

Mr & Mrs M Owasil

# Drewstead Lodge

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Drewstead Lodge is a residential care home providing accommodation and personal care to older people. At the time of our inspection, there was one person using the service.

### People's experience of using this service and what we found

A safe service was provided for people by staff who knew them well. There was enough staff to support people with their daily activities. The provider was aware about the safeguarding procedure and the actions they had to take if the person they supported was at risk of abuse. Risks to people using the service were monitored to ensure good care delivery. Medicines were safely administered. Effective infection prevention and control (IPC) procedures were followed to minimise the risk of catching and spreading infections.

Leadership at the service was honest, open and transparent. Family members felt the service was meeting their expectations and they were involved in the matters arising regarding their relatives. Staff used appropriate communications to interact with people. Service quality was monitored and changes were made accordingly to improve as necessary. Staff understood their responsibilities and accountability to legal requirements. The provider established effective working partnerships to promote and support people's well-being.

### Rating at last inspection

The last rating for this service was good (published 14 March 2018).

### Why we inspected

This was a planned inspection based on the previous rating.

CQC has introduced focused/targeted inspections to follow up on previous breaches and to check specific concerns. We undertook a focused inspection approach to review the key questions of Safe, and Well-led.

As no concerns were identified in relation to the key questions is the service Effective, Caring and Responsive, we decided not to inspect them. Ratings from the previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service remains good. This is based on the findings at this inspection.

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

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-

inspection programme. If we receive any concerning information 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.

# Drewstead Lodge

## Detailed findings

### Background to this inspection

#### The 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided 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

This inspection was carried out by one inspector.

#### Service and service type

Drewstead 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.

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 was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since it was registered with us. 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.

#### During the inspection

We spoke with one person who used the service and one relative about their experience of the care provided. Where people had limited verbal communication, we observed their interactions with support staff. We also spoke with the registered manager and nominated individual.

We reviewed a range of records. This included care records, medicines management procedures and quality assurance processes.

#### After the inspection

We contacted one healthcare professional to find out their experiences of working with this provider.

# Is the service safe?

## Our findings

Systems and processes to safeguard people from the risk of abuse

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 kept safe from avoidable harm. A family member told us, "Oh yes, [my relative] is safe. I am sure, absolutely. Very caring. Whenever I see [my relative], she appears to be very well looked after." A healthcare professional said, "[The registered manager and nominated individual] are good communicators and are able to support the patient safely."
- Staff knew people well and understood how to protect them from abuse. We spoke with the registered manager about the safeguarding processes and the risk of abuse to people which they told us would be reported to the local authority if they witnessed it in practice. There were no safeguarding concerns raised regarding the service in the last 12 months.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The service helped keep people safe through formal and informal sharing of information about risks. Healthcare professionals were involved and visited people in their home to assess and provide support for their changing health needs. A healthcare professional commented, "I believe [the service] has a solid approach to risk management. They are in touch with us regards to routine follow ups and routine blood tests. If there are any acute problems they promptly contact the surgery."
- Staff managed the safety of the living environment and equipment and where required took action to minimise risk. Fire safety equipment was checked for faults as necessary. A health and safety assessment was carried out to identify actions required to mitigate any potential risks to people's safety.

Staffing and recruitment

- There was enough staff who provided one-to-one support for people to take part in activities and visits how and when they wanted. The registered manager told us that support was provided by them and the nominated individual, and if additional staff cover was needed they would use staff that had previously worked at the home and were known to the person living there. Since our last inspection, there were no new staff members employed by the service.

Using medicines safely

- People received their medicines safely. The medicines administration record (MAR) sheets were appropriately completed and medicines stocks tallied with the MAR sheets.
- People's medicines were regularly reviewed by the healthcare professionals to monitor the effects on their health and wellbeing.

Preventing and controlling infection

- The provider used effective infection prevention and control (IPC) measures to keep people safe. We observed the premises being clean and hygienic. Hand washing products such as soap were available to ensure regular and effective handwashing.
- Staff and people were required to undertake regular tests for COVID-19. Staff were using masks during our visit to minimise the risk of catching and spreading infections.



# 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.

Planning and promoting person-centred, high-quality care; Duty of Candour

- There was an open and inclusive culture at the service. The family member that we spoke to found the registered manager approachable and good at communication. They said, "Anything to do with day to day care, I leave it to them. But some time ago [my relative] had a [name of the health condition] and [registered manager] kept me fully informed and involved."
- Care provided was dignified and respectful towards people. A family member said, "[Staff] had been extremely good with [my relative], very patient... We need someone to look after [name of the person] and be kind to her and this is what they do." The registered manager told us, "[Person] is like a family member. We have a very very long history together. She had grown on us and her family who we know for a long time." We observed people wearing clean clothes and being nicely dressed. Staff asked for permission and knocked before going into the person's room.
- The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour providers must be open and transparent if things go wrong with care and treatment. During the inspection, the registered manager had openly discussed the challenges they were facing as a small provider required to fit within the adult social care framework which placed high expectations on them.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was aware of their role responsibilities and its importance, including when they required to notify the CQC about the events that affect the care provision.
- The healthcare professionals felt the service provided was well-led. They said, "The service is managed well."

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

- Feedback from the family members and healthcare professionals was positive identifying the efforts made by the provider to ensure good care delivery. A healthcare professional told us, "With regards to feedback they would respond well and take the opportunity to further improve quality of service." The registered manager told us that the feedback was provided to them on an individual basis and that any concerns received were dealt with immediately so that it had not escalated to the complaint level.
- The registered manager told us they regularly checked if the person they supported was comfortable and felt safe living at the service. We observed the registered manager using a simple and easy to understand language, speaking slowly, getting down to the person's level when communicating to support their

interactions.

#### Continuous learning and improving care

- The provider had a clear vision of the service which demonstrated ambition to achieve the best outcomes possible for people. On-going monitoring took place to ensure effective and safe care delivery. This included regular accuracy checks of people's medicines.

#### Working in partnership with others

- The service worked well in partnership with professional partners who helped to monitor and improve people's wellbeing. Healthcare professions, such as GPs and nurses, were regularly consulted and involved in the care of the people to ensure their health needs were met.