

Susash London Limited

# Barons Lodge Sutton

## Inspection report

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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

### About the service

Barons Lodge Sutton provides residential and nursing care and support for up to 17 people with physical and enduring mental health needs. At the time of our inspection the home was fully occupied.

### People's experience of using this service

People spoke positively about staff and the care and support they received. Throughout our inspection we observed staff interacted well with people having formed respectful relationships with them and their relatives.

Safeguarding and whistleblowing policies and procedures were in place and staff had a clear understanding of these procedures and how to keep people safe. People's needs, and preferences were assessed and risks were identified with plans in place to manage risks safely without unnecessary restrictions. Medicines were administered and managed safely and staff followed infection control practices to prevent the spread of infections. Robust recruitment checks were in place and there were sufficient staff available to meet people's needs. Staff had the skills, knowledge and experience to support people appropriately. Staff were supported by management through induction, training and supervision.

People were supported to maintain a healthy balanced diet that met their dietary preferences. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. People were involved in and consulted about their care and support needs. People had access to health and social care professionals as required. People were supported to participate in activities of their choosing. Staff worked with people to promote their rights and understood the Equality Act 2010.

There were effective systems in place to assess and monitor the quality of the service. The service worked in partnership with health and social care professionals to plan and deliver an effective service. The service took people's and staff's views into account to help drive service improvements.

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

Rating at last inspection: Good (Published 20 April 2017).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit in line with our re-inspection programme. If any concerning information is received, we may inspect the service 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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Barons Lodge Sutton

## Detailed findings

### Background to this inspection

#### The 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.

#### Inspection team

One inspector visited the service.

#### Service and service type

Barons Lodge Sutton 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. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection site visit took place on 13 February 2020 and was unannounced.

#### What we did

Before the inspection we reviewed the information, we held about the service. This included details about incidents the provider must tell us about, such as any safeguarding alerts they had raised. 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. We used this information to help inform our inspection planning.

During the inspection we spoke with five people using the service and one visiting relative to seek their feedback on the service. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with seven members of staff including the director, registered manager, deputy manager, nursing and care

staff and the chef. We reviewed a range of records including four people's care plans and records and three staff recruitment and training records. We also reviewed records used in managing the service, for example, policies and procedures, monitoring records and minutes of meetings.

# 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 'Good'. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse or harm.
- People were comfortable and appeared relaxed within their surroundings and with the staff supporting them. One person told us, "Yes we are all ok here. The staff are nice and help me when I need it, I'm safe alright." A relative commented, "I have no issues at all. I'm happy leaving [relative] as I know [relative] is safe here."
- There were effective safeguarding systems in place and the registered manager had good oversight of safeguarding within the home. Staff were aware of their responsibilities to safeguard people including how to report abuse. Training records confirmed that staff had received up to date training on safeguarding.
- There were up to date policies and procedures in place for safeguarding adults and robust systems to report and act on concerns. Safeguarding records demonstrated that concerns were appropriately managed by staff and referrals were promptly sent to local authorities and the CQC when required.

Assessing risk, safety monitoring and management

- Staff were proactive in identifying and assessing risk to ensure people were safe. People were involved in discussions about the risks posed to them and how these could be minimised. Potential hazards were regularly assessed and guidance was provided to staff to support, manage and minimise risks to people.
- Risk assessments informed staff about what to do to support people's changing needs and when to seek further advice and support. Care plans and risk assessments were reviewed to manage identified risks whilst ensuring people's independence and rights were promoted and respected.
- Risks assessments looked at areas of risk such as mobility and risk of falls, personal care and self-neglect and behaviour that may challenge the service. Risk assessments provided staff with instructions on actions to take when managing abusive behaviours whilst using the least restrictive methods to support people to reduce the risk of harm to themselves or others. Staff understood risks posed to people and ways in which they could support people to stay safe.
- Regular health and safety checks of the premises were conducted and equipment was maintained to ensure safe use. People had emergency evacuation plans in place and records confirmed the fire alarm system was tested and fire drills were routinely carried out.

Preventing and controlling infection

- Staff had completed infection control and food safety training and followed good infection control practices. Staff were provided with and used protective gloves and aprons to help prevent the spread of infections.
- Guidance was displayed in bathrooms encouraging people, staff and visitors to wash their hands to

reduce hygiene risks and antibacterial hand gels were readily available.

- Cleaning schedules were in place and communal and people's personal areas were clean and free from unpleasant smells.

#### Learning lessons when things go wrong

- The registered manager and staff understood the importance of reporting and recording accidents and incidents.
- Records demonstrated staff had identified accidents and incidents and had taken appropriate action to address them. Where required accidents and incidents were referred to local authorities and the CQC and advice was sought from health care professionals.
- Accidents and incidents were monitored to identify themes and trends as a way of preventing recurrence and any lessons learnt were shared with the staff team.

#### Using medicines safely

- Medicines continued to be managed, administered and stored safely in line with good practice guidance.
- Medicines were administered by qualified nursing staff whose competency was checked to ensure the safe management of medicines. People's medicine administration records (MAR) were completed correctly by staff and medicines were administered as prescribed.
- Medicines audits were conducted on a regular basis to ensure safe practice. Findings from audits were shared with staff and any areas for improvement continued to be acted upon.

#### Staffing and recruitment

- During our inspection we observed there were enough staff to meet people's needs in a timely manner and requests for support were answered promptly. Staff rotas showed staff numbers were flexible and took account of the level of support people required. Additional staff support was also made available to ensure people were supported when required to attend social events and or appointments.
- People told us they felt there were enough staff to support them when requested. One person commented, "There are enough of them [staff]. They are always there when I need them." A member of staff told us, "There is never a shortage of staff here, we are always well staffed and able to support people safely."
- Staff were recruited safely. Full employment checks were completed before staff started working with people. Disclosure and Barring Service (DBS) checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's physical, mental and social needs were holistically assessed in line with best practice.
- People were involved in the assessment process which took account of their current health conditions, the care and support they required, and the outcomes they wished to achieve from the support provided. Information gathered from assessments was used to develop person centred care plans which set out clearly for staff, people's specific preferences and choices.
- Assessments covered areas such as, personal history and preferences, capacity and consent, and known presenting risks amongst others. Nationally recognised assessment and planning tools such as the Waterlow assessment was used to assess levels of risk associated with skin integrity.

Supporting people to live healthier lives, access healthcare services and support. Staff working with other agencies to provide consistent, effective, timely care

- People's physical and mental health care and support needs were effectively assessed, documented and reviewed to ensure their needs were met.
- People were supported to access health and social care services when required. Care plans confirmed the service promoted and maintained good links with local health and social care services including the GP and community mental health services. Records showed regular visits and appointments with GP's, dentist, chiropodist and other health and social care professionals were made.
- Care plans documented outcomes of visits with healthcare professionals to ensure staff provided the appropriate care and support required to maintain individual's health and well-being.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutrition and hydration needs were met and supported by staff. People told us they enjoyed the food and were involved in menu planning. One person said, "The food is very tasty, I love it and can have what I want." A relative commented, "Food is really good and there is lots of it. The cook will always plate me a lunch if I want it when I'm visiting. [Relative] has now put weight back on after losing it being in hospital."
- The chef was knowledgeable about people's nutritional needs and diets and catered for individuals' preferences. Where people required special diets or textured foods these were prepared and provided as documented in their care plans. People were consulted about the menus on offer and staff supported people to make choices at meal times.
- We observed lunch in the dining room. People received the diets and foods of their choice and where appropriate in line with health care professional's recommendations. There was good staff presence within the dining room to support and encourage people to eat their meals where required.



- The Food Standards Agency visited the service on 16 January 2020 and rated them 4 which is good.

#### Ensuring consent to care and treatment in line with law and guidance

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff were very knowledgeable and fully aware of the need to assess people's capacity if required to support them to make decisions. Staff had received training on the MCA and DoLS and people's rights were protected because staff acted in accordance with the MCA.
- Where the supervising body (the local authority) had authorised applications to deprive people of their liberty for their protection we found that the authorisation paperwork was in place and kept under review by staff.

#### Staff support: induction, training, skills and experience

- Staff had the appropriate knowledge and skills to meet people's needs and were supported through an induction programme and on-going training and development.
- Staff completed an induction programme when they started in line with the Care Certificate, a nationally recognised programme for health and social care workers.
- Staff were very knowledgeable about the people they supported and received training appropriate to their needs. This included training in areas such as dementia awareness, safeguarding, moving and handling, behaviour that may challenge, breakaway techniques and the principles of risk assessing amongst others.
- Staff told us and records confirmed that supervision and support was provided by senior members of staff. This meant staff practice was reviewed and staff were provided with the opportunity to feedback and further develop.

#### Adapting service, design, decoration to meet people's needs

- The environment was homely, clean and supported people safely and appropriately. People were encouraged to personalise their rooms with their own items. Hall ways and communal areas were appropriately decorated some walls with murals and appropriate large and pictorial signage was in place to help aid orientation.
- People had access to equipment that enabled greater independence whilst ensuring their physical and emotional needs were met; for example, walking aids, handrails, access ramps and wheelchairs.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives told us they were involved in decisions about their care. A relative told us, "Communication with staff is always very good, they involve us in everything."
- People were provided with the opportunity to give feedback or to suggest service improvements through regular care reviews, meetings and surveys. For example, regular residents' meetings were held and chaired by residents if they so wished. We saw items discussed included menus, the home environment and staff.
- Throughout our inspection we saw staff were patient when supporting people particularly at times when individuals were anxious or restless, and staff took their time to enable people to be involved in meaningful discussions and activities. At times we also observed some people receiving one to one support from staff, which allowed them to be listened to and communicated with in a way that was appropriate for them.

Ensuring people are well treated and supported; equality and diversity

- People's diverse needs were respected, assessed and documented as part of their plan of care.
- Staff respected people's differences and explored and worked with them to meet their cultural and diverse needs. For example, enabling people to practice their faith.
- Staff had received training on equality and diversity to ensure any protected characteristics people had were not discriminated against, in line with the Equality Act 2010.
- Throughout our inspection we observed that people appeared comfortable and relaxed in the presence of staff. There were positive interactions between people and staff and people responded well to staff engagement. Staff had developed strong relationships with people and were able to describe their personas, and support needs in detail.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and their privacy was respected.
- People's records were stored securely so that information about them was kept private and confidential.
- We observed staff ensured people's privacy and dignity was respected by knocking on their doors and seeking permission before entering their rooms.
- Throughout our inspection we observed people were supported and encouraged to remain independent. For example, staff provided support to people in a caring and respectful manner helping them to ensure they could mobilise independently but without unnecessary risk.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care from staff that knew them well which ensured their needs and preferences were met. One person said, "I have a good rapport with the manager and staff, they all know me very well." A relative commented, "Staff are so good and know [relative] really well. Staff are all regular so they are able to get to know people well, continuity is key to the good care provided."
- People's care and support needs were assessed and reviewed on a regular basis to ensure their individual needs and wishes were met appropriately. People were treated as individuals and were able to follow their own routines and choices.
- Care plans contained information on how people's needs should be met and clear guidance was available for staff on how best to support people.
- Staff understood people's care and support needs and people had a designated keyworker who was responsible for ensuring their needs were being met. Keyworkers reviewed the support provided to people to ensure it met their needs and preferences. When changes were required we saw records were updated promptly by staff. This meant staff had access to up to date and relevant information about how best to support people in view of their wishes.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were supported to access important information relevant to them. For example, easy to read documents were made available. Staff understood and acted in accordance with the AIS.
- People's communication needs were identified, assessed and recorded in their care plans to ensure effective communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were able to make choices about their daily lives and staff encouraged and supported them to maintain their hobbies and interests.
- Activities were planned within the home by staff in consultation with people and their relatives. For example, during our inspection we observed some people participating in an art and crafts session. Events were also held within the home where relatives were invited such as seasonal gatherings and parties.

- Support was provided to people when required, who wished to venture out within the local community. Staff escorted them to ensure their safety to places of interest such as shops and cafes.
- People were supported to maintain and develop relationships with those close to them. Records showed that relatives were supported and encouraged to visit and staff regularly updated them when changes in their loved one's needs were identified.

#### End of life care and support

- People received care and support at the end of their lives.
- Care plans documented discussions had with individuals and their relatives about any advanced directives and end of life care wishes including choice of funeral arrangements.
- Staff had received training in end of life care and had a good understanding of current best practice. Staff had established links with external health and social care professionals', including GPs, nurses and specialist teams.

#### Improving care quality in response to complaints or concerns

- There were arrangements in place to respond to people's concerns and complaints.
- We observed the registered manager operated an open-door policy which meant people, staff and visitors were free to discuss any issues or concerns they had openly on a daily basis.
- People told us they felt comfortable and able to complain. One person said, "I love it here, the staff are great. I can go to them with anything." A relative commented, "I'm very happy with the care and have no issues at all. The manager is always available and very approachable."
- The complaints procedure was available in different formats to meet people's needs and was on display within the service. Complaints records showed that when complaints were received these were responded to appropriately to ensure best outcomes for people.

# 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 good. At this inspection this key question has remained the same. 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, and how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service had an experienced registered manager in post. They knew the service well and were aware of their registration requirements with CQC. They knew the different forms of statutory notifications they were required to send the CQC by law. They were aware of the legal requirement to display their CQC rating which we saw was on display.
- There was an organisational structure in place and staff understood their roles, responsibilities and contributions to the service. The registered manager demonstrated an in-depth knowledge of people's needs and the needs of the staffing team.
- There were systems in place to record and investigate any accidents and incidents that occurred, which included keeping people involved and informed of outcomes.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people, and engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People knew who the registered manager and deputy manager were. We saw people approached them confidently without hesitation, speaking with them and asking questions.
- People and their relatives spoke positively of the service and the care and support they received. One person said, "I am very happy here in this house, staff have a laugh." A relative commented, "100 percent better than any care previously received. Staff are so friendly, they are really good and know [relative] so well."
- Systems in place ensured effective communication with people and their relatives. Notice boards displayed information about the service and local services of interest. The service actively encouraged feedback from people, their relatives and visitors which was done in a variety of ways, for example, through meetings, comments, suggestion feedback and surveys. We noted the compliments book detailed comments people had made, for example, "Thank you so much for your kindness", and, "Wonderful team of staff."
- Staff told us the management team provided good leadership and had good oversight of the service. Comments included, "Staff get on well and we all know people well. The manager is very supportive and is always available if we need her", and, "People get good care because management care and we all care and give them choice." Staff's views about the service were sought through supervision and staff meetings. Staff told us they felt listened to and their feedback about how the service could improve was respected and

valued.

#### Continuous learning and improving care

- The registered manager recognised the importance of regularly monitoring the quality and safety of the service to help drive improvements. There were systems and processes in place to monitor and make improvements when required.
- Audits and checks were routinely conducted in areas such as accidents and incidents, health and safety, environment and premises, infection control and medicines management amongst others. The service also implemented specialised roles for staff for example, 'dignity champions'. The 'dignity champions' roles supported staff to learn and promote that people being treated with dignity is a basic human right and that the service worked to be compassionate, person centred and efficient in meeting people's individual needs.
- Daily staff handover meetings were held and provided staff with the opportunity to discuss people's individual daily needs and any issues or concerns so they could be promptly remedied. Staff meetings were also held and provided staff with the opportunity to discuss issues relating to the management and safety of the service.

#### Working in partnership with others

- The service worked effectively to maintain good working relationships with health and social care professionals ensuring people's needs were met appropriately. For example, working closely with mental health professionals and GP's. We saw that staff ensured any recommendations and advice from health and social care professionals was used to plan the care and support provided to people.