

Cognithan Limited

# Little Heath Lodge

## Inspection report

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05 February 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 unannounced inspection took place on 04 & 05 February 2016. At our last inspection in May 2014 the service was meeting the regulations inspected.

Little Heath Lodge provides care accommodation and nursing care for up to five people with mental health conditions. At the time of our inspection five people were using the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service knew how to keep people safe. The service had clear procedures to recognise and respond to abuse. The manager and staff completed safeguarding training. Staff completed risk assessments for every person who used the service with detailed guidance to reduce risks. The service had a system to manage accidents and incidents to reduce reoccurrence.

The service had enough staff to support people. The service carried out satisfactory background checks of staff before they started working. The service had arrangements to deal with emergencies. Staff supported people so they took their medicine safely.

The service provided induction and training to staff to help them undertake their role. The service supported staff through quarterly supervision and yearly appraisal.

The manager considered to have mental capacity for every person who used the service. At the time of inspection no one was subject to continuous control and supervision and people could leave the service.

Staff supported people to eat and drink sufficient amounts to meet their needs. Staff supported people to access healthcare services they required and monitored their healthcare appointments.

Staff considered people's personal choices, general wellbeing and activities. Staff supported people to make day to day life choices and maintain relationships with their family. Staff supported people in a way which was kind, caring and respectful. Staff protected people's privacy, dignity and human rights.

Staff prepared care plans for every person that was tailored to meet their individual needs. Staff reviewed people's care plans and updated to reflect their current needs.

The service had a clear policy and procedure about managing complaints. People knew how to complain and would do so if necessary.

The service sought the views of people who used the services and their relatives to improve the service. Staff felt supported by the manager. The service had an effective system to assess and monitor the quality of the care people received. The service used the audits to learn how to improve and what action to take.

## 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.

People who used the service told us they felt safe and that staff and the manager treated them well. The service had a policy and procedure for safeguarding adults from abuse. Staff understood these procedures.

Staff completed risk assessments for every person who used the service with guidance to reduce risks. The service had a system to manage accidents and incidents to reduce reoccurrence.

The service had enough staff to support people. The service carried out satisfactory background checks of staff before they started working.

Staff stored medicines securely and administered them to people safely.

### Is the service effective?

Good ●

The service was effective.

People who used the service commented positively about staff and told us they supported them properly.

Staff completed an induction programme and training relevant to the needs of the people who used the service. The manager supported staff through supervision and annual appraisal.

The manager and staff knew the requirements of the Mental Capacity Act 2005 and acted according to this legislation.

Staff supported people to have enough to eat and drink.

Staff supported people to access healthcare services they required and monitored their healthcare appointments.

### Is the service caring?

Good ●

The service was caring.

People who used the service told us they were consulted about their care and support needs.

Staff supported people to make day to day life choices and maintain relationships with their family.

Staff treated people with respect and kindness, and encouraged them to maintain their independence.

Staff protected people's privacy, dignity and human rights.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People who used the service told us they had care plans.

Staff assessed people's needs and prepared care plans to meet each person's needs. Care plans included the level of support people needed and what they could manage to do by themselves.

Staff supported people to follow their interests and take part in activities they enjoyed.

People knew how to complain and would do so if necessary. The service had a clear policy and procedure about managing complaints.

### **Is the service well-led?**

**Good** ●

The service was well-led.

People who used the service commented positively about staff and the manager.

The service had a positive culture, where people and staff felt that the service cared about their opinions and included them in decisions.

Regular staff and the manager meetings helped share learning so staff understood what was expected of them at all levels.

The service had an effective system and process to assess and monitor the quality of the care people received. The service used the audits to learn how to improve and what action to take.

# Little Heath 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.

Before the inspection we looked at all the information we held about the service. This information included the statutory notifications that the service had sent to Care Quality Commission. A notification is information about important events that the service is required to send us by law.

This inspection took place on 04 and 05 February 2016 and was unannounced. A specialist nurse advisor and an inspector inspected on 04 February and an inspector on 05 February 2016.

During the inspection we looked at four people's care records, four staff records, quality assurance records, accidents and incidents and policies and procedure. We received feedback about the service from the local authority safeguarding team. We spoke with four people who used the service about their experience of using the service. We also spoke with the manager and three members of staff.

# Is the service safe?

## Our findings

People who used the service told us they felt safe and that staff and manager treated them well. One person told us, "I feel safe here, because the staff are good." Another person said, "If I am upset staff help me, they treat me fine and look after me, I am happy." People appeared comfortable with staff and approached them when they needed something.

The service had a policy and procedure for safeguarding adults from abuse. The manager and staff completed safeguarding training. All staff understood what abuse was, the types of abuse, and the signs to look for. Staff knew what to do if they suspected abuse. This included reporting their concerns to the manager, the local authority safeguarding team and the Care Quality Commission (CQC) where this was necessary. Staff discussed safeguarding in their monthly meetings. The staff told us there was a whistle-blowing procedure available and they said they would use it if they needed to.

The CQC received one safeguarding notification from the provider since our inspection in May 2014. The local authority investigated and advised the service to give additional training to one staff member. The service provided training on supporting people with behaviour that challenges.

The service had a procedure to manage people's money safely. We reviewed three people's financial records and found staff followed procedures.

Staff completed risk assessments for every person who used the service. We reviewed four and all were up to date with detailed guidance for staff to reduce risks. These included, for example, non-compliance with prescribed medicine, fire safety, self-neglect and absconding. One member of staff told us about a risk one person faced in relation to a tendency to leave the service without informing staff. They told us how they had followed the risk management plan guidelines about monitoring this person leaving and returning to the service, so that they were safe in the community. We observed staff following guidelines when this person went into the community on their own.

The service had a system to manage accidents and incidents to reduce reoccurrence. Staff completed accident and incidents records, which included action staff took to respond and minimise future risks, and who they notified, such as a relative or healthcare professional. For example, when staff found over the counter medicine in a person's bedroom, they contacted healthcare professionals and recorded this. They also discussed in a staff meeting action to reduce future risks, which included reviewing and updating the care plan.

The service had enough staff to support people. The manager told us they organised staffing levels according to the needs of the people who used the service. If they needed extra support to help people to access community or healthcare appointments, they arranged additional staff cover. During the inspection we saw the manager increase staff numbers to support people's activities. The staff rota we looked at showed that staffing levels were consistently maintained. Staff told us there were enough staff to meet people's needs. The service had a 24 hour on call system to make sure staff had support outside the

manager's working hours. Staff confirmed this.

The service carried out satisfactory background checks of staff before they started working. These checks included qualification and experience, employment history and any gaps in employment, references, criminal records checks, health declaration and proof of identification. This meant staff were qualified to work with people who used the service.

The service had arrangements to deal with emergencies. Staff completed personal emergency evacuation plans (PEEP) for every person who used the service. These included contact numbers for emergency services and gave advice for staff of what to do in a range of possible emergency situations. Staff carried out weekly fire safety and alarm checks, and monthly fire drills. The service had a first aid box and all its contents were in date. Staff received first aid training so they could support people safely.

Staff supported people so they took their medicine safely. One person told us, "In the morning and night time staff give me my medicine." Staff authorized to administer medicine were trained and their competency assessed. The Medicine Administration Records (MAR) were up to date and the medicine administered was clearly recorded. The MAR charts and stocks showed that people received their medicine as prescribed. Medicines prescribed for people who used the service were kept securely and safely. Staff carried out weekly medicine checks to ensure people received their medicine safely.



# Is the service effective?

## Our findings

People who used the service told us they were satisfied with the way staff looked after them and staff were knowledgeable about their roles. One person told us, "The food is nice and meets my requirements." Another person said, "The staff come with me to the hospital appointment, they are good."

The service trained staff to support people. Staff told us they completed an induction training when they started work. The induction included topics such as the staff roles and responsibilities, health and safety, fire procedures, food hygiene, and infection control. The manager told us all staff completed 11 modules of mandatory training. The training covered areas from basic health and safety on the premises to managing behavior that challenges and the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Records showed staff updated their training yearly. Staff told us the training programmes enabled them to deliver the care and support people needed.

The service supported staff through quarterly supervision and yearly appraisal. Staff records we saw confirmed this. These records refer to staff wellbeing, staff roles and responsibilities, and their training and development plans. Staff told us they work as a team and able to approach their line manager at any time for support.

The service had systems to look for and record when people had capacity to consent to care. Staff recorded people's choices and preferences about their care and support needs. Staff understood the importance of asking for consent before they supported people.

The manager considered every person who used the service to have the capacity to make decisions for themselves. 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 authorized under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of inspection no one was subject to continuous control and supervision and people could leave the service.

Staff supported people to eat and drink enough to meet their needs. The manager told us people discussed and planned menus in the residents' weekly meetings. Staff also attended these meetings. We saw that people's weekly meeting records confirmed this. Each person's care plan included a section on their diet and nutritional needs. One staff member told us, "A person is on diet management and we record their intake as advised by the nutritionist." We saw care records confirmed this. Staff ensured food in the fridge was date marked to ensure it was only used when it was safe to eat.

Staff supported people to access healthcare services they required. We saw contact details of external healthcare professionals, specialist departments in the hospital and GP in every person's care record. Staff completed health action plans for every person who used the service and monitored their healthcare appointments. Staff completed a hospital passport for every person who used the service, which outlined their health needs for healthcare professionals to know when they attended the hospital. The staff attended healthcare appointments with the people to support them where needed. During the inspection we saw a member of staff went with a person for a scheduled hospital appointment and on their return completed the healthcare monitoring record.

## Is the service caring?

### Our findings

People told us they were happy staying at the service and staff were caring. One person told us, "The staff are extremely kind." Another person said, "I have a key worker and I am happy." We observed staff, who encouraged two people to pick up plates after their lunch, clear rubbish and leave the plates in the sink for washing. We saw the home had a friendly atmosphere. Residents had meaningful interactions with each other and staff. We saw two people and a member of staff dance to the music in the lounge and people told us they enjoyed dancing.

People told us they were consulted about their care and support needs. One person told us, "I am involved in making decisions about my care and support needs." The service provided care plans in accessible formats, to help people understand the care available to them. People's care records we saw showed that they were involved in planning their care. Each person signed their own care plan.

Each resident had a staff member assigned as their key worker. Key worker's primary responsibilities were arranging one to one sessions with people and managing their appointments with external healthcare professionals. Staff considered people's personal choices, general wellbeing, healthcare needs and activities during the key working sessions.

Staff took an interest in people's personal histories. They were sensitive to their cultural and spiritual needs, including sexual orientation. They understood how to meet people's needs and preferences in a caring manner. Staff supported people to make day to day life choices and maintain relationships with their family. For example, one person told us, "I visited my mother today and had a meal with her, I am very happy."

People were treated with respect and kindness. We saw staff use enabling and positive language when talking with or supporting people who used the service. This included meal times, administration of medicines, and when people returned to the service from shopping or healthcare appointments.

Staff encouraged people to maintain their independence. For example, one person told us, "I prepare my own breakfast every day and I shower myself." We saw care records confirmed this. Staff prompted people where necessary to maintain their personal hygiene, keep their rooms clean, and participate in washing and laundry.

The service had policies, procedures, and training to help staff protect people's privacy, dignity and human rights. Records showed staff received training in maintaining privacy and dignity. We saw staff knock on doors before entering rooms and they kept people's information confidential. One person told us, "Staff always knock on the door before entering my room." Staff respected people's choice where they preferred to spend time in their own rooms.

## Is the service responsive?

### Our findings

People told us they had care plans. One person told us, "I have my care plan." Another person said, "I have my care plan and I attend care plan review meetings." The manager told us they invited people's relatives to participate in the care plan review meetings. We saw care records confirmed this.

Staff carried out a pre-admission assessment of each person to see if the service was suitable to meet their assessed needs. Where appropriate staff involved relatives in this assessment. Staff used this information as a basis for developing tailored care plans to meet each person's needs. These contained information about their personal life and social history, their physical and mental health needs, allergies, family and friends, preferred activities and contact details of health and social care professionals. They also included the level of support people needed and what they could manage to do by themselves. The manager updated care plans when people's needs changed and included clear guidance for staff. We saw four care plans and all were up to date.

Staff completed daily care records to show what support and care they provided to each person. They discussed any changes to people's needs during the daily shift handover meeting, to ensure continuity of care. The service used a communication log to record key events such as health and safety, maintenance of the premises, and healthcare appointments for people.

Staff supported people to follow their interests and take part in activities they enjoyed. Each person had an activity planner, which included visiting places of worship, swimming, meeting family and friends, shopping and household chores. They maintained a daily activity record for each person to demonstrate what activity they participated in. We saw an activity planner was kept under review by staff because people changed their mind quite often about their interests and choice of activity.

The service had a clear policy and procedure about managing complaints. People told us they knew how to complain and would do so if necessary. One person told us, "If I am not happy, I speak with my key worker, but I am happy here." The manager told us the service received two complaints from the neighbours since our inspection in May 2014. These were about people shouting in the back garden of the service. The complaints record included details of the complaint and action the manager took. The manager spoke with the people who made the complaint and successfully built a relationship with the neighbours. The manager told us the service had not received any complaints since then and the records confirmed this.

## Is the service well-led?

### Our findings

People who used the service commented positively about staff and the manager. For example, one person told us, "The manager and staff saved my life, they give me food, medicine and a big bed room, I am happy." Another person said, "The manager is like a mother to me they are very nice."

The registered manager had detailed knowledge about every person who used the service and made sure they kept staff updated about any changes to people's needs. We saw the manager interacted with staff in a positive and supportive manner. Staff described the leadership at the service positively. One staff member told us, "The manager makes sure I do things correctly, and expects me to be a role model, I am happy about it." Another staff member said, "If I do not know something, I ask them. They are always encouraging and they are supporting me to become a manager of the service."

The manager held monthly staff meetings, where staff shared learning and good practice so they understood what was expected of them at all levels. Records of the meetings included discussions of any changes in people's needs and guidance to staff about the day to day management of the service, coordination with health and social care professionals, and any changes or developments within the service.

The manager told us the service used induction and training to explain their values to staff. For example, the service had a positive culture, where people and staff felt the service care about their opinions and included them in decisions. We observed people and staff were comfortable approaching the manager and their conversations were friendly and open.

The manager held meetings with people's relatives where possible to review their care and ask their views on making further improvements of the service. We saw staff responded to relatives' views in areas such as managing people's diets, the daily activities, and transport.

The service completed a satisfaction survey of people who used the service. We saw three completed survey forms and all the comments were positive. For example, "I like the people here, I like the food, It's good and I like it here." People made suggestions for improvement to the service. People said they would like to do more activities so the service arranged new activities. Staff continued to encourage people to participate in the planned activities.

The service had an effective system and process to assess and monitor the quality of the care people received. This included audits covering areas such as the administration of medicine, health and safety, accidents and incidents, house maintenance, care plans and risk assessments, staff training, people's finances and complaints. As a result of audits the service had made improvements. For example, staff had implemented one to one weekly key working sessions with people to ensure their current needs were being met. We saw the service had received positive feedback from the commissioners. For example, their report indicated that the service had a good management system and managed people's complex needs well. Where the commissioners had made recommendations, we also saw these had been actioned. For example,

the local advocacy services information was shared with people for them to use as and when required, and the premises was deep cleaned as a result of the feedback.