

Susash UK Ltd

Barons Lodge

Inspection report

24 Baron Grove
Mitcham
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Tel: 02086468280

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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

Barons 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.

Barons Lodge accommodates up to 29 people with mental health needs and/or physical disabilities in one adapted building. At the time of our inspection 27 people were residing at the home.

At our last inspection of 08 February 2016 we rated the service good. At this inspection of 04 April 2018 we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

A registered manager was in place at the time of inspection. 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 were kept safe at the home and staff knew how to manage and report any safeguarding concerns. Risks to people were appropriately monitored to prevent incidents occurring and to monitor people's safety. Medicines were managed in line with good practice to ensure people received medicines as intended by the prescriber. There were suitable numbers of staff to meet the needs of the people living at the home and appropriate steps were taken to prevent and control the spread of infection. The provider followed safe recruitment practices to ensure that persons employed were suitable to work with people.

Staff received regular and suitable training, supervision and appraisal to support them to carry out their roles. Staff understood the principles of the Mental Capacity Act 2005 (MCA) and there was appropriate documentation to ensure that any Deprivation of Liberty Safeguards (DoLS) were followed. People were supported to eat and drink in order to maintain a healthy diet, as well as having access to specialist healthcare professionals as required.

Staff cared for people at the home whilst respecting their privacy and dignity. People were supported to be as independent as possible in their choices and were encouraged to express their views. People were encouraged to practice their religious and cultural beliefs.

People and their relatives were involved in the contribution to people's care plans to ensure they accurately reflected their needs. Care plans included people's end of life choices where applicable to ensure that these were met in a dignified manner. The provider had a complaints policy in place and had dealt with

complaints to reach a satisfactory resolution.

The registered manager was well thought of, and staff felt that they were well supported. There were systems and processes in place to ensure the registered manager had an overarching view of the service to enable improvements to be made.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Barons 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 comprehensive inspection took place on 04 April 2018 and was unannounced.

The inspection was carried out by one inspector 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.

Prior to the inspection we reviewed information we held about the service. This included notifications the provider is required by law to send us about events that happen within the service. We also reviewed the information included in the 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.

During the inspection we spoke with two people who lived at the service and five relatives. We also spoke with the registered manager, the deputy manager, two registered nurses and three members of staff.

We looked at three care records, three staff files and a range of other documents that related to the overall management of the service which included quality assurance audits and accident and incident reports.

Is the service safe?

Our findings

Relatives told us that the service was safe. One relative told us "no risk of harm here" and "The carer looks after [my loved one]. The door is locked/secured, she doesn't have anything to harm herself".

Staff were aware of the different types of abuse and the ways in which to report any potential concerns. The provider had a safeguarding policy in place and took appropriate action to carry out internal investigations where necessary. Staff understood the role of the local safeguarding team in investigating any concerns raised and were aware of the provider's whistleblowing policy should they need to use it.

Accidents and incidents were promptly recorded and the provider shared any learning from these instances with the staff team. Records we looked at showed that staff were subject to daily handovers where any incidents were shared with staff to ensure that risks to people were managed safely.

Risk assessments were completed for each person at the home to ensure that control measures were in place to reduce any risks to people. Care files we looked at included assessments that covered, where necessary, bedrails, nutritional risk, waterlow assessments for assessing the risk of pressure ulcers, falls risk and dependency assessments. Where one person had mobility issues records showed that a risk assessment had also been completed in relation to the use of a wheelchair and suitable seating arrangements. Where one person was at high risk of falls detailed guidance was in place to inform staff how to support the person to mobilise safely. Risk assessments detailed for staff the appropriate action to take to ensure that people were kept safe.

We observed there were enough staff to meet the needs of the people at the home. The provider reviewed a dependency tool for each person at the home on a monthly basis to ensure that there were enough staff to meet people's needs. Staff told us that management were proactive in supporting people at the home telling us, "[The registered manager] will come to the floor to help – serve food or deliver personal care." One staff member told us, "If someone calls in sick we make sure someone covers or shift swap."

Medicines were well organised at the home and managed safely. One relative said "They make sure my [loved one] takes her medication." All medicines were securely stored in a clinical room with temperature checks carried out across all storage areas including a lockable fridge. Where controlled drugs were issued the provider stored these securely and recorded their admission in line with National Institute of Clinical Excellence (NICE) guidelines.

People's medicine administration records (MAR) included a photograph of the person, their room number, GP details and whether they suffered with any allergies. This supported staff to ensure that medicines were administered to the correct person. Records we looked at showed that medicines had been administered correctly to people and at the times that they needed them.

The nurse in charge carried out daily and monthly audits of medicines to check stock balances, medicine opening dates and checking a randomised sample of MAR for accuracy.

The premises were kept safe through regular maintenance checks. Records showed that the provider carried out regular fire safety checks and personal emergency evacuation plans (PEEPS) were in place for people at the home. The provider had conducted regular electrical equipment testing as well as maintenance of equipment including hoists and fire extinguishers.

On the day of inspection we observed that one of the regularly utilised communal toilets smelt heavily of urine. We spoke to the registered manager about this who promptly implemented more frequent cleaning of all toilets, with a team leader to supervise the cleaning records on an inspection sheet; to provide a much cleaner environment and better infection control. We were satisfied with the response from the provider and the action that they told us they would take to remedy the issue. We observed that staff used personal protective equipment (PPE) when supporting people through the use of aprons and gloves. People were offered aprons to catch any spillages when they were eating their meals. One member of staff told us "We wash our hands when attending to everyone, use gloves and put an apron on."

Is the service effective?

Our findings

People's needs and choices were assessed to ensure that people were provided with appropriate support. People's care plans include pre admission assessments and an induction into the home to ensure they were settled.

Staff received a range of training to enable them to carry out their roles. Topics included dementia awareness, food safety, infection control, moving and handling of people, first aid, end of life care, challenging behaviour and breakaway techniques and diabetes. Records showed that staff were up to date with the providers training requirements.

Staff received a mix of one to one and group supervisions six times a year. The registered manager also told us that one to one sessions were held more regularly if issues arose, for example, if improvements were required to staff practice. Staff also received an annual appraisal to review their performance across the year. This covered topics such as performance, competencies, training and development and established objectives for the coming year. Staff were supported to effectively carry out the duties they were employed to perform.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the home was following the principles of the MCA and DoLS. People's records included decision specific assessments to assess people's capacity and ability to consent, and where necessary records showed that people's relatives and appropriate healthcare professionals had been contacted in order to make decisions in people's best interests. Where people were subject to DoLS the provider had implemented simple guidance for staff to ensure that they were aware of the conditions in place to support people and were able to access them easily.

People were fully supported to access healthcare professionals at times that they needed them. One relative told us "We are involved, we get reviews, doctors' appointments anything we need to be aware of." People's files included records of appointments they had attended with a range of healthcare professionals including opticians, GP, chiropodist and dentist. The home had built a good relationship with the community mental health team and records showed that the relevant assessors were invited to review people's care plans regularly, or when their needs changed.

People were supported to eat well at mealtimes and there were a variety of menu options on offer. One relative said "It is like home food. Once I had lunch here" and another told us "The food appears good and reasonable." Where people required support with eating we observed that staff supported them in an unhurried and supportive manner. Kitchen staff told us that they were able to offer alternatives if people didn't like the food presented to them and we saw that there was clear guidance in place where people

required their foods to be of a certain texture or required thickeners to fortify their intake.

We looked at people's rooms and saw that these were personalised to people's tastes including family photographs, plants and ornaments. Alterations had previously been made to the premises to ensure they were suitable to meet people's needs, for example a stair lift had been installed for the use of one person residing at the home .

Is the service caring?

Our findings

People and their relatives felt that the staff working at the home were caring. One relative said "They are caring. My [loved one] doesn't connect with others. They go the extra mile to take her out of isolation" and another relative told us "The staff are caring, respectful. I have never seen any circumstances of rudeness."

We observed friendly and open conversations between staff and people and witnessed positive affirmations when people showed any signs of disorientation or confusion. Staff were clear on people's presenting needs and knew how to manage any behaviours that may challenge the service. A relative said "My [loved one] has been to other care homes but here is fine. They know how to deal with complex needs. They are quite good with him."

Staff knew the people they cared for well and were able to give us examples of people's preferences and their likes and dislikes. Where one person had difficulties with communication staff were able to explain to us the gestures they would use and look out for to ensure the person was supported to express their views.

People's privacy and dignity was respected when receiving support and care. When delivering personal care one staff member told us, "I ask them what they want. I knock on the door and await a response, I shut the window so it's confidential. I cover each part of their body, I ask them to choose the clothes they would like to wear".

Documentation relating to people's needs was securely stored in a locked office to ensure that people's sensitive information remained confidential. We observed that people were supported to be as independent as possible, on the morning of our inspection one person independently attended the local library.

The provider had recently introduced a resident of the day process where a person's room was deep cleaned, their care plan reviewed and they were offered the option to choose an activity of their choice as well as extra food and pampering.

Is the service responsive?

Our findings

Relative's felt that the home responded well to people's needs with one relative telling us, "Good understanding of complex needs, they are specialised on this" and another relative said, "It's quite good. There is a good understanding. My [loved one] gets on well with everyone".

People's care plans showed that people and their relatives were invited to be involved in decisions about people's support. A relative told us "They show me the folder. They try to involve me when [my loved one] goes for review or if there is any update" and another said "I'm involved in [my loved one's] care plan. I have a written copy". Records were signed off to show that people had been offered copies of their care plan, and we saw that one person's care plan had been recently reviewed in full consultation with their relative.

People's care plans reflected their views and preferences in relation to how they wanted to be cared for and pre-admission assessments included information on people's life histories. People's care plans were reviewed monthly, or when people's needs changed. One member of staff said, "I have a list of all the care plans, sometimes their needs will change. Normally we have a meeting with the social worker or family if there are changes. We discuss it in the handover".

People's end of life preferences were recorded in their care plans. Care plans showed that people's choices in relation to funeral care and their next of kin details were recorded should the need arise.

People were supported to engage in activities, however staff reported to us that this was often a challenge and most people were reluctant to attend some events arranged. One relative said of their loved one, "[Person's name] likes to watch more than doing any activity." The registered manager reported that a disco was held in a neighbouring borough, however only two people at the home chose to attend. Records showed that some people had chosen to go shopping with family members or staff.

We looked at activity logs for people and saw that they had recently had the option of participating in group exercise sessions, bingo, group cooking sessions and reminiscence activities. However, activity options for people could have been more visual around the home and the registered manager agreed to take this on board and incorporate into the homes environmental upgrades . We will review the providers progress at the next inspection.

The provider had a complaints policy in place and people's relatives were clear on how to use it. One relative said "I am aware of the complaints' procedure. I have never raised a concern or complaint." Staff were clear on where to direct people that made complaints to ensure that these were resolved promptly. We looked at the provider's complaints records and saw that details of each complaint were recorded along with an overview of the manager's investigation into the matter. Records showed that the most recent complaint to the provider had been resolved to the complainant's satisfaction.

Is the service well-led?

Our findings

We received positive feedback about the management of the home. One relative said, "The registered manager is in control of things". Staff spoke highly of the support that they received from management telling us, "I've never had a registered manager like her. ...I don't think staff can say anything negative about her. ...She's of course very firm, when it comes to the crunch she'll make sure you'll get it right" and "[The registered manager] will always empower and encourage us to do the right thing and make us love the job."

The registered manager carried out regular audits across the service to ensure that there was effective monitoring and oversight. Accident and incident reports were thoroughly investigated by the registered manager, however patterns and trends were not identified and recorded. Following the inspection the registered manager immediately sent us an enhanced analysis sheet to collate trends and actions taken to mitigate risks across future accidents and incidents for immediate implementation. We were satisfied with the action the registered manager had taken to address the issues raised.

The registered manager also undertook regular audits for areas including, infection prevention and control, dignity and people's view of their care, care plans, medicines and health and safety. All of these audits consolidated any findings and clearly defined any actions the provider needed to take to make improvements across the service.

The registered manager had recently introduced a person centred care folder to guide staff on how people's care files would be audited twice annually to ensure that people's needs were accurately reflected. Links had also been made with the medical rapid response team, who would come out to assess people's health needs in the home with a view to preventing hospital admissions. The registered manager told us, "We use them a lot and it has worked out quite well."

Management ensured that regular residents meetings were held where people were supported to discuss menu choices, environment, activities, management, their care and any general topics for discussion. Staff meetings were also held monthly where key areas in relation to people's care were shared, recent topics included fortified and special diet foods, resident trips out and staff training.

Staff were encouraged to provide feedback in relation to improving the home. The registered manager told us, "Every day we do a handover with the morning shift, we discuss changes and what we need to improve."

The registered manager was clear on their responsibility in sending notifications to the CQC to enable us to support and monitor the service. At the time of inspection the provider had notified us of any incidents in a prompt and efficient manner.