provided them with independence and privacy. Two people showed us their bedrooms. These were decorated to their own personal tastes and included personal possessions such as televisions. People told us they were happy with their bedrooms and they were the way they wanted them. People said they had keys to their bedrooms which meant they had privacy.

The service sought to meet people's needs in relation to equality and diversity issues. The service had an equality and diversity policy and sexuality and relationships policy and the deputy manager explained to us that there was a weekly "Opportunity group," where people using the service could discuss their needs for a relationship, sexual health and wellbeing. The deputy manager told us these meetings were a good opportunity for staff to offer guidance and support in meeting these needs. People were able to eat food

that reflected their cultural backgrounds and attend a place of worship if they wished.

## Is the service responsive?

### Our findings

At the previous inspection of this service in December 2015 we found that care plans were not of a satisfactory standard. This was because they did not include sufficient information about promoting people's independence and supporting people to achieve clear and measurable goals. We found this issue had been addressed during this inspection.

Since our last inspection the service had introduced a new system of care planning which included SMART (specific, measurable, achievable, realistic and time related) objectives for each person. The care plan sets out the objective the person had, for example managing mental health, self-care, living skills, social networks, daily activities and relationships. It then included the short and long term goals for the person with this issue including information about how and when to achieve the goals. The care plans had been drawn up with the involvement of the person and included a section for their comments so that they reflected what was important to the person. For example, one person had set as a goal saving money so they could buy a mountain bike by the end of the year and there was a plan in place about how to achieve this. At the last inspection we found that care plans did not include information about people's psychiatric diagnosis and we found this information was now included within the care plans. We saw that care plans were subject to review which meant they were able to reflect people's needs as they changed over time.

The acting manager told us people should have quarterly progress reports to monitor what progress they were making with their care plan objectives. However, these had not taken place on a quarterly basis for all people using the service. For example, one person had a quarterly progress report from 29 May 2016 but the one before that was from the 7 December 2015. Another person had not had a quarterly progress report since December 2015. We discussed this with the acting manager who told us they would address this issue with the staff team.

Staff told us they had read people's care plans and risk assessments and demonstrated a good understanding of individual's needs and what areas people required staff support with.

At the previous inspection of this service we found that complaints were not always recorded appropriately. During this inspection we found that issue had been addressed.

People told us they knew how to make a complaint. One person said, "They [staff] tell you how to complain."

The service had a robust complaints policy in place which included details of timescales for complaints to be resolved and how people could escalate concerns if they were not happy. People were provided with a copy of the complaints procedure. We looked at examples of complaints received and saw that they were responded to in the time frame set out in the policy and that they were resolved and that they had been recorded appropriately.

People told us they were supported to take part in various activities. One person said, "Yes there is access [to

activities], art workshops once a week and a gardening group." People who used the service were supported to follow their interests and we saw documentation relating to an in-house programme that encouraged people to access the community by going out with the 'leisure group' to the cinema and local coffee shop. Day trips were organised and there was a recent trip to Southend and another planned for Brighton in a few weeks. The service also had an 'art group' on a weekly basis and we saw records documenting the activities that were taking place, for example yoga, painting, gardening, and a stained glass workshop. The care plan for one person included information about supporting them to join a gardening group and a gym.

## Is the service well-led?

### Our findings

At the previous inspection of this service we found the provider did not have sufficiently robust quality assurance and monitoring systems in place. We found this issue had been addressed during this inspection.

The clinical director of the service told us since our last inspection they had implemented a quarterly audit of the service which was based on the outcomes the Care Quality Commission looked at during inspection. This fed in to an annual Clinical and Quality Assurance Audit. The most recently completed covered the period 1 April 2015 to 31 March 2016. The process involved carrying out various audits and checks. For example, checking if staff training was up to date, that appropriate checks had been carried out on staff, analysis of accidents and incidents and support plans and risk assessment reviews. The service carried out a survey of people that used the service and professionals that worked with the survey. This was carried out in April 2016 and the clinical director told us the results of this would feed in to the annual Clinical and Quality Assurance Audit. The clinical director told us they were still in the process of analysing the results before producing an action plan. They told us this would take a further two weeks.

Individual members of staff had been given responsibility as lead officers for monitoring of various areas within the home. For example, there were lead officers with responsibility for safeguarding, accidents and incidents, medicines and people's files. They were responsible for making sure these areas were dealt with appropriately and were kept up to date. Where there were any significant incidents within the remit of the lead officers these were brought to the weekly team meeting to discuss and used as a learning opportunity. Records showed that team meetings were also used to discuss issues relating to people that used the service and they included a section for staff reflection.

Records showed a health and safety audit was carried out at the service every three months by a staff member from the providers head office. This was to check that appropriate health and safety measures were been implemented at the service. This included checking of the first aid box, checking that fire alarm tests had been carried out and that gas and electrical safety certificates for the building were in place and up to date.

The service had an annual audit by the Royal College of Psychiatry's 'Community of Communities'. This was a quality improvement network for therapeutic communities. It aimed to engage therapeutic communities in quality improvement through developing external links with others to promote best practice and improve knowledge and share learning. The clinical director told us this involved some self-assessment of the service and speaking with people who used the service. This meant the service had taken steps to help improve its therapeutic practices and the service had been awarded a certificate to demonstrate it had participated effectively in the scheme..

Resident's meetings took place every morning and we saw records of this. One person said, "[We] have morning meetings and therapy meetings on a Thursday." The deputy manager told us this was part of the service's "Therapeutic community approach." Minutes of these minutes were recorded as well as people's feelings before and after the meeting. This meant that people's emotional needs were being monitored and



people could be supported accordingly.

People were able to raise any suggestions they had about the service during the community meetings. If people wanted to make suggestions in confidence the service had a suggestions box in which people could make written suggestions. One person said, "We have a suggestion box, we leave a suggestion and staff consider it." The notice board in the home included details of suggestions and what action had been taken. For example, one person had suggested a trip out and a day trip to Southend was subsequently organised.

People told us there was an open atmosphere at the service and they were encouraged to talk about any issues they had. One person said, "We give feedback on their [staff] performance and staff act on this, you are encouraged to do so." When asked if they were encouraged to voice their opinions one person replied, "Of course. It is the main thing we always try to achieve. I have seen the previous two CQC reports and they have improved since in all areas."

The service had a registered manager who was on a prolonged period of leave at the time of our inspection. One of the deputy managers had taken over the role of acting manager during the registered manager's absence. They were supported by a deputy manager. The clinical director told us a second deputy manager was due to commence working at the service the week after our inspection to provide additional management support.

Staff told us they felt supported by the management team at the service. One staff member said of the acting manager, "I can talk to him, he is very helpful." Another member of staff said of the acting manager, "He is very genuine with everyone he meets. I trust him clinically, I trust him to take care of the project and the clients. He is very caring." The same member of staff said of the registered manager, the acting manager and the deputy manager, "[They] are real role models for the clients and the team."

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>Care was not provided with the consent of service users. Where people were unable to give consent because of lack of capacity to do so the provider had not acted in accordance with the Mental Capacity Act 2005. The provider managed medicines on behalf of service users but had not carried out mental capacity assessments to determine if people had the capacity to do this. Regulation 11 (1) (2) (3)</p>