

Mr & Mrs J Dudhee

St Mary's Lodge Residential Care Home for the Elderly

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 7 October 2015 and was unannounced. At our last inspection on 11 September 2014 we found the provider was meeting the legal requirements we checked.

St Mary's Lodge Residential Care Home for the Elderly provides accommodation for up to 40 older people some

of whom were living with dementia. The care home is comprised of three converted properties and is run as one unit. During our inspection there were 33 people using the service.

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

Summary of findings

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 had not reported possible incidents of abuse between people using the service to the local authority safeguarding team for investigation, as required by the provider's safeguarding adult's procedures. Reports relating to these incidents could not be located which meant there was no clear audit trail to show what happened and how the provider responded to the incidents. Although they had informed relatives of the incidents there were no clear action plans to protect people from repeated incidents because the local authority had not overseen the investigations of these incidents.

Systems in place to monitor the safety of the building and equipment were not always robust. The provider could not be sure hot water temperatures were safe enough for people to access or that call bells or fire extinguishers worked properly as these had not been checked for a significant period of time. However, other parts of the building and equipment were checked regularly and thoroughly to make sure they were safe to use. This included pressure relieving mattress settings, portable electrical appliances and gas safety.

Parts of the home were malodorous, smelling of urine. The provider was aware of this and had just taken delivery of a sanitising machine to combat the smell. They were also replacing some carpets with hard floor as part of the ongoing refurbishment of the home to manage the malodour. .

The provider managed risks to people well, although some risks to individuals had not been assessed properly with suitable care plans put in place for staff to follow in reducing the risk.

There were enough staff deployed to meet people's needs. The registered manager carried out the necessary checks on staff before they worked with people in the home to make sure they were suitable for their roles. This included criminal records checks and obtaining references regarding previous work performance.

Medicines were managed safely in the home and our stock checks indicated medicines were administered as records indicated, and as prescribed. However, there

were some areas for improvement as staff did not record the administration of creams on the medicines record and there were no protocols in place regarding some 'as required' medicines to guide staff as to when to administer them.

People were supported to have their health needs met with support to access a range of health services. Staff monitored people's risk of malnutrition well and took the necessary action to support them when people were found to be at risk.

Staff were well supported by management with a system of supervision and annual appraisal in place. A programme of training was also in place to provide staff with the knowledge they needed to understand people's needs and their own responsibilities at work.

The provider was meeting their responsibilities under the Deprivation of Liberty Safeguards (DoLS). These safeguards are there to help make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. The provider had assessed whether people required DoLS and made the necessary applications as part of keeping them safe. Staff also understood their responsibilities under the Mental Capacity Act 2005 as well as ensuring decisions were made in people's best interests when they lacked capacity to consent.

People were involved in assessing and planning their own care. People, relatives and staff were involved in the running of the service. A programme of activities according to people's interests was in place and staff took time to engage with them. Staff treated people with kindness, dignity and respect.

A suitable complaints system was in place and people had confidence in how the registered manager would respond should they wish to complain.

There was a low staff turnover and the registered manager was also a director and had been in post for many years. The registered manager and staff were aware of their responsibilities although the registered manager had not reported two potential incidents of abuse between people using the service to the local authority safeguarding team which they agreed was an oversight.

Summary of findings

Although there was a range of systems in place to assess, monitor and improve the service these audits had not always been effective because they had not identified the issues we found during our inspection.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014 in relation to safeguarding people and safe care and treatment. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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 not always safe. Two incidents of possible abuse between people using the service had not been reported to the local authority safeguarding team by the registered manager which meant they may not have been dealt with appropriately. Although risks to people were generally managed well some people did not have risk assessments with management plans in place for some specific risks to them which meant there were risks that staff may not have been providing care in the safest ways for people.

The home was malodorous in places. The registered manager was aware of this and was putting systems in place to combat this. Some risks relating to the premises and equipment were not well managed.

Medicines were managed safely in the home although there were some areas for improvement as staff did not record the administration of creams on the medicines records and there were no protocols in place regarding some 'as required' medicines to guide staff as to when to administer them.

Staff were recruited safely as the necessary employment checks were carried out before they started work. There were enough staff deployed to meet people's needs.

Requires improvement



Is the service effective?

The service was effective. Staff were supported with a programme of supervision and annual appraisal in place. Staff received the training they needed to meet people's needs as a suitable training programme was in place.

People were supported to reduce their risks of malnutrition. People received a choice of food and drink and the right support to eat and drink.

Staff supported people to have their day to day health needs met including accessing a range of healthcare services.

Good



Is the service caring?

The service was caring. Staff treated people with kindness, dignity and respect and supported them to maintain their preferred personal appearance.

Staff knew the people they worked with and how they preferred to receive their care. Relatives and friends were encouraged to visit.

Good



Is the service responsive?

The service was responsive. People were involved in assessing and planning their care. They were supported to participate in activities they were interested in and also to have their religious and spiritual needs met.

Good



Summary of findings

A suitable complaints system was in place and people and their relatives were confident in how the registered manager would respond should they wish to complain.

Is the service well-led?

The service was not always well-led. Although the registered manager was generally aware of their responsibilities and had been in post for many years they had not reported possible incidents of abuse between people to the local authority safeguarding team as required.

Whilst there was a range of audits in place to monitor and improve the service these had not always identified the issues we found in our inspection which meant they were not robust.

People, relatives and staff were involved in the developing the service.

Requires improvement



St Mary's Lodge Residential Care Home for the Elderly

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 7 October 2015 and was unannounced. It was undertaken by a single inspector.

Before our inspection we reviewed information we held about the service and the provider. We also contacted a local authority contracts and quality assurance officer and a district nurse who told us their views of the service provided to people.

During the inspection we observed how staff interacted with the people who used the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with six people who used the service, two relatives and one friend, the registered manager, the deputy manager, the chef and three care workers. We also spoke with a visiting occupational therapist, social worker and hairdresser. We looked at five people's care records, five staff recruitment files and records relating to the management of the service including quality audits.

Is the service safe?

Our findings

Although people, their relatives and friends told us they felt safe in the home we found evidence of two incidents of possible abuse between people using the service, one in September 2015 and one in October 2015 which had not been considered as safeguarding by the registered manager. The incidents involved possible physical abuse of a person using the service by another. While the provider had informed relatives of the incidents they had not reported these to the local authority safeguarding team as part of keeping people safe and according to their policy and procedures in relation to the management of abuse. There were also no clear action plans in place to protect people from the risks of these incidents happening again.

These issues were breaches of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems in place to monitor the safety of the building and equipment were not always robust. Testing of the hot water had not been carried out since July 2015 and even then not all hot water outlets people had access to had been tested. This meant the registered manager could not be sure people were protected from the risk of scalding. In addition the call bells had not been tested since June 2015 so the registered manager could not be sure they were all working so people could call for assistance if necessary. Fire extinguishers had not been checked by external contractors since August 2014 and the provider was not aware of the lapse. Although staff told us weekly checks of the fire alarm system took place these were not recorded to evidence this or to record whether the system was operational. No electrical installation certificate was evident although the provider told us some electrical work was being done with the addition of a new bathroom in the home and this safety check would be carried out once complete.

Generally, risks to people were assessed and suitable risk assessments were in place. However, some risks to individuals had not been assessed properly with suitable management plans put in place for staff to follow in reducing the risks. These risks included those associated with a particular mental health condition for one person and a risk management plan for another person's stoma care. In addition, for some people at risk of developing pressure ulcers the care plans did not clearly state the

actions staff should take in reducing the risks. When we raised our concerns with the registered manager they agreed specific care plans should be in place and agreed to rectify these issues as soon as possible.

The managers were unable to locate comprehensive incident reports detailing what had happened in relation to the two incidents of possible abuse between people using the service which occurred in September and October 2015. This meant there were no records as to whether there were any witnesses and the action taken in response to protect people. The registered manager informed us they believed staff had destroyed these in error and they would investigate this immediately.

These issues were breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other checks of the premises and equipment were satisfactory. For example pressure mattresses were checked daily to ensure they were at the right settings according to people's weights. Load and safety testing of the lift and hoists had been carried out. Checks of portable electrical appliances across the home had been carried out as had gas safety checks. The London Fire and Emergency Planning Authority had recently found the home to be meeting regulations in relation to fire safety. An external contractor had carried out a Legionella risk assessment and the registered manager was working with them to make some changes to reduce the risks they had identified.

The home was malodorous in some communal rooms and hallways, smelling of urine. This had been reported to us by two relatives prior to the inspection and a visiting health professional also commented on this during our inspection. The registered manager was aware of the odour. They showed us a sanitising machine which they had just purchased as part of reducing the odour. In addition they explained how they were replacing some carpets with non-slip hard flooring to help combat the issue. Besides this issue the home was clean and domestic assistants cleaned the home each day. Infection control procedures in the kitchen were effective and in September 2015 the Food Standard's Agency gave the home the highest rating award of five for standards in the kitchen.

Medicines were managed safely. There were no omissions in recording administration and our stock checks confirmed medicines were administered as prescribed.

Is the service safe?

However, when administering prescribed creams, staff did as not always record the administration on the medicines administration record with body maps to guide staff where to apply these medicines correctly. Protocols were not in place regarding 'as required' medicines such as paracetamol to guide staff as to when to administer them to people. However, the registered manager was aware of this issue as it had already been identified in a recent local authority audit and was in the process of rectifying it. The registered manager did not monitor the temperature medicines were stored at, to ensure these were not damaged by high temperatures. When we informed them of our concerns they told us they would put in place temperature monitoring immediately.

People using the service, their relatives and staff told us staffing levels were sufficient to meet people's needs and our observations were in line with this. We checked rotas

and saw the numbers of staff on shift matched those on the rota. We also checked for the week of the inspection and three weeks prior to this, and saw staffing levels to be consistent each day.

Staff recruitment was robust as the registered manager carried out the required checks before staff started work. These included obtaining a full work history, considering any health conditions, obtaining suitable references, a criminal records check and evidence of the right to work in the UK.

The registered manager monitored accidents and incidents, looking at how many of the different types of accidents and incidents occurred each month to look for patterns. When this process identified a relatively high number of falls the falls prevention team supported the service to reduce the risks to people, including providing falls prevention training to staff.

Is the service effective?

Our findings

People were appropriately supported because showed staff received regular supervision and annual appraisal to support them to carry out their roles. Staff told us they felt supported by the management and the system of support in place. New staff also received the necessary support when they started working at the service. The registered manager was introducing the Care Certificate to new staff to complete during their induction period. The Care Certificate is a national induction programme designed to give all new care workers the same knowledge, skills and behaviours when they begin their roles. A training programme was in place with regular refresher training in a number of subjects relevant to staff roles so their knowledge and skills were kept up to date and current. Staff were supported to do additional training such as diplomas in health and social care and leading teams to further their knowledge and skills.

The provider was meeting their obligations in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 is a law that protects and supports people who do not have the ability to make decisions for themselves. DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. Our discussions with staff showed they understood the need to obtain consent from people for their care, such as asking permission before providing personal care, and the process for making decisions in people's best interests when they lacked capacity to consent. The managers understood what constituted a deprivation of liberty and had applied for and been granted authorisations to deprive some people of their liberty lawfully as part of keeping them safe. The managers had submitted notifications to CQC in relation to DoLS as required by law.

People told us they liked the food they were provided and the quantities were sufficient for them. One person said, "The food is alright. I like English food, I've always eaten English food." They also told us food was served at the right temperature for them. People received a choice of food and staff used pictures to help people understand the choices they were being offered so they could choose what they wanted. We observed people were encouraged to drink various hot and cold drinks of their preference throughout the day. Some people required assistance to eat and drink. We observed a mealtime and several snack times and saw staff supported people to eat and drink by sitting at the same level as them and allowing people to eat at their own pace. The registered manager told us no one had been identified as at risk of choking although they planned to make referrals for people in the later stages of dementia as a precaution as difficulties in swallowing can be common.

Staff monitored people's nutritional status by weighing them regularly and noting any significant changes over time. Where there were concerns they supported people to see their GP who often prescribed nutritional supplements and sometimes referred people on to the dietitian for more specialist support. The chef had a good understanding of people's dietary preferences and needs, such as people who required food prepared in a certain way due to a risk of malnutrition or diabetes.

Staff supported people to meet their health needs appropriately. People were supported to access services such as the GP, dentist, optician and chiropodist when they needed to. Staff also referred people to other specialist health services such as district nurse services, dietitians, speech and language therapists, the challenging behaviour team, mental health team and occupational therapists. An occupational therapist told us the service had done well in supporting their client to regain their health.

Is the service caring?

Our findings

People, their relatives and friends made positive comments to us about their experiences in the home. One person told us, "Everyone is kind." Another person said, "It's nice here." A third person said, "I've got my freedom. I can go out now or in half an hour when I want to." A person's friend told us, "[My friend] has been totally content since moving here. The staff are great." A relative said, "The staff are friendly."

We observed staff treating people with kindness throughout our inspection. Staff were always visible, being present in each communal area of the home at all times. We observed staff spent time sitting and talking with people and supporting them in various ways in an unhurried manner. When staff supported people to eat they sat with them and explained what they were doing. When people requested certain foods from their plate staff made sure to offer that food next.

People told us, and we observed, they were given privacy and treated with dignity and respect by staff. One person told us, "Staff are respectful, they always knock on my door." Staff told us they always shut doors and curtains to provide privacy for people when providing personal care and the registered manager reinforced the need to do this

with them. Our observations were in line with staff comments as we saw staff closed doors when supporting people to use the bathroom and when providing personal care in their rooms.

We observed staff supported people well with their personal appearance and grooming. A hairdresser visited the home regularly and was present during our inspection. Several people told us they enjoyed having their hair done. A laundry assistant was employed by the home to ensure people's clothes were clean and pressed. We saw an effective system in place in the laundry room to prevent people's clothes getting mixed up.

Most staff had worked at the service for several years and our discussions with them and observations showed they knew the people they were caring for well. Staff knew people's backgrounds, the people who important to them, their preferences including for food and drink. We asked a person's friend if staff knew their family member and they said, "Yes, course they do." A relative told us, "Staff know my [family member] and what food she likes."

The registered manager encouraged visitors who were able to visit without restriction. We observed several people received visitors through the day who were warmly received and served refreshments. One relative told us they were always greeted in this way.

Is the service responsive?

Our findings

People were supported to take part in activities they enjoyed. One person told us, “I like playing dominos” and we observed they were engaged in a game with their friends in the home. Another person told us they liked the programme on TV at that time. They said, “I put this [TV programme] on, any of us can.” They also told us how they liked to go out in the garden when the weather is nice and could go out whenever they wanted to. A third person said, “They do quizzes and there’s a music man” when we asked what activities they did in the home. Staff confirmed a musician visited each week to entertain people in the home. In addition a person with an animal visited as part of a ‘pets of therapy’ programme using animals to help people feel less lonely and more relaxed. In addition we saw people enjoying the company of the pet cats in the home. During the inspection we observed staff encouraging people to do various activities including arts and crafts, board games, reminiscence activities and a quiz. Events were held during the year which relatives were invited to, such as the summer BBQ and Christmas meal. However, there were no activities in the community organised for people, such as day trips, theatre trips, visits to art galleries or holidays which some people told us they would like to do. The registered manager told us they would look into providing more activities such as this outside the home to increase the variety of activities offered to people.

People were supported to have their religious and spiritual needs met and were addressed in their care records for staff to refer to. Every Friday a Catholic priest visited to give communion to people. Others attended Church on a Sunday. Staff told us how a person from a specific ethnic minority community lived at the home for a short respite period and the provider accommodated their dietary and other religious needs. The deputy manager told us that people of all beliefs were welcome to live at the home.

People and their relatives were involved in planning and reviewing their care. The registered manager found out about people’s backgrounds, preferences and what was important to them and this was included in their care plans. People, their relatives, staff who worked closely with them and management were invited to annual reviews of their care led by social services. Staff also told us they engaged with relatives when they visited their family members or via telephone to keep them up to date with important information and to check they were satisfied with their care.

The provider had a complaints policy included in the ‘service user guide’ people were provided with when coming to live at the home. People told us they knew how to raise concerns and make a complaint and were confident management would investigate and respond appropriately to these. One person told us, “If I had an issue I think the manager would sort it out. Usually staff sort things out.” A friend of a person using the service told us, “I’m very confident” when we asked their views on how complaints would be dealt with.

Is the service well-led?

Our findings

The provider had systems in place to assess, monitor and improve the service. However, these systems had not identified the issues we found in relation to the safety of the premises and equipment and some risk assessments and management plans not being in place for some people's where specific risks had been identified. Audits of other areas of the home were effective. These audits included some areas of health and safety and medicines.

The registered manager was also a director of the service and had managed the home for over a decade. They had been registered with CQC as manager for five years. They attended local authority provider meetings to share information with other providers and to keep abreast of developments and initiatives relevant to their service. They were supported by a deputy manager. People told us they were happy with the management of the home and staff told us they felt well supported and that they could approach the managers at any time for assistance. Staff told us the registered manager was hands-on, helping to provide people with care when necessary to make sure people receive care and support in a timely manner if staff were busy attending to other people.

We found the managers had a good understanding of their responsibilities, except for the failure to report a few incidents of possible abuse to the local authority safeguarding team for investigation.

Staff had a good awareness of their responsibilities and the service experienced a low staff turnover as many staff worked for the service for many years under visa sponsorship.

People and their relatives were involved in developing the service. The registered manager held meetings where people and their relatives were encouraged to share their ideas for improving the service. In addition the provider carried out surveys of people and their relatives to assess how satisfied they were with the quality of the service provision and where improvements should be focused. The survey results showed overall people were satisfied with the service. The area identified for improvement was activities. The deputy manager told us they would discuss this finding at the next relatives meeting and ask for ideas for improvement.

Staff were also involved in developing the service, attending regular staff meetings where they could share their views, ideas and concerns. The service also recently carried out an annual staff survey and the management were analysing the results with a view to improving the service in any identified areas. We viewed the anonymous responses and saw comments from staff about the service were overwhelmingly positive.

Resources and support were available to develop the team and drive improvement. The registered manager allocated finances to fund the ongoing renovation programme as well as staff training.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not always provided in a safe way for people through ensuring that the premises used by the service provider were safe to use for their intended purpose and are used in a safe way.</p> <p>Regulation 12(1)(2)(a)(b)(d)</p>

Regulated activity	Regulation
	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider did not operate effective systems and processes to investigate, immediately any allegation or evidence of such abuse, in line with the safeguarding adults procedures of the local authority.</p> <p>Regulation 13(3)</p>