

# Care UK Community Partnerships Ltd

## Smyth Lodge

### Inspection report

2 Frognal Avenue  
Sidcup  
DA14 6LF

Tel: 02080519190

Date of inspection visit:  
29 January 2021

Date of publication:  
24 February 2021

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Good** 

Is the service well-led?

**Good** 

# Summary of findings

## Overall summary

### About the service

Smyth Lodge is a large care home set over three floors. It provides personal, dementia and nursing care and support for up to 80 older people. At the time of our inspection there were 38 people using the service.

### People's experience of using this service

People and their relatives spoke positively about staff and told us they felt safe and were happy with the care and support they received. There were safeguarding policies and procedures in place and staff had a clear understanding of these procedures and the actions to take if they had any concerns. Robust recruitment checks took place before staff started work and there were enough staff to meet people's needs safely. Risks to people were assessed, documented, reviewed and monitored to ensure their needs were safely met. The service had procedures in place to reduce the risk of the spread of infections and COVID 19 and staff had enough personal protective equipment to help keep them and people using the service safe.

There were effective systems in place to assess and monitor the quality of service that people received. The provider took people's views into account on a regular basis and feedback was used to help drive improvements. Staff told us they received good support from the manager and provider. The service worked well with health and social care professionals to ensure people's needs were safely met.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last comprehensive rating for this service was Inadequate (published 7 May 2020) there were multiple breaches of regulation. The provider completed an action plan after the 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.

This service has been in Special Measures since 7 May 2020. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as Inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

### Why we inspected

This was a planned inspection based on the previous rating. We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe and well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Inadequate to Requires Improvement. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Smyth Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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 well-led?**

**Good** ●

The service was well-led.

Details are in our well-Led findings below.

# Smyth Lodge

## Detailed findings

### Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector, a specialist advisor who is a nurse consultant and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Smyth 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Before the inspection we checked the information we had about the service including notifications they had sent us. A notification is information about incidents or events that providers are required to inform us about. We asked the local authority commissioning and safeguarding teams for any information they had about 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 took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We met and spoke with the registered manager, deputy manager, operations support manager and the providers customer relations manager. We also spoke with the provider's infection control lead, two team leaders, four care staff, domestic staff and five people using the service. As part of our inspection the expert by experience spoke with seven people's relatives and or friends by telephone to seek their feedback on the service. We reviewed a range of records including six people's care plans and records and staff recruitment and training records. We also reviewed records used in managing the service for example, policies and procedures, monitoring records and audits.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at records related to the management of the service.

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

### Assessing risk, safety monitoring and management

At our last comprehensive inspection of the service the provider had failed to robustly assess and review risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had made the required improvements and was no longer in breach of regulation 12.

- Risks to people were identified, assessed, documented and reviewed to ensure their needs were safely and appropriately met.
- People and their relatives spoke positively about the support they received to manage and monitor individual risks and said they felt safe. One person commented, "They [staff] are always checking on me to make sure I'm safe, they [staff] are very good." A relative said, "Since [relative] was admitted [relative] has settled in very well. [Relative] feels very safe and I get great comfort from that." Another relative commented, "Yes I was involved right at the beginning when [relative] was admitted. Staff contact me on the 1st of the month to discuss [relatives] care needs and care plan."
- Care plans contained detailed assessments of risks to people's health and well-being. These provided staff with up to date information about how individual identified risks should be managed to help keep people safe.
- Risk assessments covered areas of risks including, nutrition and hydration, choking, medicines, moving and handling, skin care, and falls amongst others. Where risks were identified, for example with mobility and falls management, appropriate risk assessments, plans and where required hourly welfare checks were in place. We observed that staff followed guidance provided and welfare checks were completed and documented on a regular basis by staff as required.
- Risks to people were monitored and reviewed on a regular basis to ensure their safety and well-being. For example, nutrition and hydration risks were monitored by staff and individual's dietary intake was documented frequently within their food and fluids records to ensure good nutrition and health.
- Staff we spoke with knew people well and understood their needs and risks and how best to reduce the risk of avoidable harm.

### Staffing and recruitment

At our last comprehensive inspection of the service there were not always enough staff deployed throughout the home to ensure people's needs were met promptly and safely. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had made the required improvements and was no longer in breach of regulation 18.

- Throughout our inspection, we observed there were enough staff to meet people's needs in a timely manner with call bells answered promptly. People told us they felt there were adequate numbers of staff available to support them when required. One person told us, "I couldn't wish for more, they [staff] try to please everyone, I don't have to wait when I want something. Staff are very friendly, you can't fault them, if people complain there must be something wrong with them." A relative commented, "Regarding [relatives] care needs, there does not seem to be any gaps in staffing levels to conduct all tasks. I know the home does not employ agency staff. [Relative] views the home like a hotel. As far as I know staff have responded well to [relatives] needs." Another person told us, "There seems to be enough staff around when we visit the visiting POD."
- Staff we spoke with told us that staffing arrangements within the service had improved and management were accommodating in staffing rotas. Staff rotas we reviewed were consistent and matched the number of staff on duty.
- During our inspection, we observed there were sufficient staff deployed effectively throughout the home to meet people's mealtime needs in a timely manner. We saw the lunch time meal served in two dining rooms and that people who chose to eat their meals in their rooms were served promptly.
- Robust recruitment procedures were in place. Staff recruitment records included completed application forms, applicant's full employment history, employment references, Disclosure and Barring Service (DBS) checks, health declarations and proof of identification. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people from working with people who use care services.

#### Using medicines safely

- Medicines were managed, stored, monitored and administered safely. People told us they received their medicines when required. Comments included, "They [staff] give me my tablets when I need them, they [staff] never forget", and, "Staff have been giving [relative] their medicines twice a day since admission. There are no problems as far as I am aware."
- Staff managing and administering medicines were trained and had been assessed as competent to manage medicines safely.
- Care plans documented how people should be supported and monitored when taking their prescribed medicines. Staff followed protocols for 'as required' PRN medicines and knew in what circumstances these should be given. PRN protocols were reviewed on a regular basis and updated when required.
- Audits and checks were conducted on a regular basis to ensure safe systems and processes were followed in relation to medicines management. Any errors and or discrepancies were discussed with staff to reduce the risk of repeat occurrence.

#### Learning lessons when things go wrong

- Accidents and incidents were monitored regularly to identify themes and trends as a way of preventing reoccurrence. Any lessons learnt were shared with the staff team through staff meetings and supervisions to ensure any improvements required could be implemented.
- There were systems in place to oversee and support learning from accidents, incidents and safeguarding. Staff had identified risks to ensure people were safe and understood the importance of reporting and recording accidents and incidents. Records demonstrated that staff took appropriate actions to address accidents and incidents including seeking support from health care professionals and referring to local authorities and the CQC where required.

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



- People were protected from the risk of abuse. One person said, "I'm completely safe, staff are very caring." A relative commented, "Yes, [relative] is safe, staff are skilled and very knowledgeable."
- Policies and procedures to help keep people safe were up to date and staff knew how to identify any safeguarding concerns and how to act on them appropriately. We saw that where safeguarding concerns had been raised the provider worked effectively with local authorities and health and social care professionals to address concerns.
- The registered manager and provider understood their responsibility to protect people in their care from harm and to report any concerns of abuse to the local authority safeguarding team and CQC.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. A relative commented, "They [staff] have a special room organised for visits due to Covid. The home enables me to see [relative] safely once a week. We also have a relative's zoom meeting which I have attended led by the manager who provides us with feedback on new policies and procedures. These meetings are very informative." Another relative commented, "When staff bring [relative] into the visiting POD they are very caring and supportive and sit with [relative] if [relative] needs this support."
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider's infection prevention and control policy was up to date.

# 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 inadequate. At this inspection this key question has now 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; continuous learning and improving care.

At our last inspection the provider failed to ensure there were effective quality assurance systems in place, people received safe and appropriate good quality care, records were completed fully and accurately and staff and people using the service were supported appropriately and provided with opportunities to feedback about the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had made the required improvements and was no longer in breach of regulation 17.

- The service had a new registered manager in post since our last comprehensive inspection of the service and significant improvements had been made. They were aware of their registration requirements with CQC and the legal requirement to display their CQC rating. The registered manager understood the importance of quality monitoring and continuous learning and improvement within the service.
- The quality and safety of the service was routinely monitored by the registered manager; senior staff and the provider and improvements were made where required. Checks and audit systems in place covered areas such as, care plans and care records, medicines management, accident and incidents, complaints, clinical reviews, home managers monthly audit and the provider's regional director visits and audits. Audits we reviewed were up to date, conducted frequently and actions were taken when necessary to ensure that care was provided safely and appropriately.
- The service was well organised and had a clear staffing structure in place. Staff told us they felt supported by the manager and provider. One member of staff said, "We receive good training which allows us to do our job well and regular support. The manager is very approachable and supportive."

Planning and promoting person-centred, high-quality care and support with openness; how the provider understands and acts on the duty of candour responsibility

- Throughout our inspection we observed positive caring interactions between people and staff.
- People received personalised care from staff who had the knowledge, skills and experience to carry out their roles and responsibilities. One relative told us, "The staff are very skilled and knowledgeable." Another relative commented, "I really think they [staff] do respect my [relatives] abilities and support [relative] in all things [relative] does with respect." A third relative said, "[Relative] is a religious person and needs to attend a church service. The home provides a zoom meeting for regular church services which [relative] finds

extremely comforting."

- The registered manager was aware of their responsibilities under the Duty of Candour and acted with openness and transparency throughout our inspection. The Duty of Candour is a regulation that all providers must adhere to.
- Staff told us they had access to support and advice from management when needed and at daily held meetings. People, and their relatives spoke positively about the communication with staff and how they were able to express their views about the service. One relative told us, "I think it is well organised and run well now. I have no complaints. The manager is accessible and after zoom meetings she encourages us to discuss anything further." Another relative said, "I think it is pretty good. The manager is available when you want to speak to her most times."

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

- The registered manager and senior management demonstrated a commitment to continually improve the care and support people received. We observed good communication between staff and there was an inclusive respectful open culture, where people, their relatives and staff were encouraged to communicate openly to achieved good outcomes.
- Daily heads of department meetings were held where staff from each unit would come together to provide updates and discuss matters within the home.
- There were systems in place to ensure the service sought the views of people and their relatives through regular reviews of their care, resident and relatives' meetings, social media platforms and surveys that were conducted.

Working in partnership with others

- The service worked effectively in partnership with health and social care professionals and key organisations including local authorities, community nursing and mental health teams, hospices and GP's amongst others to ensure people received a good standard of care. Records showed that staff contacted health and social care professionals when required. One relative commented, "All health practitioners seem to come into the home quickly when needed." Another relative said, "I know there is a doctor visiting every week and if there is a problem with any of the residents, they are put on the list to be seen."