

Arthur Lodge Limited

Arthur Lodge Residential Care Home

Inspection report

16-18 Arthur Road
Edmonton
London
N9 9AE

Tel: 02083455743

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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

Arthur Lodge is a care home for adults with learning disabilities, including those with a dual diagnosis of a mental health condition. The maximum number of people the service can accommodate is eleven. At the time of our inspection 9 people were using the service.

People's experience of using this service

People told us they were happy with the care and support they received because they felt safe and all their needs were met by kind and caring staff.

People praised the manager of the service and agreed that they were approachable, knowledgeable, fair and did their job well. The staff team worked well together and supported the registered manager.

The staff team was committed to providing a high-quality service and keeping people safe. They had undertaken training so that they were skilled and knowledgeable to effectively meet people's needs. Staff understood their responsibilities to report any concerns.

Staff encouraged people to be as independent as possible and respected people's privacy and dignity. Staff knew people well. Staff managed the risks to people's health and welfare.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.' Registering the Right Support CQC policy. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

People were given choices about the way in which they were cared for. Staff listened to them and knew their needs well. Care plans contained information about each person's individual support needs and preferences in relation to their care and we found evidence of good outcomes for people.

Recruitment practices were safe and relevant checks had been completed before staff worked at the service.

People told us staff were able to meet their needs and were respectful of their individual preferences.

People received care and support from a small group of staff, which provided consistency.

The managers of the service actively sought the views of people and their relatives about the running of the service and they dealt promptly with any concerns that people raised.

The provider had systems in place to monitor and improve the quality and safety of the service provided.

More information is in the full report.

Rating at last inspection

At the last inspection we rated this service Good. The report was published on 28 March 2017.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor this service.

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.

Arthur Lodge Residential Care Home

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

Inspection team

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Arthur 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 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

We carried out the inspection visit on 22 October. It was unannounced.

What we did

Before our inspection, we reviewed the information we held about the home which included statutory notifications and safeguarding alerts and the Provider Information Return (PIR), which the provider completed before the inspection. The PIR is a form that asks the provider to give some key information

about the service, what the service does well and improvements they plan to make.

During our inspection we went to the service's office and spoke with the registered manager, two support workers and six people who used the service. We looked at three care records and three staff records; we also looked at various documents relating to the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe using the service, Comments included, "They are nice people and they look after me" , " I always feel safe in the night" and "Yeah it's a safe place".
- The service had systems in place to protect people from abuse and avoidable harm. Staff understood the safeguarding policy and knew what to do and to whom to report if they had any concerns about people's safety.
- A member of staff told us, "We have to protect people and make sure the environment is safe, any concerns must be reported straight away."
- The staff assessed all potential risks to people and put guidance in place so that the risks were minimised. Risk assessments were developed that maximised people's independence and ability to remain in control of their life.
- Risk assessments in place, included slips and trips, hoarding, nutrition and chocking.
- Environmental risk assessments, including a fire risk assessment had been completed and were accessible to staff. Everyone had a personal evacuation plan which gave staff advice about the most appropriate and safe way individuals should be evacuated for the home.

Staffing and recruitment

- The service followed a recruitment policy so that they were as sure as possible that people were suitable to work at this service. They carried out checks, such as criminal record checks and references.
- Most people needed a high level of staff support and there were always enough staff to support people safely and provide one to one attention.
- Most staff had been working in the service for some time, and staff turnover was very low, thus providing a good continuity of care for people using the service.
- People told us they knew the staff well and had built good working relationships with them.

Using medicines safely

- Medicines were acquired, stored, administered and disposed of safely.
- All staff had completed medicines training and their competencies had been checked to ensure they had the knowledge and skills to support people safely. Staff told us they felt confident to support people with their medicines.
- Where people were supported with their medicines, a medicines administration record (MAR) was completed accordingly. We checked a sample of these and found them to be accurate.
- Health professionals reviewed people's medicines regularly to ensure they were effective for their recovery.
- Medicines safety was audited on a regular basis and any errors were quickly corrected.

Preventing and controlling infection

- The provider had systems in place to make sure that infection was controlled and prevented as far as possible.
- Staff had undertaken training and were fully aware of their responsibilities to take appropriate measures to protect people from the spread of infection.
- Staff had access to personal protective equipment, for example, gloves and aprons. This helped to minimise the risk of infections spreading.

Learning lessons when things go wrong

- The service had a system in place to monitor incidents and understood how to use them as learning opportunities to try and prevent future occurrences.
- The manager would review risk assessments and care plans following incidents to prevent re-occurrence.

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. 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 preferences and care needs had been recorded in detail and those who used the service and their families were given the opportunity to be involved in the care planning process.
- The manager considered protected characteristics under the Equality Act. For example, they asked people about any religious or cultural needs they had so that they could plan for those needs to be addressed. Staff were aware of equality and diversity issues.
- The manager told us that they kept up to date with good practice in many ways, including attending meetings and reading numerous publications. This ensured that staff delivered care in line with all relevant guidelines.

Staff skills, knowledge and experience

- Staff had undertaken training in a range of topics so that they could do their job well. Most staff had achieved nationally recognised qualifications in care.
- New staff completed an induction which included, completing mandatory training and working alongside experienced members of staff before working alone.
- Staff felt very well supported. They had supervisions and appraisals and comments included, "The support is good, we can discuss any issues in supervision meetings."

Supporting people to eat and drink enough with choice of a balanced diet

- People were encouraged to get involved in decisions about what they wanted to eat and drink. People received support to get involved in mealtimes.
- Staff told us that they went shopping with people and encouraged them to make healthy choices
- Staff recorded people's weight on a weekly basis.
- A person told us, "I get a choice if I'm given something to eat and I don't like it I tell the staff and they change."

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked closely with other agencies such as day centres, social workers, GPs, psychiatrists and occupational therapists to make sure that people's needs were met.

Supporting people to live healthier lives, access healthcare services and support

- Where people received additional support from healthcare professionals this was recorded within their care records.
- The registered manager and staff were aware of the processes they should follow if a person required

support from any health care professionals..

- When concerns were noted regarding people's health and wellbeing, information was shared with other relevant healthcare professionals.
- Staff had recently had training on oral health and people told us their oral health was looked after well.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible interests and legally authorised under the MCA.

- The registered manager told us that everyone at the home had capacity to make day to day choices and decisions about their care and he also gave us examples of when 'best interest' meetings had been undertaken when major decisions had to be made. The registered manager and staff understood the relevant policies and procedures in relation to the Deprivation of Liberty Safeguards (DoLS).
- We observed staff asking people for permission before carrying out any required tasks for them.
- A person told us, "they would ask me if they can Hoover my bedroom, I say yes."
- Staff continued to have a good understanding of this legislation and when they should be applied. People were encouraged where possible to make all decisions for themselves.
- Care plans were developed with people and we saw that relatives had agreed with the content and had signed to receive care and treatment and gave their consent.
- A staff member told us, "I always give people their choice, for example take out clothes from their wardrobe and ask them to choose, if they are not able to speak they will gesture or point to things they want."

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. People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us that staff were kind and caring. Comments included, "I like them they are kind" and "they are good staff and they are nice."
- A person told us, "I go to church every Sunday, I get picked up and dropped back, the staff respect this."
- Staff spoke about people with respect and compassion. It was clear they had good relationships with people. One staff member told us, "we are a small home, it's like a family we know everybody really well we understand them."
- Staff we spoke with were knowledgeable about people's preferences, personalities and things that were important to them. This indicated staff had caring relationships with the people they looked after.
- We observed that people were very relaxed with staff and it was clear from interactions between staff and people using the service that positive and supportive relationships had developed between everyone.

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

- People and their representatives were regularly asked for their views on their care and their plans. Staff told us that they had enough time to engage with people to make sure that each person had everything they needed.
- People who used the service confirmed that they usually had their needs met by a small group of staff that they always knew well.
- Most staff had worked for the service for many years, this meant there was consistency and continuity in care.

Respecting and promoting people's privacy, dignity and independence

- Respect for privacy and dignity was at the heart of the service's culture and values.
- People were enabled to be as independent as possible and staff knew where they needed to encourage people or remind them to undertake tasks.
- A staff member told us, "we help people to as much as they can for themselves, for example at mealtimes we encourage people to take in their plate to the kitchen."
- People had no concerns about the way staff treated them. Staff described ways they protected people's privacy and dignity, such as knocking on doors and closing the curtains.
- A staff member told us, "We help people as much as we can, but we also know when people need their own space." The service recognised people's rights to confidentiality. Care records were stored securely in locked cabinets in the office. There was a confidentiality policy in place, which complied with General Data

Protection Regulation (GDPR) law, which came into effect on 25 May 2018.

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. People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us they were happy with the care and support provided.
- People's care plans contained detailed, clear information about people's specific needs, their personal preferences, routines and how staff should best support them. The care plans covered personal, physical, social and emotional support needs.
- People received personalised care and support specific to their needs and preferences. Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved.
- Care plans gave staff detailed guidance so that staff knew each person's individual likes and dislikes.
- The registered manager told us that all the people using the service were allocated keyworkers who worked closely with them. Each person then developed 'functional goals' with the aim of helping the person develop independence.
- When people's needs changed this was quickly identified and prompt, appropriate action was taken to ensure people's wellbeing was protected.

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.

- Where people had specific needs relating to the way in which they communicated, or the support required around their communication, this was recorded within the person's care plan.
- People were given information in a way which they understood. Staff used photographs, symbols and objects of reference to support 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.

- Most people engaged and participated in their own interests and hobbies with the support of their relatives or support workers. People were supported to carry out activities in the community and most people attended a day centre on a regular basis.
- A person told us "I like Colouring, music, dancing, I also do Zumba as well, I also have a job down at the centre every Friday."
- Support staff explained the importance of developing and maintaining relationships with people they supported to avoid social isolation.

Improving care quality in response to complaints or concerns

- We looked at the complaint's records held at the office and noted that there had been no complaints since our last inspection.
- People told us that they rarely had to formally complain. They were comfortable raising any issues. They were confident that the registered manager would address and resolve these quickly.
- There was a service user guide on how to make a complaint in each person's care file. This was in an easy read format, and included pictures, signs and symbols
- A person told us, "The first thing I would do is talk to the manager."

End of life care and support

- The service did not currently record peoples end of life wishes, the registered manager told us they would discuss and record these with people and their families in due course.

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. 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 and support; and how the provider understands and acts on duty of candour responsibility.

- People told us the manager at the service was visible and known to them and approachable. Comments included "He's a good manager", "very helpful" and, "he looks after me before he goes home"
- Staff were fully aware of their responsibility to provide a high-quality, person-centred service.
- Staff told us of the positive management structure in place that was open and transparent and available to them when needed. One staff member said, "Support is always available, we can contact the manager anytime day or night, he will always respond."
- The manager promoted transparency and honesty. They had a policy to openly discuss issues with relevant parties if anything went wrong.

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

- Staff were happy, and proud to be working at the service and motivation was high. One member of staff told us, "It is a great place to work. Our manager is excellent, and I feel comfortable talking to him."
- There were several systems that the registered manager used to monitor and improve the quality of care at the home. These included a yearly pictorial survey for people using the service, a survey for relatives and one for outside professionals. We saw the results of these surveys were very positive.
- The registered manager and provider also carried out regular audits including health and safety, staff training, cleaning, and care.
- There were systems in place to monitor the safety and quality of the service and the maintenance of the building and equipment
- Spot checks were taking place on a regular basis. The spot checks were also carried out at night.

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

- The provider and staff team encouraged people and their relatives to express their views about the running of the service. Staff felt involved in the running of the service and had opportunities to have their say about how the service could improve.

Continuous learning and improving care

- The manager kept themselves updated with new initiatives and guidance by attending regular 'provider forums' in the local authority.

- Monthly staff meetings gave staff the opportunity to feedback on the service. Meeting minutes showed topics discussed included health and safety, training and development, and activities. We saw that staff used this opportunity to share best practice and positive outcomes of recovery.

Working in partnership with others

- The service worked with psychiatrists, social workers, occupational therapists, GPs and day centres to ensure relevant information is passed on and there is continuity of care.