

High Street Lodge Limited

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Inspection report

Unit 3, Room 3
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Date of inspection visit:
18 April 2017

Date of publication:
25 May 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 18 April 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure that the registered manager would be present. The inspection was carried out by one inspector.

The service offers supported living services to people with enduring mental health problems. At the time of our inspection the provider was supporting nine people across three locations.

At the last inspection of this service on 26 and 27 September 2016 we found that some aspects of risk management were not safe and there was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Due to the serious nature of the breach we took enforcement action against the registered provider.

At the time of this focused inspection, 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.

We undertook this announced focused inspection to check that the most significant breach of legal requirements in relation to Regulation 12, concerning risk assessments, which had resulted in enforcement action, had been addressed. During this inspection we found that the provider had addressed this issue and people's risks were well documented and being managed appropriately. Risk assessments were written, where possible, in collaboration with people. People were able to tell us why they had risk assessments and how risk assessments helped them identify triggers in them becoming unwell.

At our last inspection we also found that the provider was not always ensuring that appropriate staff recruitment checks were carried out. We issued a requirement notice for this breach of Regulation 19. At this inspection we checked to see if the provider had addressed this issue. We found that staff recruitment was now safe and the provider had met this breach of Regulation.

People told us that they felt safe and supported by the service. Procedures relating to safeguarding people from harm were in place and staff understood what to do and who to report it to if people were at risk of harm.

Medicines were administered safely and on time. Staff had completed training in medicines and administration.

There were auditing processes in place that checked the quality of the service. Where issues were identified these were documented and followed up.

Staff had regular monthly team meetings that allowed them to share idea and opinions. There were regular management meetings that discussed the progress of the service.

This report only covers our findings in relation to safe and well-led. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for High Street Lodge Limited on our website at www.cqc.org.uk.

At our last inspection we rated safe and well-led as 'requires improvement'. At this inspection we found that the provider has addressed the issues identified and have re-rated safe and well-led as 'good'. This now means that the service is rated 'good' overall.

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. Risks for people who used the service were identified and comprehensive, person centred risk assessments were in place to ensure known risks were mitigated against. People were involved in creating their risk assessments.

There were safe staff recruitment practices in place.

Staff were able to tell us how they could recognise abuse and knew how to report it appropriately. People were actively encouraged and supported to report concerns.

People were supported to have their medicines safely.

There were systems in place to report accidents and incidents. Accidents and incidents were documented and followed up.

Is the service well-led?

Good ●

The service was well-led. There were systems for monitoring the quality of the service. Issues were identified and acted upon.

There were regular management and staff meetings that allowed management to keep staff informed and for staff to share their view and opinions.

Accidents and incidents were used as an opportunity to learn.

Staff felt supported in their roles by the management team.

High Street Lodge Limited

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.

We undertook an announced focused inspection of High Street Lodge Limited on 18 April 2017. The inspection was carried out to check that action had been taken to comply with the warning notice as the service was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 specifically regarding risk assessments. We also checked if the service had met the breach of Regulation 19 around safe staff recruitment.

We looked at action plans regarding the breach of Regulation 19 that the service had sent to us, eight staff records, six risk assessments and six medicines records. We spoke with three staff and two people that used the service.

Is the service safe?

Our findings

At our last inspection we found a number of failings regarding assessing people's personal risks and risk management. Risk assessments failed to provide staff with adequate guidance on how to mitigate risks in a person centred way. Some of these risks were significant. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People using the service were not safe and we took enforcement action against the registered provider. A warning notice was issued which gave the provider a specific time-frame in which to become compliant. At this inspection we found that the provider had addressed this issue and were now compliant with the Regulations.

New risk assessments had been completed for all people using the service. Each person had a personal file at locations where care was provided which contained their risk assessment. Risk assessments were now tailored to the individual and gave staff guidance on how to mitigate specific risks in the least restrictive way. Where people had specific risks around their health and welfare, documents included a background history of each risk, things that may trigger the risk and how staff could work with individuals in the most effective way. The deputy manager told us that, where possible, people had been consulted on creating their risk assessments and records showed that their views and opinions had been documented. One person told us that they had been involved in writing their risk assessment. We asked if the person felt that their risk assessment was useful and helped them understand their own risks. The person told us, "Yeah, it's useful. Getting to know me even better innit."

The service supported people with complex needs and mental health conditions. Each person's risk assessment described how they experienced their mental health and what helped them as individuals if they were becoming unwell. There was also a section regarding compliance with medicines including guidance and contact details for health professionals if people were at risk of being non-compliant with their medicines.

Risk assessments were signed by people, the deputy manager and key-workers and noted a date for review. The deputy manager told us that any changes to risk assessments for example, following a review or incident of the risk occurring, were updated as and when changes occurred. We saw two instances where risk assessments had been clearly updated following new information. Records showed that changes to people's risk assessments were discussed at staff meetings to ensure that all staff were aware.

Since our last inspection the provider had engaged an external training company to deliver training to all staff around risk assessments. Records showed that all staff had completed this training.

At our last inspection we found that the provider had not ensured that staff recruitment was safe. At this inspection we found that the provider had addressed this issue. There had been no new staff employed since the last inspection. We looked at eight staff files which showed pre-employment checks such as two satisfactory references from their previous employer, photographic identification, their application form and eligibility to work in the UK. Records showed that all staff had a current Disclosure and Barring Service (DBS) check on file. The DBS checks criminal records and helps employers make safer recruitment decisions to

prevent unsuitable people from working with vulnerable groups, including vulnerable adults. The deputy manager and registered manager told us that where staff had been employed for two years or more the service was re-applying for new DBS checks to ensure that they had up to date information and were able to protect people.

People told us that they felt safe at the service and commented, "Yeah, locks on the door, alarms if there's a fire. It's also safe if I want to talk" and "I'm safe here. I look after myself."

Management were aware of what constituted a safeguarding as well as how and when to report issues. The deputy manager told us, "A safeguarding is any act or accusation of abuse against a vulnerable adult. Physical, sexual, emotional and so on. It can be neglect as well. If reported to us we must report it ensuring that we have all the details. If it's [the safeguarding] about management, they [staff and people] can go direct to [local authority] and CQC. Information on how to do this is in all the homes." We observed that there was guidance for staff at the locations where care was provided on how to report safeguarding matters. Records showed that safeguarding was also discussed with staff during staff meetings. Staff were able to explain how they would keep people safe and understood how to report concerns if they felt people were at risk of harm. A staff member told us, "It's [safeguarding] about abuse. I would tell the manager. If really serious, the police. Definitely report it."

At our last inspection we found that medicines were managed well. At this inspection we found that medicines continued to be well managed. People's medicines were recorded on Medicines Administration Record (MAR) sheets and used the blister pack system provided by the local pharmacy. A blister pack provides people's medication in a pre-packed plastic pod for each time a medicine is required. It is usually provided as a one month supply. People's medicines were given on time and there were no omissions in recording of administration for March and April 2017. One person told us, "I get my meds on time."

Staff showed us specific medicines that were not appropriate to be in the blister pack and these were clearly labelled with the person's name and kept in separate sections in the medicines cabinet. Where people were receiving 'as needed medicines', these were clearly documented and guidance provided for staff on when to administer these medicines. As needed medicines are medicines that are prescribed to people and given when necessary. This can include medicines that help people when they become anxious, aid constipation or inhalers for breathing difficulties.

There were records of accidents and injuries. There was one incident noted since the last inspection. Records showed that this had been addressed appropriately and noted actions taken to prevent recurrence of the incident. Records also showed that the incident had been discussed at a staff meeting. Staff were aware of how to report accidents and incidents and there were reporting forms available at the locations where care was provided.

Is the service well-led?

Our findings

With regards to the registered manager and deputy manager, a staff member said, "I find them to be helpful. They attend to issues if I report things. They try their best to solve it" and "I feel very supported. Things have changed for the better." We observed that the deputy manager engaged well with people and knew them well. One person said, "He's alright that one."

There were on-going quality checks and auditing processes in place. A quarterly health and safety audit was in the process of being introduced. Since our last inspection and the implementation of new risk assessments, a new risk assessment audit had been put in place. Records showed that risk assessments were audited monthly.

The service had begun to use a new pharmacy. There had been some difficulties regarding the changeover. Records showed there were monthly medicines audits from September 2016. Where issues had been identified records showed that these had been identified and addressed immediately with the new pharmacist. There was good management oversight of medicines.

There was a staff recruitment policy in place. The registered manager told us that when the service was ready to employ new staff a new overview sheet would be placed at the beginning of their staff file with information on documents necessary for staff recruitment to be checked and signed off once received. Systems had been put in place to ensure safe staff recruitment.

The registered manager conducted monthly management meetings that looked at the progress of the service, operational issues and provided a forum for information sharing. There were regular monthly staff meetings in place. One staff member said, "Yes, we have meetings. We get to learn and talk about our work." Where staff were part time and unable to attend staff meetings, the deputy manager told us that these staff had a one to one meeting at the weekend when they were on shift to go through the meeting minutes and provide them with an opportunity to give their input. Staff meeting minutes were placed in each location where care was provided to ensure that staff had access to them.

The accident and incident records showed that the registered manager used accidents and incidents as an opportunity for learning and to change practice or update people's care needs. Procedures relating to accidents and incidents were clear and available for all staff to read. Staff told us that they knew how to report accidents and incidents.

The service was in the process of updating their service user handbook. This is a document that provides people with information on what to they can expect when they begin receiving care from the service.

At our last inspection we rated well-led as requires improvement due to the lack of management oversight regarding risk assessments and staff recruitment. At this inspection we found that the provider had addressed these issues and well-led has now been rated as good.