

Colney Lodge Ltd

Colney Lodge Limited

Inspection report

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Date of inspection visit:
05 February 2016
22 February 2016

Date of publication:
27 July 2016

Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

We carried out an unannounced inspection on 05 February 2016.

Colney Lodge is registered to provide accommodation and personal care for up to two people with mental health needs. At the time of the inspection, there were two people being supported by the service.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The overall rating for this service is 'Inadequate' and the service is therefore in 'Special measures'.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The service was rated as inadequate because there were no clear risk assessments in place that gave guidance to staff on how risks to people could be minimised and how to safeguard people from the risk of possible harm. This was a breach of Regulation 12: Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe Care and Treatment.

People's medicines had been managed by staff but staff did not always complete the documentation appropriately. Incidents had not been reported to the relevant agencies in a timely manner. This was a

breach of Regulation 17: Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance.

Staff did not receive regular supervision and support. Staff had been trained to meet people's individual needs although training records were not available for all staff employed at the service. This was also a breach of Regulation 17: Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance.

The provider had effective recruitment processes in place and there were sufficient numbers of staff to support people safely but DBS checks were not current. Staff understood their roles and responsibilities and sought people's consent before they provided any care or support. However, not all staff had an understanding of how they would use the Mental Capacity 2005 and Deprivation of Liberties Safeguards (DoLS) when providing care to people. This was a breach of Regulation 18: Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

The manager did not always understand their responsibility in reporting to CQC, any issues they were required to report as part the regulations for caring out the regulated activity. This was a breach of Regulation 18 of Care Quality Commission (Registration) regulations 2009.

People were supported by staff who knew them well, but they felt that the staff were not always respectful towards them.

People's needs had been assessed, but care plans were not clear and did not always take account of their individual needs, preferences, and choices. The service supported people with health care visits such as GP appointments, optician appointment, chiropodists and hospital visits.

The provider had a formal process for handling complaints and concerns. They encouraged feedback from people but did not always act on the comments received in order to improve the quality of the service. The provider did not have effective quality monitoring processes in place to ensure that they were meeting the required standards of care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

There were insufficient systems in place to safeguard people from the risk of harm.

People were supported to manage their medicines but documentation was not always accurate.

Emergency evacuation procedure were not in place.

There were robust recruitment systems in place but DBS certificates were outdated.

There was sufficient staff to meet people's individual needs safely.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People were supported by staff that had been trained to meet their individual needs but training records were not available for all staff.

People's consent was sought before any care or support was provided.

People were supported to access health and social care services when required.

Is the service caring?

Requires Improvement ●

The service was caring.

People were supported by staff that were kind, caring and friendly.

Staff understood people's individual needs and they respected their choices.

Staff respected and protected people's privacy and dignity.

Is the service responsive?

The service was not responsive.

People's needs had been assessed but appropriate care plans were not in place to meet their individual needs.

People's welfare was key and staff responded to people's changing needs quickly.

The provider had an effective system to handle complaints.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

The service had a Registered Manager in place.

Staff knew what was expected of them but the manager did not always understand their role.

Quality monitoring audits were completed but were not used effectively to drive and maintain improvements.

Audits and records were not completed or were not always available for review.

Inadequate ●

Colney Lodge Limited

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 took place on the 05 February 2016 and was unannounced.

The inspection team consisted of one inspector.

Before the inspection, we reviewed information we held about the service, including the notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the inspection we spoke with the manager, one carer, the two people who used the service. We looked at the care records of both people and the recruitment and training file for two staff employed at the service. We also reviewed the provider's policy documents, medication records and accidents and incidents records.

Is the service safe?

Our findings

There were no medicine audits in place which meant that any errors could not be picked up. We noted that the medicine administration records (MAR) for week commencing 01 February 2016 had been completed for all the days of the week including 06 February 2016, when the date of our inspection was 05 February 2016 which meant that the chart had been signed a day ahead by staff to indicate that medicines had been administered. Such poor practice put people at risk of receiving excessive dosages and medicine error. We asked the staff on duty who had signed the chart and they could not identify the initials. We also asked staff who had administered medicines the day before, and again they did not know. We checked the daily records for the person whose MAR we looked at and noted that the staff member we were speaking with had indeed supported the person in taking their medicines as they confirmed that the signature and name on the daily notes was theirs. We ask the staff member again if they remembered administering and signing for the medication but they could not. We spoke to the manager about this poor practice and they told us that they had noted it in the morning and would have redone the chart if we had not arrived for the inspection. This showed that the manager had endorsed such poor practice and was willing to rewrite the chart when he could not be sure that he was signing for medication that had been given as he had not administered it.

We also looked at the other MAR and noted that on 8, 17 and 31 January 2016 the medicines for the person had not been signed for, although we noted in their daily notes that staff had made a note that medicines had been given. We showed this to the manager who acknowledged that if they had medicines audits in place then such errors could have been picked up quickly. Staff were aware of people's routines and did not rush them to take their medicines. Where people refused to take their medicines, this was recorded although no risk assessment was in place which detailed how the refusal of medication was managed.

This is a breach of Regulation 17: Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good Governance.

Medicines records instructed staff on how prescribed medicines should be given, including medicine that should be given as and when required (PRN) and how a person should be supported. People's medicines were stored securely in a locked cupboard.

We asked people if they felt safe living at Colney Lodge, they said, "Yes, I feel safe" and that, "It's ok." One person did however in conversation with us said, "Staff lose their temper sometimes", we asked them to elaborate on this and they said, "Well they call me a liar, if I have got it wrong I would rather them say that I haven't understood instead of calling me a liar." We spoke to the manager about this statement but unfortunately they did not see this as a concern. After discussions with us they told us that they would investigate it and speak to staff. After the inspection we also raised safeguarding concerns to the local authority safeguarding team.

The provider had safeguarding and whistleblowing policies in place that gave guidance to staff on how to identify and report concerns they might have about people's safety. However these policies had not been reviewed since 2013. Whistleblowing is a way in which staff can report concerns within their workplace. Staff

said that they were aware of the provider's safeguarding policy and told us that they knew how to recognise and report any concerns they might have about people's safety. However, we noted that the manager and staff had not reported safeguarding concerns when a person had previously fallen over in the garden and hit their head and when a person had been at risk when crossing the road. Although the incidents were recorded no action was taken to prevent the incidents from reoccurring. The manager had also not informed the CQC of the incidents. We discussed this with the manager as to why they had not carried out a risk assessment after these incidents and they could not provide an explanation. We explained to the manager the importance of having up to date risk assessments and how they needed to review people's care plans and assessments when incidents occurred. When we looked at the safeguarding policy, we noted it had an incident form attached which prompted staff to update people's risk assessments and care documents following an incident. We showed the form to the manager who said that they were not aware of it. They told us that they would review this document and use it in the future. This showed that although safeguarding policies were in place, the manager and staff were not fully aware of these and the actions they needed to take when an incident occurred in the home.

Staff protected people from everyday hazards and we saw that objects such as knives were kept locked away in order to keep them safe. We saw that the provider had advised people on ways to stay safe but where a person had refused to take the provider's advice they were asked to sign a disclaimer. For example, one person became short of breath when walking to the local shops. We saw that the provider had made a note in their files advising the person not to go to the shops but because the person chose to continue going they had asked them to sign a document confirming that they refused the advice and continued to go to the shops. We asked the manager if there was a risk assessment in place so staff knew how best to support the person when they did go to the shops and how they could assist the person in attending the shops safely. We were told that there was no risk assessment in place for this activity. We discussed with the manager that if a risk assessment had been carried out, staff would know that when the person went to the shops but would not accompany them. Staff did not offer to walk with the person or ask when they were expected to return. The manager told us that staff had been employed at the service for many years so they knew the clients well therefore although these things had not been written down it was something they would automatically do.

A missing person's procedure was in place. We noted that a fire evacuation had been carried out on 21st August 2014 which had identified that one person using the service was reluctant to leave the home during the drill. We asked that manager if a risk assessment had been created so staff knew that this person would not necessarily leave the building in the event of a fire. There was not one in place. We asked to see the emergency evacuation plans for people living in the home which should provide clear guidance for staff to evacuate a person safely in an emergency. They would also contain information about support networks that needed to be contacted and rehousing plans for people if this was required. The manager did not have any emergency plans in place.

This is a breach of Regulation 12: Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe Care and Treatment.

The provider had a document titled 'Care plan' this contained a table which provided staff with 'identified problems and needs' in one box and then 'aims and objectives' in another. The manager told us that this document acted as both a care plan and risk assessment for people. We saw that this was a very general document which did not cover risks such as self-medication, traveling alone outside of the home, and falls. The manager told us that they had recently seen a new template which they would be implementing but this was not in place yet.

Staff employed by the service had been with the service for many years. They had been through a thorough recruitment process before they started work, to ensure they were suitable and safe to work with people who lived at the home. Records showed that all necessary checks were in place and had been verified by the provider before each staff member began work. We did however note that for some staff their disclosure and barring checks (DBS) were over 10 years old and the provider had not requested any updated checks. The manager told us that they knew their staff very well so knew that there were no changes to their DBS status, but on discussion they did understand the appropriateness of conducting follow up checks.

We spoke to staff about the home and the way in which people were supported. They said, "Things are going well, we all work well together to keep them safe." Staff were able to support people who exhibited behaviour that could be challenging to others. Staff said that if a person was confused or exhibiting such behaviour then they would try and calm them down and open up to them about what was bothering them and they would speak to them in a calm manner. This showed that staff knew the people they were supporting and how best to keep them safe when the exhibited such behaviour.

People told us that the staff were, "pretty good" and that they were supported safely. They said that there were enough staff available to assist them and when we spoke to staff they also confirmed that there was always enough staff available. We saw staff rota's reflected the staff numbers and that people were supported both day and night.

Is the service effective?

Our findings

Staff did not all have an understanding of how they would use their Mental Capacity 2005 and Deprivation of Liberties Safeguards (DoLS) when providing care to people. We noted that one staff member had received training in DoLS but that this had been done through another provider they worked for. We could not see that other staff had received training on mental health. 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. We noted that not all staff understood the relevant requirements of the MCA, but they did understand their roles and responsibilities in ensuring that people consented to their care and support. Staff told us that they would always ask people for their verbal consent before providing support. We noted that the care documents had not been signed by the people using the service to confirm that they had been involved in the planning of the care and that they agreed with it. However we did see one example of where a person had been involved in the review of the care documents. This was not however done consistently. When we spoke to people who used the service they were not aware of any care plan documents or risk assessments although they confirmed that they were asked for their consent verbally when staff assisted them.

This is a breach of Regulation 18: Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

We observed good interactions between staff and people using the service. Staff we spoke with demonstrated that they knew the background of both people they supported and how best they needed to support them. They said, "We know them well, we have been here for a while now." People we spoke to also said, "Staff look out for my best interests".

Staff were knowledgeable about people's care needs, and had received some training to equip them for their roles. Staff we spoke with told us that they had received supervision and appraisals regularly up until August 2015. After this date we noted that no supervisions had been provided for staff. Staff said that they did still have staff and resident meetings and this allowed them to discuss any issues or concerns.

Staff supported people where possible to maintain a healthy weight. Daily records documented people's meals. Drinks and snacks were available throughout the day for which each person had an allocated cupboard of snacks which they could access. Staff told us that they encouraged people to eat well. Where there were concerns about a person's health we saw that the provider had sought the advice of the local dietetics team and put a plan in place to assist the person with their food intake. Staff we spoke with told us that they monitored the person's food intake and cooked them meals that were suitable for their health needs. They did however tell us that they did not always ask the person what they wanted to eat and would just prepare the food as they knew what the person liked and didn't like. When we spoke to people using the service they said that they enjoyed the meals that were prepared for them. They said "I have enough to eat." They said about their dietary restriction that, "It's difficult from time to time but staff know what I can and

cannot eat."

We saw that staff completed daily notes about the people they supported which included the food they had. They also left notes for other staff to be aware of any issues or concerns.

People were encouraged to maintain their health and wellbeing through regular appointments with health care professionals. Staff told us that they would support people to call the GP or dentist if they needed to be visited. They were also regularly visited by the local mental health team and social workers for support.

Is the service caring?

Our findings

People using the service told us that the staff were nice but that sometimes they could get annoyed with them. They told us that staff, "Are not too bad, they can be a bit severe." One person said, "They tell me to shut up, I would prefer them to tell me to calm down or be quiet, it happens rarely, when it's been a tough day." The same person also said, "Overall [staff] are quite good, this is quite a good one [home]." We spoke to the manager about the feedback received and they said they would address this with staff but they did not identify this as a safeguarding concern. After completing the inspection we raised safeguarding concerns to the local authority safeguarding team.

Staff knew the people well and were aware of their likes and dislikes. Staff told us that they knew people well because they had been employed at the home for many years and had cared for the same people for many years. We noted that although there was little documentation about the people being supported staff were still knowledgeable about them. Staff gave us an example of where a person had surgery and required additional support with their nutrition and re-education about what they could and could not eat. Staff told us that they supported the person in a caring manner to help them transition to a different way of eating. When we spoke to the person they also confirmed that staff had assisted them in a kind and caring manner to regain their health and learn how best to eat. We saw that although there was no direct care plan in place to support the person with their nutrition staff had detailed information available to them to support the person's nutrition.

People said that they were not involved in making decisions about their care. One person said, "don't know my care plan, never seen it"; although another person was aware of their plan and had seen it. Care records we looked at showed that one person was involved and supported in their own care and decisions but this was not evidenced for the second person. Although the manager said that they had been involved but they could not locate the documentation. People were encouraged to participate in the daily activities in the home. Staff told us that they encouraged people to clean their rooms and get involved with the cleaning of the home, but that if they did not wish to participate then this was their choice. People said that their views were listened to and staff supported them in accordance with what they wanted to do. They said, "I feel listened to, yes think so, not all the time but most of the time." They told us that there were no restrictions on them, "If I want to I can go anywhere I like."

Staff promoted people's choices and gave them independence where it was possible. For example, people were free to go out of the home to the local shops. They were supported to keep their rooms clean and where appropriate took their own medicines.

Staff helped and supported people in meeting their needs. They knew them well and understood their mood states and were able to identify any changes in them quickly. Staff told us that they monitored people daily and if someone was not themselves then this would be reported to their social worker.

Is the service responsive?

Our findings

People using the service were not always involved in planning their care and we did not see evidence of regular reviews of the care documents. We saw that care plans were in place but these were not detailed and did not give a true picture of the person, their conditions, medication and other support information. It was therefore difficult to determine whether the support they were receiving did actually meet their individual needs. The lack of detailed information meant that staff providing the care would not know exactly how a person liked their care to be delivered in order to provide consistency. We spoke to the manager about this who said that because staff had been long standing and knew the people well this was not a concern, but they did understand that for a new member of staff the information on the care documents would not be sufficient.

This meant that the provider was not maintaining records that were accurate, and complete, in respect of the people using the service.

This is a breach of Regulation 17: Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance.

People's support needs were assessed prior to them moving into the home. The provider told us that people had been living there for many years so staff were aware of their needs and could respond to them quickly.

Throughout our inspection we noted that staff knew the people they supported well even though there was little documentation telling them about the person. This was because the home was small and people had one care staff between the two of them at all times, therefore care staff got to know them very well. When we spoke to the staff they demonstrated an awareness of the likes, dislikes and care needs of the people they supported. People we spoke with said that the home was able to cater for their needs which meant that they were provided with the care and support they needed. They told us, "I am happy living here."

There was little information available to show that people were encouraged and supported to pursue hobbies and interests. We did however observe that people were encouraged to go out of the home and attend day centres or visit the local community facilities. We observed throughout the day that people were encouraged to live independently and as they pleased. They regularly went out to the local shops and centres and would also spend time around the house or in the gardens.

The provider had a complaints policy and procedure in place and people were made aware of this when they joined the service. People we spoke with knew who they needed to talk to if they had any issues or concerns. People told us that they would raise any concerns they might have. There were no complaints received by the provider over the past year.

Is the service well-led?

Our findings

The service had a registered manager in place. People said that they could go to the manager if they had any issues but did not always feel listened to. They said, "I tell [manager] about [issue] but they don't listen."

The service did not demonstrate an open and transparent culture throughout. We found that when we asked the manager for information about medicine errors and why policies were not updated they would not always provide us with an answer. The manager also failed to understand the importance of keeping accurate contemporaneous records that reflected actions taken.

Staff told us that they had worked for the service for many years and they enjoyed working for the service. We saw that staff remained constant and the people they provided a service to also remained the same. Staff said that this meant that they knew what was expected of them and found the manager to be supportive. Staff and people using the service said that the home was, 'well run.' Although our observations of the documentation kept within the home did not support this.

The manager did not take action in way of supervision and appraisal of staff in the absence of the individual responsible for carrying this role. So staff had not had any formal supervision since August 2015. There was lack of understanding of the Mental Capacity Act and Deprivation of liberties safeguards, and staff and the manager were unable to demonstrate their understanding of people's mental health needs.

Staff were aware of whistleblowing but felt that they did not need to use this as they were able to speak directly to the provider if they had concerns. They said, "If I had concerns I would talk to the manager directly." No safeguarding concerns had been raised when people had complained about the way in which staff spoke to them and we noted that staff and the manager could not identify this behaviour as a concern.

Staff told us that due to the size of the home they did not require daily leadership, but that the manager was available if they needed to speak with them or needed support. On the day of our inspection the manager was not present in the home and arrived later in the day. We were told that the manager was available over the phone when they were not in the home.

Staff knew their roles but we found that they did not always know their responsibilities in relation to safeguarding people from potential risks. We saw that the manager was also unaware of some of the concerns that we raised around the safeguarding of people which meant that action was not taken. Staff were involved in the development of the service and were given opportunities to suggest changes in the way things were done through team meetings. There was evidence that the provider worked in partnership with people and their relatives so that they had the feedback they required to provide a service that met people's needs and expectations but there was little evidence on any improvements that had been made in response to any feedback. The manager regularly sought people's views about the service through residents meetings. Questionnaires were sent to people and their relatives and the results of the most recent survey showed that people who responded were happy with the quality of the care provided.

The manager did not have any quality audits in place which would have allowed them to identify any errors in documentation including checking people's care records, risk assessments and MARs and staff files. This would have ensured that all documents contained the necessary information and that they were up to date.

Records were stored securely but were not made readily available because only the manager had the keys that accessed the care documents and they were not in the home when we arrived for our inspection.

This is a breach of Regulation 17: Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance.

The manager did not always understand their responsibility in reporting to CQC, any issues they were required to report as part the regulations for caring out the regulated activity. So this would include incidents where people were injured or where people's care left them at risk of abuse or neglect. During the inspection there was evidence that incidences had occurred and had not been notified as required.

This is a breach of Regulation 18 of Care Quality Commission (Registration) regulations 2009.