

Curado Ltd

Lona Lodge

Inspection report

307 Sutton Common Road
Sutton
Surrey
SM3 9NH

Tel: 02086444824

Website: www.lonalodge.co.uk

Date of inspection visit:
17 July 2018

Date of publication:
14 August 2018

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

This inspection took place on 17 July 2018 and was announced. At our previous inspection on 9 August 2017 we rated the service 'requires improvement' and identified two breaches of legal requirements relating to safe care and good governance. The service was not consistently safe as people's medicines were not always managed in a safe way. Records relating to people's care and the management of the service were not always maintained up to date and some information was difficult to access.

Lona Lodge provides accommodation, care and support for up to five people with mental health needs. The aim is to help people to live with more independence in the community and the average length of stay is approximately two years. There were five people using the service when we visited.

Lona Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People told us they felt safe with the service they received. There were arrangements in place to help safeguard people from the risk of abuse. Staff were aware of the provider's policies and procedures about how to identify potential abuse and how to report abuse.

We looked at the systems in place for managing medicines and found the systems in place for medicines management had been comprehensively reviewed and revised and were safe.

People had risk assessments and risk management plans to reduce the likelihood of harm. Staff knew how to use the information to keep people safe and work with them positively to help them be as independent as possible.

The registered manager ensured there were safe recruitment practices to help protect people from the risks of being cared for by staff assessed as unfit or unsuitable.

People received effective care because staff were appropriately trained and supported to do their jobs.

All the people living in the home had the capacity to make decisions. Staff had received appropriate training and had a good understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure people are only deprived of their liberty in a safe and correct way.

People were encouraged and supported by staff to become more independent by developing the knowledge and skills to do so. This included eating well and staying healthy. When people needed care and support from healthcare professionals, staff ensured people received this promptly. Relatives and other visitors were made to feel welcome and staff told us they were free to visit people in the home.

People had care plans outlining the goals they wished to achieve whilst at the service and what support they required from staff to achieve them. People were involved in planning their care and their views were sought and planned for as a central and important part of the process. The service regularly monitored people's changing needs and involved them in discussions about any changes that needed to be made to their care plans.

Staff respected people's privacy and treated them with respect and dignity. The provider encouraged people to raise any concerns they had and responded to them in a timely manner. People were aware of the complaints policy.

A review of the home's recording systems and processes was implemented since the last inspection and records relating to people's care and the management of the service were up to date, clear and accessible.

People gave positive feedback about the management of the service. The registered manager and the staff were approachable and fully engaged with providing good quality care for people who used the service. The provider had systems in place to continually monitor the quality of the service and people were asked for their opinions via feedback surveys. Action plans were developed where required to address areas that needed improvements.

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. Medicines were administered and stored safely. Records were accurate and stocks of stored medicines matched the recorded levels. Staff were all appropriately trained and knew how to administer medicines safely to people.

There were appropriate numbers of staff on duty to support people. Staff knew how to recognise and report any concerns they had in order to protect people from the risk of abuse or harm. The provider had taken appropriate steps to protect people from the risks of being cared for by unfit or unsuitable staff through effective staff recruitment.

Risk assessments to do with the person and for the environment were carried out to ensure risks were identified. There were appropriate plans in place to minimise and manage these risks and to keep the person safe from injury and harm.

Good 

Is the service effective?

The service was effective. Staff had the knowledge and skills to support people who used the service. They received regular training and support to keep their skills and knowledge updated.

People were encouraged and supported by staff to become more self-sufficient by developing the knowledge and skills to do so. This included eating well and staying healthy. When people needed care and support from healthcare professionals, staff ensured people received this promptly.

All those people living in the home had the capacity to make decisions. Staff had received appropriate training and had a good understanding of the Mental Capacity Act 2005 and the DoLS to help protect people's rights.

Good 

Is the service caring?

The service was caring. People said staff were kind, caring and supportive.

People were central in making decisions about their care. Their views were listened to and used to plan their rehabilitation care

Good 

and support plans.

Staff respected people's dignity and right to privacy. They told us friends and relatives were free to visit people in the home.

Is the service responsive?

The service was responsive. People's needs were assessed and care plans were in place which set out how these should be met. These plans reflected people's individual choices and preferences for how they wanted to live their lives in the home and community.

People were encouraged to maintain relationships with the people that were important to them. People were supported to live an active life in the home and community.

People told us they were comfortable raising any issues or concerns they might have and they felt these would be dealt with appropriately.

Good ●

Is the service well-led?

The service was well-led. Staff were appropriately supported by the registered manager.

There was open communication within the staff team and staff felt comfortable discussing any concerns.

The provider had implemented a variety of quality assurance methods so that they could regularly check the quality of the service being provided. They made sure the service was improved and developed as necessary and that people were happy with the service they received.

Good ●

Lona 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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was carried out by a single inspector. Before the inspection we reviewed the information, we held about the service including the Provider Information Return. This is information we require providers to send to us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also looked at reports from previous inspections and statutory notifications submitted by the provider. Statutory notifications contain information providers are required to send us about significant events that take place within services.

We gathered information at the inspection by speaking with three of the people living at Lona Lodge, the director and two members of staff. We observed the provision of care and support to people living in the home. We looked at five people's care records and three staff records and reviewed records related to the management of the service. After the inspection we spoke with the registered manager, and two health and social care professionals.

Is the service safe?

Our findings

At the last inspection we looked at the systems in place for managing medicines in the service and found the systems in place for medicines management were not always safe. We looked at the medicines administration records (MAR) for people and we found gaps in the records. A stock take check revealed that where errors were found in the MARs the amounts of medicines did not tally with the records.

Following this inspection, the registered manager told us a comprehensive review of the procedures for the administration of medicines was planned, together with refresher training for all staff. They said this was to ensure that the issues highlighted in the inspection were addressed and resolved.

At this inspection we reviewed medicines procedures. We found the actions taken by the provider and the registered manager ensured there was safe staff practices with medicines management. People received their medicines safely and as prescribed. We inspected people's medicines administration records [MARs] and found they were completed as required. Medicines were stored securely and accurate records were maintained of all medicines administered. We undertook a stock take check and we found stocks of medicines matched the recorded levels on the MAR sheets. There were clear stock checking processes in place. Protocols were in place to instruct staff as to when people should be given their 'when required' medicines.

The provider was no longer in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All the people we spoke with told us they felt safe living at Lona Lodge and trusted the staff who supported them. One person told us, "Oh yes I do feel safe here. The staff are nice, friendly and help us when we ask them to." We observed people were supported to be as independent as they could whilst remaining safe. All the people living at the service had their own front door key and a key to their own bedroom and were free to come and go as they pleased.

The provider took appropriate steps to protect people from abuse, neglect or harm. Staff were able to describe to us what constituted abuse and the action they would take to protect people if they had a concern about someone. Staff told us they would speak with the registered manager [or if appropriate to the community mental health teams that supported people in the home] about any concerns they had for people's safety. Training records showed all staff had recently completed safeguarding adult's training. We saw the provider had all the appropriate policies and procedures to help safeguard people including emergency first aid, whistle blowing, how to make a complaint, and the reporting of accidents and incidents. Staff were aware of the correct procedures and followed them. The registered manager told us they would make referrals to the local authority as they had the statutory responsibility to investigate any safeguarding alerts.

The provider kept people and staff safe through individual personal risk assessments and risk assessments of the home environment. The personal risk assessments were developed with the person in order to agree

ways of keeping them safe whilst enabling them to have choices about how they were cared for. Each area of support was detailed with a risk assessment, including daily routines, activities, exercise, socialisation, mobility and personal health. The home's environment was checked for safety also through a risk assessment. These measures helped protect people and staff from identified risks in the home and helped to ensure staff were working and caring for people in a safe environment. Our discussions with staff demonstrated they took seriously their responsibility for ensuring the home environment stayed safe.

People were supported by sufficient numbers of staff. People and staff told us there were enough staff deployed to meet people's needs. Rotas showed the staff numbers each day were in line with the numbers of staff the registered manager told us were necessary. On the day of our inspection we observed there were sufficient staff to support people in the service as well as to support people with their various activities in the community, including attending college, carrying out voluntary work and attending health appointments.

Staff files we inspected showed there were recruitment checklists in each file to document all the stages of the recruitment process and to ensure the necessary steps had been carried out before staff were employed. These included criminal record checks, proof of identity and the right to work in the UK, declarations of fitness to work, suitable references and evidence of relevant qualifications and experience. This showed the provider had taken appropriate steps to protect people from the risks of being cared for by unfit or unsuitable staff.

Risks to people relating to infection control were well managed by the provider. We inspected the premises and saw they were safe and clean. People told us they shared the responsibility of ensuring the premises were clean and took part in a cleaning schedule. We saw there was a range of audits that the provider used to check the cleanliness of the premises.

The registered manager showed us the incident and accident records. We could see that appropriate details were recorded for any incidents or accidents that happened. The manager told us they reviewed the records to see if any trends might be identified that informed them of appropriate action to take to avoid the same things happening again.

Is the service effective?

Our findings

Our inspection of people's care files evidenced people's care and support was assessed before they started using the service. Assessments we viewed were comprehensive and we saw evidence people were involved in discussions about their care and any risks that were involved in managing their needs. People told us that they were consulted before they moved in and they had felt listened to. The healthcare professionals we contacted said that the staff team worked together with them well and provided a service which met people's individual needs.

People were supported by staff who had the appropriate skills and experience. The staff we spoke with told us they completed an induction process that equipped them with the knowledge and skills they needed to do the job effectively. They told us they felt well supported by the registered manager. One staff member told us, "I found the induction very helpful when I started here. I got a lot of support and still do."

Staff received training the provider had identified as mandatory. This included health and safety, infection control and food hygiene, safeguarding and the Mental Capacity Act 2005 (MCA). They also undertook training specific to the needs and conditions of the people who used the service which included dual diagnosis of substance misuse and mental health, challenging behaviour, breakaway techniques and introduction to bi-polar and psychosis. One staff member told us, "We get a lot of good training. I have completed training in a wide variety of courses that have really helped me with my work."

The provider told us that all staff were assisted to gain the Care Certificate if they did not already have it. This is a nationally recognised qualification in care. Records showed that staff training was up to date and refreshed annually. This helped to ensure staff employed by the service were sufficiently well trained and qualified to deliver the care to the expected standard.

People were supported by staff who were regularly supervised and appraised. One staff member told us, "I have regular formal supervision with the manager every six to eight weeks. I find it really helpful." Staff we spoke with told us they felt supported and were provided with an opportunity to address any issues and discuss any areas for improvement. Staff also received an annual appraisal. This provided an opportunity for staff and their manager to reflect on their performance and identify any training needs.

The provider recognised the importance of good food and healthy nutrition and diet in the contribution it makes towards people's wellbeing. This included good mental health and was seen by staff as an important aspect of people's daily life. Staff worked with people with the aim to assist them to reach independence in planning and preparing their own meals. Some of the people we spoke with told us they were mostly independent in this respect, others said they were supported to shop for their food and cook their own meals if they wanted to. One person told us, "For some meals when we eat together we help to choose the menu and then go out shopping with staff." Another person said, "We make our own meals but sometimes need support so the staff help us."

People told us the staff supported them with their health needs. One person said, "We can make our own

appointments and go by ourselves. Sometimes if we need some support staff come with us too." The care plans we looked at contained individual health action plans. These contained details about people's health needs and included information about their medical conditions, medicines, dietary requirements and general information. Records showed that advice from relevant professionals was recorded and actioned appropriately and regularly reviewed. This showed that the service was meeting people's health needs effectively.

The registered manager told us people living at Lona Lodge were also supported by community mental health teams. Staff from these teams supported people to maintain good health and have appropriate access to healthcare services. Care files confirmed all the people were registered with a local GP and had regular health checks as and when they needed them. People's health care needs were also well documented in their care plans. We could see people had regular appointments with health care professionals such as their consultant psychiatrist, community psychiatric nurses and GPs. This information was recorded in their health care plans.

People lived in an environment that was comfortable and free of hazards. People showed us their bedrooms and we saw that these were personalised and reflected people's individual taste and choices.

The MCA provides a legal framework for making particular decisions on behalf of people who use the service and 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 be as least restrictive as possible.

Assessments were undertaken to establish people's capacity to consent to aspects of their care and support as they arose. 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. We checked whether the service was working within the principles of the MCA. Consent was sought before support was offered and we saw evidence that people were consulted in all aspects of their care and support. We were told that every person using the service had capacity and we saw no evidence that people were being deprived of their liberty. This indicated that care and support was being delivered according to the principles of the MCA.

Is the service caring?

Our findings

People told us they thought staff were caring in their approach to providing them with support. One person said, "I really want to move out and get my own place but that's not because they [staff] aren't caring, they are and they are helping me to do that." Another person said, "Yes the staff are caring, they are ok."

When we inspected people's care files we saw that comprehensive referral information had been provided by agencies for people hoping to live at Lona Lodge. There was also needs and risk assessment information on the files. Staff told us they read this information so that they had a better understanding of people, their personal histories, their preferences, their needs and their aspirations. During the inspection we saw the conversations and interactions between people and staff were warm and friendly yet respectful. Staff knew people well and they used this knowledge to build trusting relationships with people. Staff told us they did this so they could best engage with people to help them build their self-confidence and to develop strategies that would help them achieve their goals of moving on successfully into more independent living. In our conversations with staff we noted they talked about people in a caring and respectful way.

As an important part of the rehabilitative programme people were encouraged to express their views and be involved in making as many decisions about their care and support as possible. People's records showed that people and where appropriate their family members and other healthcare professionals had been involved in the planning of their care and support needs. As part of this process people's views and preferences had been sought and discussed which meant the care and support they received was reflective of their personal preferences. We saw that advocacy services were advertised on notice boards in the home and were available for people to use if they or their relatives wanted to do so.

We saw that people's right to privacy and dignity was respected. Care plans set out how these rights should be supported by staff. This included maintaining people's privacy and dignity when their care was being discussed. Staff told us they ensured this was done out of the earshot of anybody else. During the inspection we observed staff knocked on people's doors and waited for permission before entering. We also observed instances where staff positively encouraged people to respect the personal space and boundaries of other people in the home. People's records were kept securely within the home so that their confidential personal information was protected.

People were supported to be independent in the home and community. Records showed each person had time built into their weekly activities timetable for laundry, cleaning, shopping and any other tasks aimed at promoting people's independence.

Staff told us there were no restrictions on friends or relatives visiting people living at Lona Lodge. The service held regular events at the home such as summer barbeques and other celebratory events and friends and family were invited to attend and participate.

Is the service responsive?

Our findings

People knew about their care plans and they told us they were involved in the reviews of these plans. Our inspection of people's care files evidenced what we were told by people. We saw that the method used to structure people's care was person centred and placed the person at the centre of their care plan. People were asked to identify their strengths, dreams, aspirations and the resources that were available to them. We saw this formed part of the overall person-centred care and support plan. We noted that the care planning process also called 'planning to achieve' and used to assist people with their recovery was a creative way of planning on what was important for the person both at the time and in the future. It built on people's strengths and focussed on their preferences for the future which in most cases was an expressed wish to live independently in the community.

All the care plans we inspected were comprehensive in that they covered people's physical, mental, emotional and social needs. They were written in the first person and they were all signed by people to demonstrate their agreement with what had been written in their care and recovery plans. We saw that people's ability to gain independence and improve their quality of life was an important part of the care planning process. An example of this was the staged process for helping people to become independent in taking their medicines. Another example was how people were encouraged and assisted appropriately to plan and prepare their own meals. Both these examples provided people with the essential skills, knowledge and confidence to manage for themselves when they eventually moved back into the community.

We saw that each person had a wide and comprehensive variety of activities that involved them both within the service and outside in the community. Each person had a weekly timetable for their activities that set out what they were scheduled to do on a daily basis. Staff told us these activities were determined by people themselves. Examples included going to the gym, college, swimming, going to the cinema, shopping and seeing family and friends. Supporting and developing people's independence was a theme we noted in the range of people's activities.

People said they enjoyed their activities as it helped them to be more independent and they saw it as a step closer to them being able to move on successfully. One person said, "I go to college and I also do some voluntary work". Everybody we spoke with said they wanted to move on to more independent living and they seemed enthusiastic to engage in activities that not only met their interests but also helped them increase their skills to manage independently. The registered manager told us activities were tailored to meet specific individual needs.

We looked at how complaints were managed. We noted the service had a complaints procedure in place. The complaints procedure was on display in the main hall that helped to clarify the process for those who might need it. The procedure provided directions on making a complaint and how it would be managed. This included timescales for responses. We found the service had systems in place for the recording, investigating and taking action in response to complaints. We saw complaints and compliments forms were easily accessible to anyone who needed or wanted to use them. People told us they knew what to do if they

had a complaint.

Is the service well-led?

Our findings

At our previous inspections in August 2017 we found some of the home's records had not been completed or updated in line with the provider's own policies and procedures or quality standards. People's monthly weight records were seen to be incomplete and other records such as those that recorded people's health appointments were also incomplete. We found gaps in people's medicines administration records (MAR sheets) and other records were difficult to find. As a result people were not fully protected against the risks of unsafe and inappropriate care because records were not accurate, complete and contemporaneous enough.

At this inspection we saw the provider and the registered manager had implemented, together with staff, revised practices that ensured the home's recording processes were improved and now met the provider's standards and requirements. People's weight records were appropriately completed and a new diary of people's health care appointments was in place on each of the files we inspected. A new programme of monthly audits for key areas of service delivery was in place. The registered manager told us they analysed service data to help identify any developing trends where additional support or improvement might be required.

We asked the registered manager to tell us what systems were in place to monitor the quality of the service to ensure people received safe and effective care. We were told that regular checks were undertaken on all aspects of the running of the service. We saw documented evidence that showed the service had effective audit systems in place and these were kept up to date. This included a monthly health and safety check on the physical environment, a competency check on staff for medicines administration, an audit of people's care plans being maintained up to date, a keyworker systems check, a review of complaints and of accidents and incidents. This all meant there were quality assurance systems in place that helped to maintain and improve the service effectively.

Staff informed us they had regular meetings with the registered manager and records confirmed this. The items discussed included people's care needs, health and safety, safeguarding, staffing and environmental issues. Outcomes of complaints, incidents and accidents were discussed so that staff could improve their practice and implement any lessons learnt from the outcome of investigations. Regular management meetings also took place and included discussions about people using the service, recruitment, audits and supervisions.

We found the provider was no longer in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When we spoke with staff they told us they felt included and consulted with. They told us they felt valued and that the registered manager was very supportive and helped to create an open culture where staff felt able to speak and contribute to the development of the service. Comments we received included, "It's a good place to work, friendly and helpful", "The management is good. Very supportive", "The manager is very supportive in terms of any issues I want to discuss", "If I have a problem or a concern I can speak with the

manager anytime.", "We work as a team, we have had staffing problems in the past but that's been addressed. It's much better now."

We inspected the provider's policies and procedures manual and we saw there were policies in place for staff whistleblowing, how to make complaints and for reporting incidents and accidents. Staff told us they were required to read these policies and work within them. From the discussions we had with staff we saw they were familiar with these policies and procedures and knew what to do to ensure they were carried out as required.

Staff had clear information to refer to about current legislation and good practice guidelines. We saw the information was regularly reviewed and updated to ensure it reflected any necessary changes. Staff had been given a code of conduct and practice they were expected to follow. This code of conduct ensured the staff team were aware of how they should carry out their roles and what was expected of them. Staff displayed a good understanding of their roles and responsibilities when we spoke with them. We saw documented evidence that staff signed and read the policies and procedures for the service. This was a good way of ensuring staff were aware of these important guidelines.

All the records we inspected including people's care files and staff files as well as other of the home's records were well maintained, filed logically and securely and they were easy to access. This helped staff to support people safely.

People were complimentary about the registered manager and the staff team and told us they thought the service was well run and organised. One person said, "It's a good service that has helped me to get to the point now where I will soon be able to move on." Another person said, "I wanted to learn how to live more independently and staff have helped me to do it."

People were consulted about a comprehensive range of aspects of the care they received through quality assurance questionnaires. The registered manager told us questionnaires were sent out in July 2018 and although not all had yet been returned, those we saw indicated people were very positive with the service.

Staff and relatives were also consulted and issued with quality assurance questionnaires to obtain their views of the service and their feedback showed an overall satisfaction. The registered manager told us that any issues or concerns were discussed with their senior managers and escalated to the director of the company who ensured that appropriate action was taken.

We checked our records before the inspection and saw that accidents or incidents that CQC needed to be informed about had been notified to us by the registered manager. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.