

Supreme Care Services Limited

Liberty Lodge

Inspection report

13 Grasmere Road
Purley
Surrey
CR8 1DY

Tel: 02086602666
Website: www.supremecare.co.uk

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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

Liberty Lodge is a 'care home' providing nursing and personal care and accommodation to people living with mental health needs. The service can support up to four people. The care home accommodated three female adults at the time of this inspection in one adapted building.

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

Regular checks to assess the risks to people of infection from legionella were carried out appropriately. This together with regular checks for hot water temperatures have helped to ensure people's protection from infection and scalding. Staff and the registered manager received training for legionella.

Appropriate infection control procedures were in place and staff received training with food hygiene.

Quality assurance audits were improved to ensure they identified any issues and problems and made improvements where and when necessary. They took into account people's feedback and how the staff were meeting people's needs in line with their wishes and expectations.

People and their relatives told us they were safe and that staff were kind to them.

Staff had training to do with safeguarding adults that helped them keep up to date with best practice. Staff followed clear safeguarding procedures that helped to protect people from harm.

Risks to people, including those associated with their healthcare needs, were assessed and plans were in place to reduce them.

Whistleblowing procedures were in place and displayed on notice boards. Staff told us they were confident any concerns they reported would be dealt with appropriately.

Staff rotas and staffing levels were appropriate to meet people's needs and safe recruitment practices were in place.

People's medicines were stored, administered, recorded and audited appropriately. The provider had appropriate policies and procedures in place to support people safely with their medicines as prescribed.

Comprehensive needs assessments were carried out and there was a good level of detail and personalisation in the care plans to ensure the person's needs were met in an individualised way.

Staff refresher training was updated as required to help staff meet people's needs effectively. Staff received good support and regular supervision.

People were supported to have 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.

Records showed people were supported to have their health needs met, with access to health professionals as required.

People told us their relationships with staff was good. People said their privacy and dignity was respected. They also said they were able to express their views and preferences and staff responded appropriately.

There were systems in place to ensure concerns and complaints were responded to in an appropriate way.

The provider worked collaboratively with other agencies and organisations to meet people's needs.

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

Rating at the last inspection

At the last inspection the service was rated requires improvement (published 27 February 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected:

This was a planned inspection in line with our inspection schedule.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Liberty 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

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

The service 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 two people who used the service. We also spoke with the registered manager and two staff. We observed medicines being administered and the support people received in communal areas, including

the preparation and consumption of meals. We reviewed three people's care records and medicine administration records (MAR). We looked at four staff recruitment files, together with the provider's training schedules. We also examined other documents relating to the management of the service, procedures, quality assurance audits, team and residents meeting minutes and satisfaction surveys.

After the inspection:

We spoke with two relatives and two health and social care professionals.

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 requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

At our last inspection the provider had failed to ensure risk assessments were carried out to determine what checks and precautions the service should have taken to keep people safe from legionella. The registered manager had not received legionella training and water temperature checks were not made to ensure people were protected from the potential harm of hot water temperatures in excess of the prescribed limits of 43 degrees.

This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Appropriate improvements had been made at this inspection and the provider was no longer in breach of regulation 12.

- People were protected from infections and specifically from legionella. Regular checks on legionella were carried out weekly by the registered manager and a risk assessment was in place. Associated risks were well managed. A specialist company also undertook an annual legionella water check to help ensure safe conditions were maintained.
- Hot water temperature checks were carried out weekly to ensure temperatures above 43 degrees centigrade were not exceeded. This has helped keep people safe from scalding.
- We saw effective and regular cleaning schedules in place and no incidents of cross infection occurred since the last inspection.
- Maintenance checks included testing of all the fire safety equipment in the home. We saw records that evidenced this met the required safety standards.
- Staff received training in infection control practices. They used personal protective equipment such as gloves and aprons when delivering personal care to people.
- Staff received training in food hygiene as a part of their ongoing training. This has helped to prevent the spread of infection among people. In 2019 a food hygiene inspection rated the service with five stars.

Using medicines safely

- The provider's policies and procedures for medicines helped to ensure people received them safely and as prescribed. Medicines administration records [MARs] were completed as required. There were no unexplained gaps in the records.
- The registered manager told us that only staff who had completed training in the safe administration of medicines were allowed to assist people with their medicines. Staff told us they were trained in the safe administration of medicines which they had found useful. We saw training records that supported this.

- We undertook a stock take check of stored medicines and we found stored medicines matched the recorded levels on MAR sheets which indicated people received their medicines as prescribed..
- An audit carried out by the pharmacist in January 2020 confirmed policies and procedures for the safe administration of medicines were safe and satisfactory.

Assessing risk, safety monitoring and management

- Risks to people's health, well-being or safety were assessed and reviewed regularly to take account of people's changing needs and circumstances. Risk assessments were activity specific for people such as for cooking or going out into the community and accessing public transport. These assessments were detailed and provided guidance for staff to follow to help minimise identified risks. Risk management plans included information that identified the potential impact on staff as well as on the person.
- There were personal emergency evacuation plan documents in people's care plans. Staff were knowledgeable about people's individual needs and could tell us what support would be provided in the event of an emergency such as a fire.

Systems and processes to safeguard people from the risk of abuse:

- People were protected from harm. There were effective safeguarding policies and procedures linked with those of the local authority. People and their relatives told us they thought people were safe. One person said, "I am quite safe here, the staff have looked after me so well, I am hoping to move on to less supported accommodation soon." A relative told us, "People there are safe and well cared for. I visit quite regularly, and I have never seen anything to worry me."
- Staff were required to sign the policies and procedures to show they had read and understood them.
- Staff were aware of and were able to describe the potential risks people might face and the signs of abuse if they arose. Staff knew how to safeguard people from avoidable harm. Staff described how they would report any concerns both within the organisation and outside to the local authority safeguarding team. The provider had an appropriate whistleblowing policy and procedure in place that staff knew about and felt confident to follow if the need arose.

Staffing and recruitment

- Staff records demonstrated the provider had appropriate recruitment procedures in place for the recruitment of all staff. These procedures included criminal record checks, identity checks and references from previous employers. This meant only staff deemed suitable by the provider were employed to keep people safe.
- There were appropriate staffing levels needed to meet people's assessed needs.

Learning lessons when things go wrong

- The registered manager told us there had been no accidents or incidents reported to date. The recording format used to log any accident or incident was appropriate and included a section designed to enable improvements to be made to policies and practices where necessary.

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

- People's physical, mental health and social care needs were comprehensively assessed and their care treatment and support delivered in line with legislation, standards and evidenced based guidance to achieve effective outcomes.
- Needs and risk assessments were used to develop individualised care plans which provided staff with information on how best to support people to meet their needs.
- People and their relatives confirmed they were involved in the assessment process and reviews of people's care. One person said, "I have had a review just recently with my local authority care manager as well and I am hoping to be able to move on from here to more independent living."
- Assessments considered people's protected characteristics under the Equality Act 2010 to make sure that if the person had any specific needs, such as those relating to their religion, culture or sexuality, the staff could meet those needs. An example of this for one person was how they were enabled and supported by staff to attend church every Sunday.

Staff support: induction, training, skills and experience

- All new staff received a comprehensive induction. Staff said this training was useful in helping them to understand their roles and to work with people more effectively. Staff said they received ongoing training that had helped them to further develop their skills and knowledge.
- Staff told us they received appropriate support from the registered manager. They said the registered manager was always available if they needed to discuss anything related to their work.
- We saw records that evidenced staff received regular one to one supervision sessions every six to eight weeks. Any issues to do with their performance or with general house affairs were discussed. Actions were agreed and reviewed at the next meetings, so improvements could be made where necessary.

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

- People were supported by staff where necessary with the preparation of their meals. Some people were more independent than others and needed less assistance. These people were able to do their own shopping and were assisted by staff when they needed help with cooking. One person told us they enjoyed cooking Caribbean food. They said their help and support was agreed with them when their care plan was drawn up.
- Meals were focussed on the individual needs and preferences of people being supported.
- From our discussions with the registered manager and the staff team, we saw they recognised the importance for people to have a healthy and well-balanced diet and the benefits to people's mental wellbeing.

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

- The registered manager and staff described to us the ways in which they worked with other health services to make sure people's needs were met in a co-ordinated way to help achieve positive health goals for them. The care plans we inspected included details of health professionals and there were procedures for staff to follow in reporting any health emergencies. Records indicated people had regular health checks with their GPs, dentists and opticians.
- Hospital passports and health action plans were in place which documented people's main needs, things that were important to the person and how these needs should be met. This helped ensure that if a person required hospital care there was enough information to help hospital staff to provide the care.

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.

- The registered manager knew what they were responsible for under these principles.
- All of the people living at Liberty Lodge had the capacity to make decisions about specific aspects of their care and support at the time of this inspection.
- Staff received training on understanding and applying the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS). Staff demonstrated an understanding of least restrictive practice.

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

- Communal areas of the house and outside decorations were in need of renewal and refurbishment. This was recognised by the registered manager and by the regional manager who told us this work was on the maintenance and development plan for 2020. We were told that the work was due to have been started already but had been delayed due to the poor weather conditions. We received assurances that this work would be started within the next two weeks. This will help to improve the feel of warmth and homeliness of Liberty Lodge for people living there. The registered manager said they were looking at ways to best include people and their relatives to ensure the work met people's hopes and expectations and was safe.
- People's views were sought about the design and decoration of their bedrooms. They were involved in choosing the colour schemes and we noted a wide range of colours and decor with personal objects, pictures and photographs. There was a main lounge where people were able to socialise, a large garden that enabled people to have a quiet space to relax when they needed to.

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

- There was a friendly and relaxed atmosphere in this home that was reflected by the comments made to us by people. One person told us, "It's really nice here, the staff have been wonderful to me, they have really helped me to progress." A relative said, "The staff are very supportive, kind and caring, you couldn't ask for more really." We noted the calm and engaging approach staff took when working with people to meet their needs. Staff knew people and their needs and preferences well. Staff were warm, encouraging and approachable.
- Staff received equality and diversity training that enabled them to treat people equally and fairly whilst recognizing and respecting their differences. This was reflected in the comments people and their relatives made about staff's care practices. Staff did not talk down to people and they treated people respectfully.

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

- We observed staff encouraged people to say how they wanted their care and support to be provided. Staff encouraged people to push their own boundaries, so they could enhance the quality of their lives, but we noted this was done at the pace of the individual and kept under review. Staff helped people gain voluntary and paid employment. People and their relatives told us they would never have expected this as possible before.
- People were clear that the positive support provided by staff had helped them achieve more of their potential and they told us this had increased their happiness and wellbeing. For one person they wanted to develop their skills in health, hairdressing and beauty so that one day they could gain employment in this work. With appropriate support from staff they were able to attend college and gain a qualification that may enable them to get paid employment in the near future as part of the plan for them to gain more independence.

Respecting and promoting people's privacy, dignity and independence

- Staff received training to ensure people's rights to be treated with dignity and respect were met. We observed staff provided support that was delivered in an inclusive and dignified way. Staff told us they encouraged positive interactions between people and themselves in order to develop trust and to help people achieve their maximum potential and levels of independence.
- Staff consulted people about what they wanted to do and how they wanted to develop their lives in the future. People told us staff treated them with kindness, dignity and respect. Relatives told us staff were compassionate and that the care provided was of a good standard and delivered in an empowering way. This matched the staff care practices we saw.

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 meet people's needs, preferences, interests and give them choice and control

- Care plans were drawn up and based on each person's individual needs, risks and preferences. They contained information relating to people's physical, emotional and mental health needs. We saw there was information to do with people's life histories that staff told us had helped them to better understand people's interests and preferences.
- People's care plans identified both short and long term goals. Care plans provided staff with detailed information about the tasks staff were expected to carry out to meet people's needs.
- Regular and monthly keyworker reports recorded progress made with these goals. People signed their care plans to indicate their agreement with them.
- Relatives said they were happy with the service being provided for their family members and they told us the registered manager was responsive to their requests.

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 understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff had a good understanding of the AIS and people's communication needs were assessed and documented within their care plans. Staff were knowledgeable on how different people expressed themselves and during our inspection we observed that staff took time to listen and engage with people.
- People's communication needs were regularly reviewed and information on individual's communication preference and useful communication strategies for staff were documented.

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

- Staff supported people to follow interests and activities that they enjoyed and expressed an interest in pursuing. For example, people were engaged in activities such as attending college to develop their literacy and numeracy skills and attending a music project to engage in singing and playing music.
- Staff said people were involved in a wide range of interests they enjoyed doing and these activities were reviewed with people and their relatives to ensure they remained appropriate for the person. Other activities people enjoyed included cooking, arts and crafts, shopping trips, visiting family and friends and planning for and going on holidays.

Improving care quality in response to complaints or concerns

- Staff told us that people would say if they were not happy. Any feedback received was used to develop and

improve the services.

- People and their relatives told us they would talk with staff or the registered manager if they had any complaints. Relatives were confident that their concerns would be dealt with. Some comments we received about this from staff and relatives were, "I am sure the registered manager would pick up on any concerns and resolve them as soon as possible," "I know that the registered manager would deal with any problems appropriately."
- There was an appropriate complaints policy and procedure in place that set out the steps someone would need to take if they had a complaint. This included an appropriate timescale within which they might expect a response to their concerns. Staff were aware of how to assist people if they had a concern or a complaint to make.
- The providers' complaints procedure was readily available in different formats to meet people's needs, including an easy to read version.
- Records showed where a complaint was made it was responded to in line with the provider's policy and had been dealt with appropriately to the complainant's satisfaction.

End of life care and support

- The registered manager told us they were not providing end of life care for anyone at present. However, they said they were developing an appropriate policy and procedure to put in place for when this became necessary.
- Staff received training on end of life care.

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 requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At the last inspection although regular quality monitoring systems were in place the coverage of these audits were not always as comprehensive or effective as they needed to be. They failed to identify the lack of testing for potential risks from legionella infections or hot water temperature checks.

At this inspection significant improvements had been made. The registered manager and the provider reviewed the range and effectiveness of their auditing systems and actions were taken when shortfalls or areas for improvement were identified. For example, regular weekly legionella tests were carried out by homes staff together with hot water temperature checks. An annual legionella safety check was also carried out by a recognised company to assess the water safety.

- We inspected the records for these checks. They evidenced satisfactory systems were in place to monitor the safety of water both for legionella and hot water temperatures. People were appropriately protected from the risk of infection and scalding from excessive hot water temperatures.
- Staff were well supported with good training and one to one supervision. The registered manager supported staff to work with people to meet their needs as well as monitoring their overall performance. In this way they were able to ensure improvements were made where necessary.
- Management monitoring tools included systems to review incidents and accidents which helped to ensure action was taken to prevent a recurrence. The registered manager was aware of their responsibility to submit notifications to CQC of notifiable events. Notifications had been submitted in a timely way.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 provider had an effective management and staffing structure in place that promoted person-centred care and transparency. The registered manager understood their duty of candour and staff their responsibilities under their duty of care.
- People and their relatives were positive about the service they received. They said the registered manager and staff were committed to providing good, high quality care. Comments we received reflected this and included, "We are lucky with the support and encouragement we get from staff," "I have been helped so much and I might well be able to move on from here very soon to more independent living, that's because of the support I have received to get me to this point."
- People said they felt listened to. They told us they were able to discuss any concerns they had with staff

and the registered manager. Staff said there was an open and transparent culture at the service that met the needs of the people they supported.

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

- The people living at Liberty Lodge and the staff team were stable with few recent changes. This meant they knew each other well and there was a good bond of trust that was evident. People told us staff checked they were happy with the support they received.
- Feedback questionnaires were given to people, their relatives and to staff. The registered manager told us feedback from the January 2020 survey questionnaires would be analysed and a summary report produced together with an action plan that identified areas where improvements could be made. We reviewed individual response. They evidenced the feedback was all positive and was either in the very satisfactory or quite satisfactory response brackets. We saw where suggestions were made actions were planned to address the issues.
- People received a service from staff who were happy and passionate about their work. Staff said they worked in an open and friendly culture. One staff member told us, "I love my work here. It's a really good place, we have a friendly and co-ordinated teamwork approach thanks to the registered manager's excellent support and encouragement."

Working in partnership with others

- The service had good working partnerships with health and social care professionals. Records showed that input was widely sought and instructions followed correctly to meet the needs of people living at the home.
- Health and social care professionals told us the registered manager and the staff team worked in conjunction with them to ensure the best possible outcomes for people and they believed staff always acted in people's best interest.
- Relatives told us their input was sought, valued and they felt listened to and respected. They told us they were kept up to date on the progress of their family members, invited to care plan reviews and other social events such as summer BBQs and Christmas parties.

Continuous learning and improving care

- Staff team meetings showed staff were provided opportunities to build a connected team approach and to discuss their work. The minutes showed that best practice areas were discussed as well as issues relating to health and safety and working with other agencies. Staff were able to discuss work they did with people at these meetings, share any worries they had about individuals and seek advice. They told us they felt they were listened to.
- Quality assurance systems helped to ensure areas for improvement were identified and action taken to continuously improve the quality of the service provided. Staff regularly spoke with people to ensure they were happy with the service they received. The registered manager worked alongside staff to monitor their practice as well as undertaking other checks of staff working to review the quality of the service provided. As an example, annual medicines competency checks were carried out for each staff member administering medicines to people so as to ensure this continued to be done safely.