Cognithan Limited

Little Heath Lodge

Inspection report

68 Little Heath
Charlton
London
SE7 8BH

Tel: 02083177542

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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

This unannounced comprehensive inspection took place on 9 March 2018.

Little Heath Lodge provides accommodation for people who require nursing or personal care for up to five adults with mental health needs. At the time of our inspection there were three people living at the 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.

At our last inspection of this service on 4 February 2016 the service was rated Good. At this inspection we found the service remained Good. The home demonstrated they continued to meet the regulations and fundamental standards.

There was a registered manager in post. 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 service knew how to keep people safe. The service had clear procedures to recognise and respond to abuse. The registered manager and staff completed safeguarding training. Staff completed risk assessments for every person who used the service with detailed guidance to reduce risks. The service had a system to manage accidents and incidents to reduce reoccurrence.

The service had enough staff to support people. The service carried out satisfactory background checks of staff before they started working. Staff supported people so they took their medicine safely. The service had arrangements to deal with emergencies and staff were aware of the provider's infection control procedures and they maintained the premises safely.

The service provided induction and training to staff to help them undertake their role. The service supported staff through supervision and appraisal.

People's consent was sought before care was provided. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and the policies and systems in the service support this practice.

Staff supported people to eat and drink sufficient amounts to meet their needs. Staff supported people to access healthcare services they required.

Staff considered people's personal choices, general wellbeing and activities. Staff supported people to make day to day life choices and maintain relationships with their family. Staff supported people in a way which

was kind, caring and respectful. Staff protected people's privacy and dignity.

Staff prepared care plans for every person that were tailored to meet their individual needs. Staff reviewed and updated people's care plans to reflect their current needs.

The service had a clear policy and procedure about managing complaints. People knew how to complain.

The service sought the views of people. Staff felt supported by the registered manager. The provider had an effective system to assess and monitor the quality of the care people received. The service used the audits to learn how to improve and what action to take. The service worked effectively in partnership with health and social care professionals and commissioners.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Little Heath 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 took place on 9 March 2018 and was unannounced. One inspector and an expert by experience inspected. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at all the information we held about the service. This information included the statutory notifications that the service sent to the Care Quality Commission. A notification is information about important events that the service is required to send us by law. The provider had completed a Provider Information Return (PIR). This 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. We also contacted health and social care professionals for their feedback about the service. We used this information to help inform our inspection planning.

During our inspection we spent time observing the support being provided to people. We also spoke with three people and two relatives, two members of staff, the registered manager and the director. We looked at three people's care records and five staff records. We also looked at records related to the management of the service such as the administration of medicines, accidents and incidents reports, Deprivation of Liberty Safeguards (DoLS) authorisations, health and safety records, and the provider's policies and procedures.

Good

Is the service safe?

Our findings

People told us they felt safe and that staff and the registered manager treated them well. One person told us, "Yeah property [home] is secure, "I feel safe here." Another person said "Yeah, all [staff] of them look after me."

The service had a policy and procedure for safeguarding adults from abuse. The registered manager and all staff understood what abuse was, the types of abuse, and the signs to look out for. Staff knew what to do if they suspected abuse. This included reporting their concerns to the registered manager, the local authority safeguarding team, and the Care Quality Commission (CQC) where necessary. The registered manager told us that they had no safeguarding concerns since their previous inspection in February 2016. Staff we spoke with told us, and records confirmed that they had completed safeguarding training. Staff told us there was a whistle-blowing procedure available and they said they would use it if they needed to.

The registered manager completed risk assessments for every person who used the service. We reviewed three and all were up to date with detailed guidance for staff to reduce risks. These included, management of medicine, smoking, self-neglect and community access. Staff told us how they had followed the risk management plan guidelines so that people were safe. For example, we saw how staff supported people so that they did not smoke inside the building.

The service had a system to manage accidents and incidents to reduce the possibility of reoccurrence. One relative told us, "Yes, one incident was swiftly dealt with." Staff completed accidents and incidents records, which included action staff took to respond and minimise future risks, and who they notified, such as a relative or healthcare professional. The registered manager saw each incident record and monitored them. Records we looked at showed examples of changes made after incidents occurred. For example, following an incident of a medicine error, GP advice was sought and the member of staff completed refresher training and competency assessment. In another incident when a person presented behaviour that was challenging, the community mental health team support was sought. Records showed that actions to reduce future risks were also discussed in staff meetings.

The service had enough staff to support people. The registered manager told us they organised staffing levels according to the needs of the people who used the service. If they needed extra support to help people to access community or healthcare appointments, they arranged additional staff cover. The staff rota we looked at showed that staff levels were consistently maintained. One relative told us, "They [staff] arrange for transport to bring my [loved one] home and they put on one extra staff member when my [loved one] comes home, normally every other Saturday." Staff told us there were enough staff to meet people's needs. We saw staff responding to people's needs at the service in a timely manner. The service had a 24 hour on call system to make sure staff had support outside the registered manager's working hours. Staff confirmed this.

The provider carried out satisfactory background checks of staff before they started working. The checks included qualification and experience, employment history and any gaps in employment, references,

criminal records checks, and proof of identification. This meant staff were checked to reduce the risk of unsuitable staff working with people.

The provider had arrangements to deal with emergencies. This included contact numbers for emergency services and gave advice for staff of what to do in a range of possible emergency situations. Staff carried out regular fire safety checks. The service had a first aid box and all its contents were in date. Staff received first aid and fire awareness training so that they could support people safely in an emergency.

Staff supported people so they took their medicine safely. All three people told us staff give them their prescribed medicine on time. One relative said "I have seen them [my loved one] take their medication midday." The service trained and assessed the competency of staff authorised to administer medicines. The Medicines Administration Records (MAR) were up to date and the medicine administered was clearly recorded. The MAR charts and stocks showed that people received their medicines as prescribed. Medicines prescribed for people who used the service were kept securely and safely. The registered manager conducted regular audits to ensure people received their medicine safely.

Staff kept the premises clean. They were aware of the provider's infection control procedures. Bedrooms and communal areas were kept clean and tidy. We observed staff using personal protective equipment such as gloves, and aprons to prevent the spread of infection. Staff and external agencies where necessary, carried out safety checks for environmental and equipment hazards including safety of gas appliances. People's food in the fridge was labelled with the person's name and date of opening. The fridge was checked for food that had expired and disposed immediately.

Good

Is the service effective?

Our findings

People and their relatives told us they were satisfied with the way staff looked after them and staff were knowledgeable about their roles. One person told us, "Yes, they [staff] help me." One relative said, "My [loved one's] needs are met."

The service trained staff to support people. Staff told us they completed induction training when they started work. Staff also received training in areas that the provider considered essential. This training covered basic food safety, emergency first aid, equality and diversity, safeguarding, mental health needs, health and safety, the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff training records we looked at confirmed this. Staff told us the training programmes enabled them to deliver care and support people needed. The service provided refresher training to staff. Records showed staff updated their training as and when they needed.

The service supported staff through regular supervision and yearly appraisal. Staff records we saw confirmed this. These records referred to staff wellbeing, staff roles and responsibilities, performance and their training and development plans. Staff told us they worked as a team and could approach the registered manager at any time for support.

Staff carried out an initial assessment of each person to determine the level of support they required, which involved feedback from relatives, where appropriate. This information was used as the basis for developing personalised care plans to meet their individual needs.

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, be in their best interests and as least restrictive as possible.

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 provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager was aware of the DoLS and worked with the local authority to ensure the appropriate assessments were undertaken.

The service asked for people's consent, when they had the capacity to consent to their care. Records clearly evidenced people's choices and preferences about their care provision. Staff we spoke with understood the importance of gaining people's consent before they supported them. We saw staff took verbal consent from people who used the service prior to care delivery.

Staff supported people to eat and drink enough to meet their needs. One person told us, "Nice food, on a Saturday we have pizza, chips, Indian and Chinese takeaway." One relative said, "My [loved one] loves the food." Staff recorded people's dietary needs in their care plan to ensure people received the right kind of

diet in line with their preferences and needs. We saw a range of dietary needs were met by the service. For example, we noted that staff were aware of people's needs and their food choices. We carried out observations at lunch time. We saw positive staff interactions with people. The dining room atmosphere was relaxed and not rushed. There were enough staff to assist people. Staff were observed making meaningful conversation with people, and encouraged them to finish their meal.

Staff supported people to access healthcare services they required. We saw contact details of external healthcare professionals, community mental health team, psychiatrist and GP in every person's care record. Staff completed health action plans for every person who used the service and monitored their healthcare appointments. Staff attended healthcare appointments with people to support them where needed.

People's bedrooms were personalised and were individual to each person. Some people had personal items such as music equipment and photographs which had been used to make their rooms familiar and comfortable. We observed people moving freely about the home.

Good

Is the service caring?

Our findings

People told us they were happy with the service and staff were caring. One person told us, "Staff are caring." One relative commented "Yes, staff are kind and caring, it [the service] is one of the best places my [loved one] has been, staff would always ring me if any problems.

Each person had a member of staff assigned as their key worker. Key worker's primary responsibilities were arranging one to one sessions with people and managing people's appointments with external healthcare professionals. Staff considered people's personal choices, general wellbeing, healthcare needs and activities during key working sessions and a record of these sessions was maintained by staff.

People were treated with respect and kindness. One person told us, "It depends how you put it, if you are kind to staff they are the same way back, if you shout at staff you get a different reaction." We observed people appeared comfortable with staff and approached them when they needed something. We saw staff had good communication skills and were kind, caring and compassionate. They used enabling and positive language when talking with or supporting people. This included during meal times, and when people returned to the service from the community.

Staff took an interest in people's personal histories. They were sensitive to their cultural and spiritual needs, including sexual orientation. They understood how to meet people's needs and preferences in a caring manner. Staff supported people to maintain relationships with their family and friends. For example, one person told us, "Yes, staff help me keep in contact with my family, I either use my mobile phone and I can use the home landline as well."

Staff involved people or their relatives where appropriate in the assessment, planning and review of their care. Staff completed care plans for every person who used the service, which described the person's likes, dislikes, life stories, career history, their interests and hobbies, family, and friends. Staff told us this background knowledge of the person was useful to them when interacting with people who used the service.

Staff encouraged people to maintain their independence. One person told us, "I do not lend or use any other person money and it took me four years to learn that." Staff prompted and supervised people where necessary to maintain their personal hygiene, keep their rooms clean, do cooking, and participate in washing and laundry. To help staff protect people's privacy and dignity, the service had policies and procedures in place. Records showed staff received training in maintaining people's privacy and dignity. We saw staff knock on doors before entering rooms and they kept people's information confidential by sharing with relevant professionals. Staff respected people's choice where they preferred to spend time, such as in their own rooms or in the communal area or go out into the community.

Good

Is the service responsive?

Our findings

People told us they had care plans and knew what was in them. One person told us, "Staff update my care plan when my needs change for example, about medicines."

Staff had developed care plans for people based upon their assessed needs. These contained information about their personal life and social history, their physical and mental health needs, allergies, family and friends, preferred activities and contact details of health and social care professionals. They also included the level of support people needed and what they could manage to do by themselves. Care plans were reviewed on a regular basis and reflective of people's current needs.

Staff discussed any changes to people's needs with the registered manager, to ensure any changing needs were identified and met. The registered manager updated care plans when people's need changed and included clear guidance for staff to ensure continuity of care. For example, they included how staff supported people when their diet and medicines had changed. We saw three care plans and all were up to date.

Staff completed daily care records to show what support and care they provided to each person. Care records showed staff provided support to people in line with their care plan for example, in relation to their medication, accessing the community, healthcare appointments and household chores. The service used a communication log to record key events such as health and safety and healthcare appointments for people.

Staff supported people to follow their interests and take part in activities. Each person had an activity planner, which included meeting family and friends, shopping, and household chores. Staff maintained a daily activity record for each person to demonstrate what activity they participated in. We saw an activity planner which was kept under review by staff. People were allowed to change their mind about their interests and choice of activity.

People and their relatives told us they knew how to complain but had no complaints. The service had a clear policy and procedure about managing complaints. Information was available for people about how they could complain if they were unhappy or had any concerns. The registered manager told us that they had not received any complaint since their last inspection in February 2016. Records we saw confirmed this.

Good

Is the service well-led?

Our findings

People and their relatives commented positively about staff and the registered manager. For example, one person told us, "Yeah, it [the service] is well managed." One relative said, "Yes, [the registered manager] is very good."

There was a registered manager in post. 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 registered manager knew the service well and was knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. Notifications were submitted to the CQC as required and they demonstrated good knowledge of people's needs and the needs of the staffing team. There was an out of hours on call system in place that ensured management support and advice was available to staff when required.

The registered manager held regular staff meetings. Records of the meetings included discussions of any changes in people's needs and guidance to staff about the day to day management of the service, coordination with health and social care professionals, and any changes or developments within the service. One member of staff told us, we discuss client needs, share learning from incidents and good practice including what is expected from staff at all levels.

The service had a positive culture, where people and staff told us they felt the provider cared about their opinions. The registered manager told us the service used staff induction and training to explain their organisational values to staff. We saw the registered manager interacted with staff in a positive and supportive manner. Staff described the leadership at the service positively. One member of staff told us, "The manager is very good and supportive." Another member of staff said, "The manager is perfect, we respect each other and work as a team."

The registered manager encouraged and empowered people to be involved in service improvements through residents meetings. One person told us, "Yeah, the manager strives to improve the service." One relative said, "Oh yes they [manager] listen. Records of the meetings included discussions of house rules, medication, food, health and safety, key working sessions and activities.

A feedback survey for people who used the service was completed in 2017. The areas covered in the survey included quality of the care provision and delivery, dietary needs and choice of food, content and quality of activities, and the quality of staff interactions with people and the responses were positive without any recommendations for improvement.

The service had an effective system and process to assess and monitor the quality of the care people received. This included audits covering health and safety, care plans, risk assessments, medicines

management, staff training and development, and maintenance of the premises. As a result of these audits the service made improvements. For example, staff completed refresher training and new templates were introduced for recording staff meetings. The provider had worked effectively in partnership with health and social care professionals, commissioners, dieticians, GP, psychiatrist, and the community mental health team. Records we saw confirmed this.