Mr & Mrs M Owasil

Drewstead Lodge

Inspection report

Drewstead Lodge
93 Drewstead Road
Streatham
SW16 1AD
Tel: 020 8769 4912

Date of inspection visit: 18 December 2015
Date of publication: 26/02/2016

Ratings

Overall rating for this service	Not sufficient evidence to rate
Is the service safe?	Not sufficient evidence to rate
Is the service effective?	Not sufficient evidence to rate
Is the service caring?	Not sufficient evidence to rate
Is the service responsive?	Not sufficient evidence to rate
Is the service well-led?	Not sufficient evidence to rate

Overall summary

This inspection took place on 18 December 2015 and was unannounced. Drewstead Lodge provides accommodation and personal care for up to nine older people who are frail. We did not give a rating to the service because there was only one person using the service. We did not have enough information about the experiences of a sufficient number of people using the service to give a rating to each of the five questions and an overall rating for the service.

The provider was contemplating changes in the provision of care and support to people. Therefore, the provider did not consider new requests for the admission of people to the service.

At the last inspection on 27 December 2013, the service was meeting the regulations we inspected.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 from harm and abuse. The provider had safeguarding adults' processes in place and had an awareness of the signs of abuse. Staff were aware of how to report an allegation of abuse to the local authority.

Staff had the relevant training, skills, experience, and knowledge to support people. There were sufficient numbers of staff to meet people's care needs.

People gave consent to care and staff encouraged them to make choices and decisions about the way they wanted to be supported. The registered manager aware of their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) to ensure people were cared for appropriately.

People had their medicines managed safely. The administration and storage of people's medicines was safe. There were records maintained for the ordering, and disposal of medicines. Unused medicines were returned to the local dispensing pharmacy. Medicine administration records were fully completed.

People were cared for by staff who knew them well. Staff respected and understood people's likes and dislikes and care delivered to meet these. People were encouraged by staff to maintain relationships with people that mattered to them. An assessment of people's care needs took place and care plans developed to meet those needs. Staff identified risks to people's health and well-being. A risk management plan was developed and implemented to manage and reduce their recurrence.

People had access to sufficient food and drink, which met their preferences. Staff had an awareness of people food preferences and nutritional needs. Meals were cooked onsite and people enjoyed them.

The registered manager and provider carried out regular monitoring and review of the service. There were systems in place to monitor and improve the quality of service delivery. People and their relatives gave feedback to the manager and the provider and action taken on them when needed.

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. Staff kept people safe from abuse and harm. Staff identified risks to people. People had risk assessments in place and a plan to manage and reduce their recurrence to keep them safe.

Enough staff was available to meet people's needs.The management and administration of people's medicine was safe.

Not sufficient evidence to rate

Is the service effective?
The service was effective. Staff were skilled, trained, and supported in their caring role.

People gave staff their consent to receive care and support. The registered manager was aware of their role and responsibilities of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People had meals, which met their needs, preferences, and requirements.

People had access to healthcare support, advice, and treatment when required.

Not sufficient evidence to rate

Is the service caring?
The service was caring. People received kindness and compassion from staff. Staff knew people's needs, wishes, likes, and dislikes and delivered care according to those wishes.

Staff supported people to make decisions regarding the care they received.

Staff respected people while promoting their dignity and privacy. People were encouraged and supported to maintain relationships with people that mattered to them.

Not sufficient evidence to rate

Is the service responsive?
The service was responsive. People and their relatives were involved in and contributed to the planning of their care. People encouraged to take part in activities that interested them care there care support was personalised and met their needs.

People were able to raise any concerns or complaints to the manager and there was a system in place to manage and resolve any complaints.

Not sufficient evidence to rate

Summary of findings

Is the service well-led?

The service was well-led. People and their relatives provided feedback to the manager who acted on their comments.

There was daily management support of the service. The manager sent appropriate notifications to the Care Quality Commission.

There was regular reviews and monitoring of the service and actions put in place to manage areas of concern found.

Not sufficient evidence to rate

Drewstead 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 18 December 2015 and was unannounced. One inspector carried out this inspection. Before the inspection, we reviewed information we held about the service, this included notifications sent to us by the service. A notification is information about important events, which the service is required to send us.

At the time of the inspection, we spoke with the person living at the service. We spoke with the registered manager and registered provider. Both the registered manager and provider carried out care to the person living at the service.

We completed general observations of the service, reviewed one person's care record, and other records regarding the maintenance and management of the service.

After the inspection, we spoke with a relative and a representative from the local authority.

Not sufficient evidence to rate

Is the service safe?

Our findings

People told us that they felt safe living at the service. A relative told us, "my relative is very safe here, I have no concerns."

The provider had protected people against the risk from harm and abuse. Staff were able to demonstrate how they identified signs of abuse and actions they would take to manage an allegation of abuse. There were processes and guidance for staff to help them keep people they cared for safe. The registered manager told us they would make contact with the local authority safeguarding team if they suspected abuse. People were kept safe from harm and abuse because the registered manager was able to demonstrate their knowledge and awareness of abuse and take appropriate action to manage this. Staff were aware of how to whistle-blow and there was a guidance for staff to raise a whistleblowing concern.

Staff identified risks to people and acted on them appropriately. There were risk assessments and plans in place to manage risks for people. For example, a person's assessment identified risks resulting from the person's reduced mobility. The risk management plan included details of the equipment used for the person. There was guidance for staff on the actions to take to keep the person safe when they were getting out of bed, and mobilising indoors or outdoors. People had regular reviews of their assessments and management plans, and updated to reflect their current needs. Staff identified and managed risks to people while meeting their health and well-being needs.

There was a method of recording incidents and accidents at the service. There were no current incidents of accidents records. Staff told us that they would provide appropriate care if the person had an accident. They had risk assessments in place that reduced the risk of an accident or incident occurring. For example, staff had guidance on how to support the person when they were mobilising. This was to reduce the risk of a fall, accident, or incident.

People's medicines were managed in a safe way and had their medicine as prescribed. Medicines administration records (MAR) records were fully completed. Records showed that unused medicines were appropriately disposed or returned to the dispensing pharmacy. The medicine risk assessments recorded any allergies to a medicine that ensured people had their medicines safely. Medicines were stored securely in a locked cupboard in line with guidance from the Royal Pharmaceutical Society: The handling of medicines in social care.

People were kept safe in the event of an emergency. Equipment was available for staff to keep people safe in the event of a fire. For example, fire blankets and fire extinguishers were available. Fire alarms tests and fire drills took place on a regular basis to ensure people and staff had an awareness of what actions to take if a fire occurred. The provider arranged for the maintenance of the fire extinguishers and staff had training in their use. Regular portable appliance testing [PAT] ensured the safety of electrical equipment. The manager arranged regular safety checks of gas, electric and water to check their safety. Regular checks happened to make sure systems were in place to keep people safe.

People's bedrooms were personalised and decorated according to their wishes. We visited a person's bedroom, which was well decorated, clean, and tidy. Photographs of their family, and other personal items were in their room. The person told us they liked sitting in the lounge to watch the television. The registered manager had ensured that people lived in an environment, which was safe and well maintained.

There were sufficient numbers of staff to meet people's care and support needs. The registered manager and the provider lived at the service and provided care and support to the person when required. This level of staffing met the person's needs inside the service and when accessing the local community.

People were cared for by suitable staff. Recruitment processes were robust and safe. Criminal records checks were carried out before staff began work at the home. When we spoke with staff and checked their records, we found suitable checks and references had taken up before they began work with people. Since our last inspection, no new members of staff provided care for the person.

Not sufficient evidence to rate

Is the service effective?

Our findings

People were cared for by skilled and knowledgeable staff. The registered manager and provider completed relevant training to support them in their caring role. Staff demonstrated how they applied the training they learnt to carry out their care and support for people. For example, the manager and the provider were able to demonstrate awareness of the person's health needs. Staff identified their training needs and completed training in safeguarding vulnerable adults and basic life support. Support for staff in their caring role ensured they were knowledgeable and skilled to provide appropriate care.

People gave their consent to receive care and support by staff. The manager actively sought people's consent. Daily care records and care plans detailed when the person gave consent. The person had limited use of verbal communication. However, staff could demonstrate their knowledge of the person to gain their consent. The person's relative was involved with making complex decisions. They had a legal authorisation from the Court of Protection, which gave them the responsibility and rights to be involved in decision making when required. For example, when consent for a health care treatment was required. Care records documented when their relative consented to care following a best interests' meeting. This demonstrated that they agreed and consented to care and support from staff. People were encouraged to make decisions both independently and with support.

People were not unlawfully deprived of their liberty. The registered manager cared for the person in line with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The manager demonstrated their awareness of DoLS and how to submit an application if required. The manager complied with the Mental Capacity Act in general, and (where relevant) the specific requirements of the DoLS. People could be confident that the provider would be able to protect them from the risks from the unlawful deprivation of their liberty.

People had access to food and drink which met their preferences, nutrition and hydration needs. The provider told us, "[The person] has a specialist diet." and "We are clear how [the person] has to have their food to keep them healthy." The person's care records held details of their specialist diet, and their favourite meals they liked to eat. The registered manager protected people against the risk of poor nutrition and hydration, because they had appropriate meals, while respecting their preferences.

People had access to health care services. The staff that cared for people knew their health care needs and acted on them promptly. People attended health care appointments with the support from staff. For example, a person was at risk of complications from their medical condition. The person had a regular review and monitoring of their health and care needs, to ensure their health care needs were identified, managed and support in place to maintain their health. Staff made health care referrals for the person when their needs changed. For example, the district nurse visited the service regularly to assess and manage the person's health condition. The person had a hospital passport in place with details of the person's health conditions, allergies, and health care needs. This ensured the person was cared for appropriately and in a way that met their needs and health care staff could provide treatment in line with these needs.

People's changing care needs were acted on promptly by staff. Staff knew the person well and could identify when their needs changed. For example, the registered manager told us they noted a change in the person's mood. We saw that staff made a referral to a psychologist for specialist advice and support for the person. People could be confident that staff would support them to have treatment as prescribed, reducing risks to their health.

Not sufficient evidence to rate

Is the service caring?

Our findings

People received a service, which was caring and met their needs. We observed how the registered manager and the provider engaged with the person. We saw that staff treated the person in a way, which promoted their dignity and respect. Staff showed an awareness of people's communication needs and allowed them time to communicate and respond. Once the person responded, the manager confirmed with them what they said. This ensured that the person had the opportunity to discuss their views and wishes and made them heard.

People had regular contact with people that mattered to them. People kept in contact and were encouraged to maintain relationships with people outside of the home. Staff encouraged relatives to visit when they wished. One relative told us, "Staff make me feel welcome when I visit. We are able to visit when we want to." This gave people the opportunity to continue to develop and maintain relationships with friends and relatives.

People had the privacy they needed. People's personal care needs took place in the privacy of their bedroom when required. Staff ensured and maintained people's privacy because they supported people in a way that promoted and protected their dignity.

People had plans in place to support them at the end of their life. The person, their relative, and staff had discussions on the plans for the end of their life. There was a record of people's end of life decisions and an end of life care plan was in place. The person had identified their end of life needs and with a plan in place to meet those needs and wishes.

Not sufficient evidence to rate

Is the service responsive?

Our findings

People received a service, which was responsive to their needs. Staff responded to people's care needs when they changed. Staff delivered care to people to meet those changing needs. For example, people had regular assessments to ensure the service continued to meet their care and support needs.

People's needs were assessed and care delivered to meet them. The registered manager completed an assessment of the person's needs. This occurred before they came to live at the service. The registered manager ensured that the needs of the person were central to the assessment process. Assessments included people's needs and wishes to enable staff to deliver appropriate care. People and their relatives were involved and contributed to their assessments. These took place to ascertain whether staff could continue to meet people's needs at the service. Regular reviews of people's care took place to ensure that the service was able to carry on meeting the person's care and support needs.

People's care records documented their interests, likes, and dislikes. Discussions held with the person or their relatives helped to complete care records. Care records were accurate and up to date and reflected the person's current care needs. Life history information was included in the care records, which documented the person's life before they came to live at the service. This was so staff could meet people's needs, get to know people well and the things that mattered to them in their life.

Following the assessment of people's needs, a care plan resulted from the assessments of needs. Staff told relatives of upcoming dates for a care plan review. The person and their relative signed their care plans and reviews to demonstrate their agreement to the planned care and support delivered. A relative told us, "Staff keep me updated with how my relative is doing." The registered manager delivered information to the person so they understood the care and support choices offered to them.

A member of staff told us, "The person has limited communication, but we confirm with them that they have understood what we have said to them." The registered manager told us that the person lived at the service for over 17 years and knew them well. The person's relative told us, "My relative has been living at the home for a long time, the staff know them well." and "I wouldn't want my relative going anywhere else but [Drewstead Lodge]." People made decisions about their care and support. Staff contacted and informed the person's relative when their care needs changed; ensuring people or their relative was involved in planning their care and support.

People's social care needs were identified and met by the service. People had a plan of activities which they enjoyed taking part in. The registered manager told us that the person enjoyed listening to music daily, particularly classical music. The person had a radio in their bedroom, which they used to listen to their favourite music. The registered manager told us that the person enjoyed watching television, spending time in the garden and caring for the pet birds living in the service. Staff supported people to take part in activities, which interested them. Staff supported people to access the local community as they wished. For example, the person enjoyed shopping and staff supported them with this.

The provider had a system for people to raise a complaint. People and their relatives had a copy of the complaints form, which they could use to raise a complaint. People and staff could provide informal feedback to the registered manager or the provider if they wished. Visitors to the service were encouraged to make a complaint, suggestions, or comments. We saw examples a person's relative had told the registered manager that they were happy with the quality of care their relative received. There were no concerns raised by people or their relatives in the last twelve months. A representative from the local authority told us that they did not have any concerns about the person while living at the service. People were encouraged to provide feedback to the provider as they wished if they were unhappy with the care provided.

Not sufficient evidence to rate

Is the service well-led?

Our findings

People received care and support by staff in a service that was well-led. The registered manager ensured that people's care records and monitoring charts were accurate and up to date. Regular audits of people's care records occurred for consistency and accuracy. The provider monitored the service to ensure people received appropriate care.

The registered manager and registered provider delivered care and support to the person using the service. The registered provider consisted of two people. One partner was the registered manager who was managing the service and delivering care and support. The other provider was assisting the person with their care and support needs. The registered manager and provider were aware of their responsibilities as registered manager and providers with the Care Quality Commission (CQC). They informed CQC of notifiable incidents that occurred at the service.

The provider supported staff so they were involved in the development of the service. Regular meetings occurred with staff where they discussed any concerns or issues relating to the service and their caring roles. The providers received feedback from people, and routinely, monitored and reviewed the service so that people received quality care, which met their care and support needs. Neither people nor their relatives raised any concerns.

Staff welcomed feedback from health and social care professionals. We saw records, which demonstrated that a commissioner from the local authority carried out regular checks at the service. There were no issues of concern regarding the care provided.

There were quality assurance systems in place. Regular monitoring and reviews occurred of the quality of service. Systematic health and safety checks were completed and the provider was able to tell us how they ensured people received good quality care. For example, there were regular checks on equipment and medicine audits took place to protect people from harm of medicines. People lived in a service that was routinely, monitored, reviewed and care delivered in a safe environment.