

Mr & Mrs W Wallen

21 Lucerne Road

Inspection report

21-23 Lucerne Road
Thornton Heath
Surrey
CR7 7BB

Tel: 02082399547

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31 March 2016

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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

This was an unannounced inspection that took place on 31 March 2016.

21 Lucerne Road is a family run home which provides care for up to four people with learning disabilities. On the day of our inspection there were three adult males living in the home.

The home had a registered 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 and associated Regulations about how the service is run.

At our last inspection in February 2015, we found there were inadequate systems in place to ensure people received their medicines safely, appropriate checks were not conducted on staff before they began to work with people and staff were not receiving regular supervision or appraisal. We also found that people were not involved in the care planning process and people's care plans were not up to date. There were not effective systems in place to monitor the quality of care people received. We asked the provider to take action to make improvements. The provider sent us an action plan and this action has been completed.

During this inspection people told us they were satisfied with the care they received and that they enjoyed living in the home. Relatives were also satisfied with the care provided. Staff had formed good relationships with people. The staff team were caring, attentive and provided the care and support people needed in a kind and friendly way.

Staff were knowledgeable about the people they supported. They had appropriate skills, training and were focused on providing individualised care. Staff were further supported through induction, supervision and the opportunity for career advancement.

There were appropriate arrangements in place to help ensure people received their medicines safely. Appropriate checks were conducted before staff began to work with people. People's care was planned to minimise the risk of foreseeable harm.

People were encouraged to discuss their health needs with staff and were supported to access community based healthcare professionals. People were protected from nutrition and hydration associated risks with balanced diets which also met their preferences.

The home was clean and provided a safe environment for people to live and staff to work in.

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.

The provider had policies and procedures to minimise the risk of abuse to people and these were effectively implemented by staff. Risks to people were regularly assessed and managed according to their care plan.

There were sufficient numbers of staff to keep people safe. Medicines were effectively managed. Staff followed procedures which helped to protect people from the risk and spread of infection.

Is the service effective?

Good ●

The service was effective.

Staff had the skills, knowledge and experience to deliver the care people required. Staff were appropriately supported by the provider to carry out their roles effectively through relevant training, supervision and appraisal. Staff understood the main provisions of the Mental Capacity Act 2005 and how it applied to people in their care.

People received care and support which assisted them to maintain their health.

Is the service caring?

Good ●

The service was caring.

Staff were caring and treated people with kindness and respect. People received care in a way that maintained their privacy and dignity.

People felt able to express their views and were involved in making decisions about their care.

Is the service responsive?

Good ●

The service was responsive.

People were satisfied with the care they received. People received personalised care that met their needs.

The service obtained people's and their relatives views on the care they received and used people's experiences and concerns to improve the quality of care.

Is the service well-led?

Good ●

The service was well-led.

People using the service, their relatives and staff felt able to approach the management with their comments and concerns.

There were systems in place to regularly monitor and assess the quality of care people received.

The provider used feedback from people, their relatives and external organisations to improve the systems in place and the quality of care people received.

21 Lucerne Road

Detailed findings

Background to this inspection

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

This was an unannounced inspection and took place on 31 March 2016. This inspection was carried out by a single inspector.

As part of the inspection we reviewed all the information we held about the service. This included registration information and the previous inspection report.

During the inspection we spoke with one person living in the home, two people's relatives, two staff members and the registered manager. We also spoke with a representative from a local authority which commissions the service.

We looked at three people's care files and three staff files which included their recruitment records. We reviewed records relating to staff training and supervision, maintenance and management of the home, as well as a variety of policies and procedures.

Is the service safe?

Our findings

People felt safe. One person told us, "I am safe. If anything was wrong I would speak to my advocate." A relative commented, "I am confident [the person] is safe, I have no reason not to be." Another relative told us, "I sleep easy at night knowing he is safe and being taken care of."

At our previous inspection, we found that appropriate checks were not carried out on staff before they began to work with people.

During this inspection, we found that the service operated safe recruitment practices and appropriate checks were carried out before staff were allowed to work with people alone. Job applicants were required to complete an application form setting out their previous experience and relevant skills. Staff were only recruited after an interview to assess their suitability for the role, receipt of satisfactory references and criminal record checks had been carried out. They were also required to provide proof of their identity and their right to work in the UK. This minimised the risk of people being cared for by staff who were unsuitable for the role.

People and their relatives told us there were enough staff to meet people's needs and provide appropriate support. During our visit there was a suitable number of staff to meet people's needs. This meant people's needs were met in a safe, unhurried way.

Staff understood their obligation to protect people from abuse. The service had policies and procedures in place to guide staff on how to protect people from abuse and staff had been trained in safeguarding adults. Staff demonstrated good knowledge on how to recognise abuse and report any concerns. Information for staff on the action to take if they had any concerns about the safety of people using the service was prominently displayed on the walls in the home. Staff were familiar with the service's whistle-blowing policy and told us they would not hesitate to report any concerns about the conduct of another member of staff including the registered manager.

Arrangements were in place to protect people from avoidable harm. Risk assessments were carried out which considered a variety of risks including the risk of abuse and malnutrition. Care plans gave staff information on how to manage identified risks. We observed and records confirmed that staff cared for people in accordance with their care plans in relation to minimising the risks identified.

At our previous inspection, we found that the arrangements in place in respect of storing, administering and recording medicines were unsafe.

During this inspection we found there were appropriate arrangements in place for the storage, administration, recording and disposal of medicines. Medicine was administered safely, at the appropriate time and staff who administered medicine were trained to do so. People's medicine records and the controlled drugs register were fully completed and up to date. The medicines and controlled drugs were safely stored in a locked facility and appropriately disposed of when no longer required.

People were protected from the risk and spread of infection because staff followed the home's infection control policy. There were effective systems in place to maintain appropriate standards of cleanliness and hygiene in the home. Staff had received training in infection control and spoke knowledgeably about how to minimise the risk of infection. Staff had an ample supply of personal protective equipment (PPE). We observed that people practised good hand hygiene.

Is the service effective?

Our findings

People told us staff had the skills and knowledge to provide the care, treatment and support they needed. One person commented, "They are good carers." Relatives commented, "[The registered manager] is very experienced. All the staff are very good" and "[The person] can be very difficult but since he has been living there is has made very good progress and is much calmer because they know how to look after him".

At our last inspection we found that staff did not receive regular supervision or appraisal.

During this inspection we found that staff were supported by the provider through regular supervision and appraisal. This gave staff the opportunity to discuss their training requirements, receive guidance on good practice and have their performance reviewed. Before staff were allowed to work with people they were required to complete an induction which lasted one week. This covered the main policies and procedures of the service and basic training in the essential skills required for their role. Newly appointed staff were required to shadow an experienced staff member and observe care being delivered. They were then supervised by an experienced staff member before they were allowed to work with people alone.

Staff received training in areas relevant to their work such as safeguarding adults and food hygiene. The manager regularly observed staff interaction with people and how they put their training into practice. Staff were also enabled and supported to obtain further qualifications relevant to their role. The registered manager was encouraging and supporting the deputy manager to obtain a higher qualification in health and social care.

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 such as 21 Lucerne Road are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The provider had trained and prepared their staff in understanding the requirements of the Mental Capacity Act in general and the specific requirements of the DoLS. Records indicated that staff were due to attend an annual refresher.

People were protected from the risk of poor nutrition and dehydration. People's dietary needs were identified when they first moved into the home and this was recorded in their care plans. People were given sufficient amounts to eat and drink. People were satisfied with the quality and choice of food available. One person told us, "The food is good and I get enough to eat." A relative told us, "I visit often and he eats well."

Staff supported people to maintain good health and have access to healthcare services. Records indicated

that people were regularly seen by their GP. The service worked well with external healthcare providers. Staff monitored people's health as required. For example, where a GP had recommended that a person was weighed fortnightly to check that the person maintained a healthy weight, we saw that this was done. We saw that adherence to a health plan and regular monitoring of a person's condition had led to a reduction in the need for their GP intervention.

Is the service caring?

Our findings

People and their relatives said that staff treated them with dignity, respect and compassion. Staff were patient friendly and helpful. Staff made an effort to ensure people's needs were met and this was reflected in the care practices we observed. People said they enjoyed living at the home and were supported to do whatever they wished to.

One person said of the staff, "They are all nice. I get on with all of them. [Staff member] is like my brother." Relatives commented, "They are wonderful people, very patient, kind and very caring" and "I can't praise them highly enough. They are so good to him, just brilliant".

The registered manager and staff had a positive attitude to their work and it was evident that they enjoyed caring for people. The registered manager said of people living in the home, "They are part of the family. We all spend Christmas and go on holiday together." A staff member commented, "We all know each other and get on well."

We observed that staff treated people with respect and saw many examples of how staff made people feel they mattered. Staff spoke to people in a kind and caring manner and listened to people. People's bedrooms were personalised and contained items which reflected their age and personal interests. We saw staff sought people's permission to enter their bedroom before doing so. One person told us, "Staff are always nice to me and ask my permission before they do anything." People's care plans had reminders for staff such as, "Be sure to maintain [the person's] dignity whilst assisting with personal care." This helped to ensure people's privacy and dignity were maintained.

People were supported to express their views and were given the information they needed to be involved in making decisions about the care and support they received. People using the service and relatives told us they felt able to express their views about how the home was run.

People's values and diversity were understood and respected by staff. People from other cultures were encouraged and supported to eat the food they preferred. One relative told us, "He gets to eat the food he is used to."

Is the service responsive?

Our findings

People and their relatives gave us positive feedback on the care and support provided. One Person told us, "I'm very happy living here and never want to leave." A relative told us, "I am 100 percent satisfied with the care he is receiving. He is perfectly happy there. I looked after him for many years and they are doing just as good a job. It's a weight off my mind." Another relative commented, "Everything is in place there. He is always very happy and relaxed and I am happy with the care [the registered manager] and her staff are providing."

At our last inspection, we found that people using the service and or their relatives were not included in the care planning process. People had care plans but they were not up to date or focused on achieving outcomes.

During this inspection we found that people's care plans had been recently reviewed. There was evidence of people's involvement in the care planning process. For example, we saw information on people's preferences, likes and dislikes. People's care plans were focused on achieving personal outcomes such as, improving independence in the community.

There was continuity of care. People were supported by a consistent staff team who knew them well and understood how they preferred their care to be provided. People received personalised care. People told they knew all the staff and that the staff understood them.

People were supported to participate in a variety of activities in the community. People's social lives reflected their age, interests and cultural background. People told us they were supported by staff to spend their time day to day in the way they preferred. A relative told us, "They all went on holiday to Portugal last year and [the person] really enjoyed it. He has a dream to go to America one day and they are working towards making that happen by getting him used to flying."

Staff supported people to spend time with the people who mattered most to them. Relatives were encouraged to visit the home and made to feel welcome. One relative told us, "I visit regularly. They are always very welcoming and make time to discuss [the person's] care with me if I want to."

The manager routinely sought people's views on the care they received. One person told us, "They are always asking me if I am okay." Relatives were also encouraged to contact the manager by telephone if they had comments, suggestions or concerns. People and their relatives felt staff and the manager listened to them. A person using the service commented, "I can speak to [staff member] about anything." Relatives told us, "I have the [registered manager's] mobile and home number and she has made it clear I can call her at any time" and "They call us regularly to discuss [the person's] care and anything we suggest they do listen".

Is the service well-led?

Our findings

The provider and registered manager's vision for the service was to provide a family home environment for people and to support them to have fulfilling lives. The registered manager and staff were committed to this goal and were achieving their aim. People were happy living in the home and satisfied with the quality of care they received. Relatives were also satisfied with the care and support people received.

People using the service, their relatives and staff told us the manager was accessible. There was a clear staff structure at the service which people using the service and staff understood. People knew who to speak to if they needed to escalate any concerns. One person told us, "The [registered manager] is in charge. I would speak to [staff member] if I had a problem but if it was serious I'd speak to my advocate and [the registered manager]."

Staff knew their roles and responsibilities within the structure and what was expected of them by people and the registered manager. Staff worked well as a team. There were clear lines of accountability in the staff structure. The registered manager and staff had daily discussions regarding issues affecting people living in the home.

Staff were able to express their views on the issues affecting their role and the way care was provided, during informal staff, and supervision meetings. Staff were kept informed of developments in the service. Staff told us there was always sufficient resources available for them carry out their roles, such as aprons, gloves and up to date care plans.

At our previous inspection, we found that there were a lack of systems in place to assess and monitor the quality of care people received.

During this inspection we found that the provider had a variety of arrangements in place for checking the quality of the care people received. These included obtaining people's feedback, regular audits of people's medicine administration records and the registered manager observing staff interaction with people.

Feedback on the quality of care provided was sought from people and their relatives. The service used the information gathered from its internal audits and recommendations made by external organisations such as local authorities and the CQC to make improvements to its policies and procedures and to improve the quality of care people received.

The provider was keen to improve the service and the quality of care people received and had plans to do so. This included making improvements to the records kept by staff, increasing the competency checks carried out to test staff understanding of their training and supporting the deputy manager to take on a greater leadership role. The registered manager was enthusiastic about her role and eager to learn from other professionals in the social care sector and obtain advice on good practice in an effort to develop and improve the service.