

Susash UK Ltd

Barons Lodge

Inspection report

24 Baron Grove
Mitcham
Surrey
CR4 4EH
Tel: 020 8646 8280

Date of inspection visit: 09/01/2016
Date of publication: 08/02/2016

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	

Overall summary

This inspection took place on 9 January 2016 and was unannounced. When we last visited the home on the 21 July 2015 we found the service was not meeting the regulation relating to safe care and treatment because the risks of people being scalded by hot water were not adequately managed.

Barons Lodge is registered to provide nursing with accommodation and personal care for 29 people with

mental health needs and some physical health needs. The service had increased their registration by seven beds since our last inspection. On the day of our visit there were 28 people using the service.

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 2008 and associated Regulations about how the service is run.

Summary of findings

The premises and equipment were safe and well maintained as the provider had the right checks and systems in place. A renovation programme was almost complete to improve the physical condition of the home.

Medicines management was safe and our checks indicated people received their medicines as prescribed.

Processes were in place to safeguard people and the registered manager reported concerns to the local authority safeguarding team and to CQC. Staff understood the signs people may be being abused and how to report any concerns they had.

There were enough staff deployed on shift to meet people's needs and the provider recruited staff following robust procedures to check they were suitable to work with people.

The provider was meeting their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. The registered manager had assessed which people required DoLS and made the necessary applications as part of keeping them safe.

People had choice of food and drink and received food in suitable quantities. People received the right support from staff to eat and drink when they required this.

People were supported to have their ethnical and cultural dietary preferences met. Staff supported people to meet their healthcare needs including accessing various healthcare professionals.

The provider supported staff to carry out their roles through a programme of training, induction, supervision and annual appraisal.

Staff were caring and treated people with dignity and respect. People were encouraged to be involved in planning and reviewing their own care. Staff supported people to meet their religious and spiritual needs. A range of activities people were interested in was provided. People and staff were involved in the running of the home.

A suitable complaints procedure was in place which was made accessible to people. People and their relatives had confidence in how the registered manager would respond should they wish to make a complaint. The registered manager kept a records showing clear information about complaints received and the action they had taken to resolve these in line with the complaints policy.

The provider had suitable systems in place to assess, monitor and improve the quality of service as well as health and safety. The manager and staff understood their roles well and leadership was evidence in the home. The provider was meeting their requirements to submit notifications to CQC such as of any allegations of abuse or police incidents.

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. Procedures to manage medicines were safe. Staff understood how to recognise and respond to possible abuse. The provider assessed risks to people appropriately and put suitable management plans in place for staff to follow to reduce the risks. The premises and equipment were safe and well maintained as the expected checks were in place. There were enough staff deployed to meet people's needs and staff were recruited through safe processes.

Good



Is the service effective?

The service was effective. The provider supported staff to carry out their roles through a suitable programme of induction, supervision and appraisal and training. People received choice of food and drink and staff supported those who required support in the right ways. People were supported to meet their health needs. The provider was meeting their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Good



Is the service caring?

The service was caring. People were involved in their care and staff treated people with kindness, dignity and respect. Staff knew the people they were supporting, including their backgrounds and preferences. People were encouraged to be involved making decisions about their care.

Good



Is the service responsive?

The service was responsive. A programme of activities people were interested in was offered to them. People were involved in planning and reviewing their care. A suitable complaints procedure was in place and the registered manager kept clear records complaints made and how these had been responded to.

Good



Is the service well-led?

The service was well-led. The provider had a suitable range of audits in place to assess, monitor and improve the quality of service and health and safety. The registered manager and staff were aware of their responsibilities and leadership was evident in the home. The provider involved people and staff in the running of the home. The provider submitted notification of incidents such as allegations of abuse to CQC as required by law.

Good



Barons 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, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 9 January 2016 and was unannounced. It was undertaken by a single inspector.

Before our inspection we reviewed information we held about the service and the provider. We also contacted the local authority commissioning teams to ask them about their views of the service provided to people.

During the inspection we spoke with seven people who used the service and two relatives. We also spoke with two directors from the provider organisation, the registered manager, a nurse and two members of staff. We looked at five people's care records to see how their care was planned and delivered, three staff recruitment files and records relating to the management of the service including quality audits.

Is the service safe?

Our findings

At our last inspection we found the provider had ineffective systems for ensuring the temperature of hot water was controlled to reduce the risk of people being scalded. After the inspection the provider wrote to us with their action plan setting out how they would improve. This included installing thermostatic valves at hot water outlets across the service with regular testing of hot water temperatures.

At this inspection we found the provider had taken the action they set out in their action plan and the risk of people being scalded by hot water were reduced. The provider had installed thermostatic valves on all hot water outlets people had access to in order to regulate water at safe temperatures. They also carried out regular checks to check these thermostats were working properly.

People told us they received their medicines at the right time. A relative also told us, “[My family member] gets her medicines at the right time”. Our findings were in line with this as we found the provider managed medicines safely. Our checks of medicines stocks indicated people received their medicines as prescribed. Records of medicines administration and receipt were made appropriately. Medicines were stored safely and appropriate procedures were in place for managing controlled drugs in accordance with legislation. The registered manager carried out monthly checks of medicines management in the home to check procedures were safe.

When we asked people if they felt safe in the home they responded that they did. One person said, “I feel safe. If there’s trouble we call the police.” A relative said, “Here [my family member] is safe.” Staff understood the signs people may be being abused and how to respond appropriately to this. Staff received training in safeguarding people at risk and this training was reinforced through regular discussions about how to keep people safe in team meetings and staff supervision. The registered manager reported allegations of abuse appropriately to the local authority safeguarding team and notified CQC as required by law.

The registered manager assessed risks to people through robust risk assessment processes. Risk management plans

were in place where risks to people were identified, such as for the risk of mental health deterioration, abuse or exploitation, choking or falling amongst other risks. The provider liaised with appropriate professionals as part of the risk assessment process and incorporated their advice into care documentation. This meant staff had the information they needed to minimise risks to people.

People using the service and their relatives told us there were enough staff deployed to meet people’s needs. One person told us, “There’s always enough staff.” Staff told us staff numbers had been increased in line with the recent expansion of the service to care for 29 people. Staff confirmed they did not feel rushed in their work and there were always enough staff around to support them during their shifts. Rotas showed staff numbers were increased where necessary, such as when people required support with appointments or activities.

The provider followed safe recruitment procedures to check staff were suitable to work with people. Checks including criminal records, employment history and previous work performance, identification, health conditions and right to work in the UK were carried out appropriately.

The premises and equipment were safe because the provider had suitable processes in place to check them. One person told us, “The staff make sure the furniture is clean and the work is done. The carpet is hoovered daily and staff clean my room daily too.” The provider used a range of external consultants to check the safety of the electrical wiring, portable electrical appliances (PAT), fire systems, the lift, slings and hoist and the risk of Legionella infections. Legionella is a bacterium which can accumulate rapidly in hot water systems if control mechanisms are not in place. The provider also carried out regular internal checks which included fire safety, hot water temperatures to reduce the risk of scalding, window restrictors to reduce the risk of people falling from height, as well as the condition of the premises. A programme of renovations was almost complete to improve the home and maintenance operatives were on hand to carry out improvements to the home promptly where needed.

Is the service effective?

Our findings

Staff told us they received the support they needed from the provider to meet people's needs. Records showed a training programme was in place with topics including mental health awareness, safeguarding, first aid and mental capacity act. New staff were supported to complete the Care Certificate. The Care Certificate is a national induction programme designed to give all new care workers the same knowledge, skills and behaviours when they begin their roles. It covers the basic range of topics all care workers should know as part of their role and so the service saw this as being useful for all staff, not just new starters. Staff were also supported through regular support and supervision meetings where they were able to discuss any issues of concern and annual appraisal where they received constructive feedback on their performance.

Staff understood their responsibilities in relation to consent the Mental Capacity Act (MCA) 2005. The 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. We observed staff respected people's choices throughout the inspection and staff obtained consent from people before carrying out tasks such as supporting them to eat. Staff understood what to do when people did not have capacity to make decisions and were aware people's capacity may fluctuate and they may lose capacity to make certain decisions when they were unwell.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider was meeting their responsibilities in relation to DoLS and staff had received training in this. The manager had assessed whether people required DoLS and made the applications to the appropriate body as necessary.

People made positive comments to us about the food provided at the home and told us the portions were adequate. One person said, "I had chicken and mash, it was nice." We asked people if the food was hot enough and if it the quantities were sufficient for them and they all told us it was. Choice of food was available for people and the service encouraged people to eat healthily, providing fresh fruit each day. We observed people received the right support to eat and drink where necessary including closely supporting a person assessed as being at risk of choking to keep them safe. The provider monitored people's nutritional status by checking their weights each month and taking the necessary action if they had concerns such as consulting with a dietitian.

People told us they received the right support with their health needs. One person said, "Doctors are available." Records showed people were supported to see a range of health professionals such as community mental health teams, GP, optician and dentist. Staff kept track of when people's required particular health checks, such as specific blood tests and medicines reviews and supported them to receive these.

Is the service caring?

Our findings

One person told us, “Staff are kind, they talk to me”. A relative said, “It’s good, it’s the best place my family member has lived”. We asked them why this was and they responded, “because of the care, the staff are helpful and they care about her and encourage her. The staff are kind.” We also observed staff treated people in a kind, caring way. Staff spent time sitting and talking with people, showing interest in their lives, such as their plans for the day.

We saw staff had good rapport and relationships with people. For a person who had developed speech difficulties we saw staff took care to listen carefully to them to understand what they were saying in order to converse with them. Staff understood people’s mental health conditions and the support they needed, including the best ways to interact with them. Staff showed compassion towards people. For example when a person became anxious staff knew how best to provide reassurance while listening and responding to their concerns. When a person entered the communal lounge inappropriately dressed staff knew the best ways to respond to encourage them to dress more appropriately.

People received the privacy they required and staff treated them with dignity and respect. We saw that staff knocked and waited for a response before entering people’s rooms and took care to ask them if they would prefer the door shut when they left them in their rooms. When staff supported people with personal care in their rooms we observed they shut the door for privacy. Staff were aware of how individuals should be given privacy and dignity to meet their needs.

Staff catered for people’s ethnic and cultural needs and preferences. One person told us, “Sometimes they cook African food and rice”, while another person said, “They cook me curry and rice.” Other people were provided with food from their countries of origin such as curried goat and rice and peas and these were incorporated into the menu. Condiments from different cultures were provided during meals, including hot sauces from the Caribbean for people to enjoy.

One person told us, “The staff know me”. From our discussions with staff it was clear they knew things that were important to people, such as the people in their lives who mattered to them, how they liked to spend their days and details such as the type of food they enjoyed.

Staff encouraged people to make their own decisions. For example staff spent time talking with people to help them plan their time. We observed staff helping one person decide when they would visit a friend in hospital and how they would travel there. Other people told us they could make decisions of what they do in their daily life such as leave the home whenever they wanted to and spend their time however they liked.

People and their relatives confirmed relatives could visit when they wanted to without making an appointment. Staff encouraged people to maintain relationships with those who were important to them to maintain their support networks.

Is the service responsive?

Our findings

People and their relatives spoke positively about the service to us. One person told us, “Staff are helpful and work hard.” A relative said, “It’s well-led and the manager listens”.

People told us they were provided with activities they enjoyed and they had enough to keep them occupied. One person said, “We do all kinds of activities, bingo, art, puzzles, and colouring. We have enough to do. I can read a book and I can go out when I want to.” A relative said, “They encourage activities”. An activities officer worked at the home who arranged activities for people individually, such as local trips, and in groups.

People’s care was planned in response to their needs as people had suitable care plans in place for staff to follow. These included care plans relating to people’s specific needs such as moving and handling, avoiding social isolation, and their mental and physical health needs. The provider reviewed people’s care plans monthly or more often if necessary in response to their changing needs.

People were involved in planning and reviewing their care. People’s preferences for how they wished to receive their care were recorded in their care plans for staff to refer to. People were also involved in regular ‘house meetings’ where they were able to put forward their views on the running of the home including planning activities and day

trips they would like to do. Most people received care under the care programme approach (CPA). The CPA is a way of planning and co-ordinating services for people with mental health needs. This meant people were involved in planning and reviewing their care every six or twelve months, alongside the relevant health and social care professionals and their relatives, if people wanted them to be involved or when they did not have capacity to make decisions in relation to their care. In addition people were involved in annual reviews of their care led by social services.

The provider supported people to meet their religious and spiritual needs. One person told us, “The church people come and sing hymns and say prayers. I listen to Christian radio and I may go to church in the future”. Another person said, “I’m [a particular religion], I go to the temple” and they confirmed staff took them when they required this.

The provider had a complaints procedure in place which was made accessible to people and their relatives. A relative told us, “I haven’t raised any complaints but I have confidence in the manager.” People and their relatives told us they had confidence that the manager would resolve any issues they raised should they wish to complain. The manager kept clear records of any complaints which had been made, how they had responded to these and the outcomes for people. We saw the manager dealt with complaints appropriately and in line with the complaints procedure.

Is the service well-led?

Our findings

At the last inspection on 21 July 2015 we found the provider had improved their systems to audit the home and carry out monthly checks of various areas. However, they did not have suitable systems in place to identify and mitigate the risks to people of scalding that we identified in relation to hot water.

At this inspection we found the provider had improved their systems to identify and mitigate the risks of people of scalding. The provider carried out weekly checks of all hot water temperatures people had access to. In addition staff continued to check bath temperatures each time they supported people to bathe. The service continued to check the quality of service provision and support given to people who used the service and staff through their comprehensive range of audits in place. These included checks and reviews of care plans and risk assessments, people's medical and health needs, health and safety and the environment, recruitment, staff numbers and safeguarding. This meant the provider had suitable systems in place to assess, monitor and improve the service.

One person told us, "It's run well, everything gets done." The registered manager is a registered mental health nurse with a background in nursing home management. They had been registered as manager at the service since it was registered with CQC in January 2014. The registered manager had a good understanding of their role and responsibilities as a registered person.

The registered manager involved people and staff in the running of the service. They held regular meetings with people using the service to gather their views and feedback. They also arranged focused meetings where people helped plan the activities the service would provide for them. One person told us, "We have monthly residents meetings and we talk about what we're doing for activities and holidays etc." Meetings were also held with the care and nursing staff to consult with them and provide guidance where the manager had identified improvements to practice were needed. People, relatives and staff spoke highly of the registered manager, telling us she was open and transparent and they felt comfortable approaching her with any issues as she would always listen and act on them.

Leadership was visible at all levels within the home. The registered manager was supported by a team of nursing staff who led shifts in the service. There was a shift plan for each shift with tasks clearly allocated to individual staff. Our discussions with staff showed they were aware of their responsibilities on each shift and in their day to day work in supporting people with mental and physical health needs.

The registered manager submitted statutory notifications to CQC as required by law, including allegations of abuse and police incidents. This meant CQC was able to monitor rates of these incidents at the service and how these incidents were being dealt with.