Venus Healthcare Homes Ltd

Toby Lodge

Inspection report

141a White Horse Road
London
E1 0NW

Tel: 02077911889

Date of inspection visit:
10 December 2015
11 December 2015

Date of publication:
02 February 2016

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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 10 December and 11 December. The first day of the inspection was unannounced and we told the registered manager we would return on the second day. At our previous inspection on 4 July 2014 we found the provider was meeting the regulations we inspected.

Toby Lodge provides care and support for up to 10 male adults with a learning disability and forensic history. All of the bedrooms are for single occupancy and at the time of this inspection the service was providing support to eight people.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe living at the service and relatives confirmed this. All staff had received training in safeguarding adults from abuse and had a good understanding of how to identify and report any concerns. Staff also felt confident that any concerns would be investigated and dealt with.

People's risks were managed and well monitored. The care plans included risk assessments which all staff could access via a digital device and any changes could be updated straight away. The service had a robust recruitment process and staff had the necessary checks to ensure they were suitable to work with people using the service. There were sufficient staff so that people could be supported to go out and access the local community.

People received their medicines safely and staff had received training in the safe handling and administration of medicines, which was refreshed annually.

People were supported by staff who had the necessary skills and knowledge to meet their needs. Staff had completed an induction programme and received regular supervision from management. People consented to the care they received and staff understood their role with regards to the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). People were supported to maintain their health and well-being through access to healthcare professionals, such as GPs, social workers and the Community Learning Disability Service. The information provided from these appointments was updated into people's care plans.

People received support to make choices about their food and drink and staff were aware of nutritional needs relating to people's culture, religion and medical needs.

People and staff were relaxed throughout our inspection. There was a warm and friendly environment and people told us they enjoyed living in the service. Staff put people at the heart of their work and focused on

them and their needs rather than tasks. Positive relationships between people and the whole staff team had developed as staff displayed a kind and compassionate attitude towards people.

Staff were knowledgeable about the people they were supporting and respected their privacy and dignity, along with their cultural preferences.

People received personalised care and staff involved people, their relatives and health and social care professionals when reviewing their needs and how they would like to be supported. People were supported to follow their interests, take part in social activities and maintain relationships with relatives and friends that mattered to them. For example, during the inspection one person was supported to visit a relative.

The service had an accessible complaints policy and people and those who mattered to them knew how to raise concerns and make complaints. There were also surveys in place to allow people and relatives the opportunity to feedback about the care and treatment they received.

The registered manager had a visible presence within the service and was described by relatives and health care professionals as kind, caring and committed. Staff spoke highly of management and told us they were very supportive and approachable.

There were effective quality assurance systems in place. The registered manager followed a monthly and annual cycle of quality assurance activities and learning took place from the result of the audits. However the registered manager failed to notify the CQC about a serious incident and a safeguarding concern that had been raised which is a legal requirement.

We identified one breach of Regulation in relation to notifications. You can see what action we told the provider to take at the end of the full version of this report.

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.

Staff had a good understanding of how to recognise and report any signs of abuse and protect people from harm.

Risk assessments were in place to identify the areas of risk and to reduce the likelihood of people coming to harm.

The provider followed safe recruitment practices for working with adults and there were sufficient numbers of skilled and qualified staff to meet people's needs.

Medicines were properly stored and administered by staff with relevant medicines training and accurate records were kept.

Is the service effective?

Good

The service was effective.

People received care and support that met their needs and reflected their individual choices and preferences. Staff received the training and support they needed to meet people's needs and were passionate about their job.

People were supported by staff who had received appropriate training and understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS).

People were supported to maintain a healthy balanced diet which took into account their likes and dislikes, as well as cultural and medical needs.

Staff were aware of people's health and well-being and responded if their needs changed. People had access to health and social care professionals, such as GPs, social workers and the Community Learning Disability Service.

Is the service caring?

Good

The service was caring.

People and their relatives told us they were happy with the care and support they received, that they liked living at the service. They said they had good relationships with staff.

We saw positive interactions between people using the service and staff and people were treated with respect and kindness.

Staff promoted people's independence, respected their dignity and maintained their privacy

People, including relatives and health and social care professionals, were informed about their health and well-being and were actively involved in decisions about their care and support, in accordance with people's own wishes.

Is the service responsive?

Good

The service was responsive.

Care records were personalised to meet people's individual needs and staff knew how people liked to be supported. The information was detailed and easily accessible for staff via a digital device.

People were supported to access a wide range of activities within the local community, which were planned in line with people's own interests.

People knew how to make complaints and the service gave people and relatives the opportunity to give feedback about the care and treatment they received.

Is the service well-led?

Requires Improvement

Some aspects of the service were not always well-led.

The provider did not meet the CQC registration requirements regarding the submission of notifications about serious incidents, for which they have a legal obligation to do so.

People and their relatives told us that the registered manager was very kind and caring.

Staff spoke very highly of them and showed that they were motivated to deliver quality care and support.

There were regular audits and meetings to monitor the quality of the service to drive improvement and raise standards of care.

Toby 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.

The inspection took place on the 10 December and 11 December 2015. The first day of the inspection was unannounced but we told the registered manager we would be returning the following day.

The inspection team consisted of one inspector. Before the inspection was carried out we reviewed the information the Care Quality Commission (CQC) held about the service and statutory notifications received by the provider. This included the report for the last inspection that took place on 4 July 2014, which showed the service was meeting all the regulations that we checked during the inspection.

During the inspection we used a number of different methods to help us understand the experiences of people who were living at the service. We spoke with six people living in the service and contacted three relatives after the inspection. We interviewed three members of staff, the registered manager and also the healthcare director who was there during our visit. As some people living at the service were not fully able to tell us their views and experiences we observed staff interacting with them in communal areas.

The records we looked at included four people's care plans, three staff recruitment files, staff training files, medicines records and records relating to health and safety and management of the service.

Following the inspection we contacted six health and social care professionals who had worked with people living in the service for their views and heard back from four of them.

Good

Is the service safe?

Our findings

Two people told us that they felt safe living at the service. One said, "I do feel safe here and I haven't had any problems." The other person also told us that he felt safe and if he didn't he could speak with the staff. One relative told us they thought their family member was safe and said, "He couldn't be in a more comfortable place and the staff are very good with him."

Staff had received appropriate training in safeguarding and were able to explain in detail what kinds of abuse people could be at risk of, what could be the signs of this abuse and what they would do if they thought somebody was at risk. Staff also knew they could contact other organisations if they had any concerns. The registered manager showed us records of all the safeguarding training and knew when staff training needed to be updated. A copy of the safeguarding policies and procedures was made available to staff and a copy was kept in the office.

There were sufficient numbers of staff on duty to keep people safe. When we arrived there were six members of staff on duty, two of them senior support workers. There was also the registered manager and the healthcare director present. The senior support worker explained that the staff structure covered a 24 hour, seven day a week service and the evening staff covered a waking night shift. This meant that they were awake during the night in case anybody needed support. The senior support worker explained that staff had an extensive handover before they started their shifts and were given an individual overview of each person in the service, with information relating to behaviour, moods, issues or concerns on the day. This information was also recorded in the digital file.

The service used a system called Person Centred Software. This is an innovative mobile solution for evidencing care interactions and care planning for social care. Each member of staff had their own mobile handset where they were able to access all records and information for each person using the service. When care was given the details were uploaded to the device so all staff, managers and even relatives (where appropriate) could see what care and support had taken place. One member of staff told us, "The person centred software is really good. It's great for updating records and knowing the behaviour of people." The registered manager assessed the staffing levels to make sure there were enough staff so that people could be supported to go to college, visit family, attend appointments and other activities. We witnessed this happening over both days of our inspection. The healthcare director told us that they operated a zero agency staff policy as it was better for people to have regular staff they were comfortable with. They had a pool of bank staff they could use if shifts needed covering and management were also used to cover shifts if needed. Staffing levels were suitable to meet people's needs and when support was required it was provided in a prompt and timely manner.

The three staff files that we looked through were consistent and showed that the provider had robust recruitment procedures in place. We saw evidence of criminal records checks, proof of identity and the right to work in the UK. They had two verified references and feedback from the interview question and answer process. One staff file didn't have the interview questions and answers but after highlighting this to the registered manager they sent us a copy of it after the inspection.

Staff completed risk assessments to help keep people safe and prevent avoidable harm. These highlighted how people could be supported to maintain their independence and mitigate potential risks to their health and well-being. The care plans we looked at had up to date individual risk assessments. This information was also included within the digital care plan and was updated regularly following any changes in people's needs and included what actions had been put in place.

Staff knew the people they supported, for example, staff were able to tell us who could access the local community independently, who required staff support and people's general health conditions.

We found that the arrangements for the management of medicines were safe. People received their medicines as they should and at the time they needed. One person told us they were happy with the staff giving them their medicines. Staff involved in the administration of medicines had received appropriate training with competency checks and supervision every two months, with training being refreshed annually. We checked how the medicines were received, stored and administered, including controlled drugs and could see there were safe systems in place. We looked at a sample of medicine administration record (MAR) sheets and found they were appropriately completed, apart from one missed signature. The member of staff was able to locate the medicines record for the person involved through the person centred software and showed us that the medicine had been taken and entered into the system but not recorded on the individual MAR sheet. The registered manager carried out monthly audits to check medicines were being safely managed.

Good

Is the service effective?

Our findings

Staff knew people well and people were happy with the staff they worked with and the care they received. One person said, "I like living here with the staff." One relative told us, "He gets on really well with them, they treat him like a real person." Another relative told us their family member loved living in the service and that it was perfect for him. The relative added, "He's extremely happy and is used to all the staff there." A health and social care professional told us they were very happy with the placement and that they had never seen their client so happy and said they had a great life at Toby Lodge.

Staff were able to tell us in detail about people's care, treatment and support needs, likes and dislikes and we saw they had the knowledge and skills to provide effective care and support. One member of staff told us, "We are here for them and help them with their choices. We are aware of their triggers and know how to deal with the situation." Another member of staff was able to explain to us certain behaviours of people and how they responded to support them. The registered manager told us that staff were aware of people's warning signs of offending behaviour and had worked hard to prevent recidivism. Recidivism means going back to previous behaviour, especially criminal behaviour. We saw records that showed the service had reduced recidivism rates by 90%.

On the first day of the inspection an assessor for vocational health and social care was visiting the service. The registered provider had supported four members of staff to receive further training in vocational qualifications in health and social care. These are work based awards that are achieved through assessment and training. To achieve these qualifications, candidates must prove that they have the ability and knowledge to carry out their job to the required standard. One other member of staff told us they were currently doing a similar qualification. Staff had received training to meet the needs of people who exhibited behaviour which challenged the service. We also saw training files that showed that staff had mandatory training in areas such as moving and handling, first aid, person centred care and food hygiene.

Throughout the inspection we observed many positive interactions between staff and people using the service and we were able to see how well people responded to the staff. We observed one situation where a person using the service was getting quite anxious and their behaviour started to change. The member of staff who was working with that person responded very quickly and appropriately and was able to reassure them that everything would be alright.

We looked through staff files and saw induction records, detailed supervision records and appraisals. Staff told us they had supervision every few months and the supervision records showed it gave them the opportunity to discuss the people using the service along with their own thoughts and opinions, including personal development.

We observed that people were asked for their consent before any care or support was provided. For example one person was asked if they were happy for a member of staff to apply some skin cream on them. One member of staff told us, "We don't enforce anything, it's their choice and they are always involved. It's up to them." Staff understood the main principles of the Mental Capacity Act 2005 (MCA). The 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.
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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff supported people who lacked capacity to make everyday decisions, for example, what they wanted to do. People were encouraged to take their time to make a decision and we observed staff supporting them patiently whilst they made a decision. Staff had received training on the MCA and DoLS. The registered manager had a good knowledge of their responsibilities under the legislation and at the time of our visit two people were subject to a DoLS authorisation. Records showed that the provider had involved health and social care professionals and family members (where appropriate) to support people to make decisions about their care.

People spoke positively when we asked them about the food and what choices they had. One person told us, "I do get a choice, if I don't like it I can choose something else." We saw people eating breakfast, lunch and dinner on the first day of our inspection and lunch and dinner on the second day. People were able to go out for lunch if they wanted to and people told us where they had been in the local area when they returned home. People were involved in doing the food shopping, staff asked people what kind of food they wanted and staff were responsible for the preparation of food. There was a picture menu in the kitchen that people could choose from and people's records highlighted what food people liked and how they could maintain a healthy diet. We saw people being offered drinks throughout mealtimes and people were able to have access to the kitchen to make hot drinks. During lunch on the first day of our inspection we observed two people having a different choice of meal to others based on their religious and cultural needs. Staff were aware of this and the information was also recorded in their care plans. There was a warm and friendly environment in the dining room and people enjoyed dining together with support from staff. One member of staff told us how they had encouraged and supported a person to try to eat more healthily and they had lost weight. This information was highlighted in their care plan. One person with diabetes had detailed information within their records about their diet and staff were aware of their nutritional needs.

People had access to health and social care professionals as and when they required them and staff were aware when people needed support with appointments. Staff told us that they contacted the person's GP or social worker if they had any concerns regarding people's health and well-being. Staff showed us how appointments were added into people's digital care plan profile and then the information was updated depending on the outcome. The care plans had an up to date Health Action Plan. This is a document which highlights people's healthcare needs with information relating to their health, behaviour and medicines. Records also showed us that people had access to a variety of specialist services, such as Speech and Language Therapists, Psychiatrists and local learning disability services.

Good

Is the service caring?

Our findings

People using the service told us that they liked the staff and were happy living here. One person told us, "I really like the staff, I can speak to them anytime." Another person told us, "I never argue with the staff, they are very friendly." One relative told us, "Staff are very helpful, they are lovely people and he gets on well with them."
This relative described an example of when their family member was feeling down and the staff stepped in to take them out. They told us, "I couldn't fault them for what they did that day." One health and social care professional told us the staff were kind to people, very positive and didn't judge people living in the service.

People were very relaxed and comfortable with staff and we could see that people felt happy to express their wishes and feel at ease. Staff encouraged people to be independent in their daily routines and respected their wishes. For example, one person said they didn't want to go out. Staff supported this choice but also checked with them later in the day to see if their decision had changed. We also saw staff support people with day to day chores, especially after mealtimes. Staff supported people to wash up their plates and to take it in turns. We could see from the smiles and laughter that people enjoyed getting involved in these activities and staff supported them to maintain their independent living skills. During mealtimes we saw examples of staff being kind and caring to people using the service. Staff were chatting to people and involved them in interactions. We could see people enjoyed mealtimes together in a friendly environment.

The care plans we looked at had detailed information about people's likes and dislikes, cultural and religious needs and daily routines. One person told us they really liked art and drawing. They showed us a drawing that they had done which the staff had framed and put up in the dining room. The registered manager also showed me their company Christmas card that the person had designed, which had been distributed throughout their organisation. They gave the person copies of this card to give out to their friends and family. Another person really enjoyed music and they showed us their vast music collection. Staff told us how they supported this interest by getting the person enrolled on a beginners DJ'ing course and taking them to it. All this was documented in the care plan and the person had also received a certificate for recently completing the ten week course. The person told us they had really enjoyed it.

The care plans also had information about people's life histories and staff had good knowledge of people's backgrounds, families and things they liked and disliked. This was even the case for some people who hadn't lived in the service for a long time. This showed that staff took the time to speak with people and got to know them.
One member of staff told us they got to know people during their one to one sessions and when they spent time with them supporting them out in the community. Another member of staff told us, "It's a joy to work here and I'm passionate about the work I do." There were pictures of people hung up around the service showing a number of activities that people had taken part in and the registered manager showed us some photos of a recent day trip that people had taken. However we noticed that people's rooms we saw appeared void of personal touches like pictures and photographs. Staff told us that they thought the rooms needed to be more personalised and have more pictures.

Staff were compassionate and respectful with people and had a good understanding of the need to ensure they respected people's privacy and dignity. One person told us that staff respected their privacy and that they knocked on their door. People were asked if they wanted to speak to us and whether they wanted to speak in their bedrooms or in other areas. We also saw staff knocking on peoples doors and asking if it was alright to come in. Staff told us how they respected people's privacy and dignity and always asked for people's permission, especially before carrying out care tasks and making sure people's doors were closed while being supported with personal care. One member of staff told us that when they supported people to health appointments they always asked them if they were happy for them to sit in with them during the appointment.

The registered manager told us that people were supported to access advocacy services and one person had contact with an Independent Mental Capacity Advocate (IMCA). Advocates are trained professionals who support, enable and empower people to speak up. This meant that where people did not have the capacity to express their choices and wishes or found it difficult to do so, they had access to independent support to assist them.

Good

Is the service responsive?

Our findings

We saw that people were given care and support that met their needs and took into account their individual preferences and choice. Staff were knowledgeable about the people they were supporting and were able to provide them with person centred care. Information about people's particular dual diagnosis was clearly documented in the care plan and strategies were in place to ensure these conditions were managed in order that people had as full a life as possible.

The care plans we looked at included the initial assessment of people's needs and abilities with supporting documents from relevant healthcare professionals. One health and social care professional who helped place a person at this service told us that it was a very positive experience, and said the staff were very good with the initial referral and it worked really well. A detailed support plan was in place which covered areas such as medicines, mobility, eating and drinking, communication, and social and spiritual needs. Some people also had information about how to identify warning signs that they may present with behaviour that challenged the service and what staff could do to reinforce positive behaviours. We saw this information in people's care files but we also saw this information in the Person Centred Software. As information was entered electronically at the point of care, we could see the most up to date information about people. When people's health care needs changed this updated the care plan so staff always knew how to meet people's needs.

Records were kept of people's healthcare appointments and any significant changes were added to the support plan. For example, one person had received support from a Speech and Language Therapist (SALT) from when they first moved in. They had been happy with their progress and had discharged them from the service. They had the discharge letter but also included it in an easy read pictorial format.

Staff were able to tell us about people's healthcare needs and how they responded to any changes to these needs. For example, staff told us that one person didn't believe that they had diabetes and they would become frustrated by this, specifically because it affected the food they could eat. With advice from health care professionals staff were able to support the person to attend a diabetes awareness course and develop a better understanding of it. On the second day of the inspection we saw the person getting ready to attend a diabetic appointment and they were happy and relaxed. A health and social care professional we spoke with told us they were very happy the person was able to access this course.

People's preferences were recorded in their care plan, for example whether they wished to receive personal care from a care worker of their own gender or the kinds of food they liked. We saw that staff supported people to play an active part in their community, follow their own interests and activities and go on holiday. During the inspection we saw people going out to lunch clubs, college, visiting family and attend a Zumba class. One person was supported to visit a relative who had contacted them earlier in the week to arrange a visit. Another person enjoyed going on a bus and we observed the discussion between the person and the staff. They gave the person the opportunity to decide where they wanted to go and which bus route to use. Other people said that they liked going out for walks and we saw staff planning their days around these activities. Staff supported people's religious needs too. One person's care plan said they liked to go to the

mosque every Friday. Their care plan included a picture of the person wearing their traditional clothing they would wear at the mosque. The person was preparing to go to the mosque on the second day of the inspection. Staff made sure they were supported with a male member of staff. Two other people's care plans said they liked going to church. One person told us, "I'm Catholic and sometimes I like to go to church."

There was an accessible complaints procedure in place and staff also supported people to get their feedback. One person told us, "I've been told how to make a complaint. If I need to make a complaint I'm able to talk to the manager about it but I've never made a complaint." One member of staff told us when they worked with people they asked if they have any concerns and encouraged people to tell them if they were not happy. They also told us they felt confident the registered manager would deal with any concerns in the best way possible. People were also reminded about the complaints procedure during regular house meetings and people's relatives were encouraged to give feedback about the service, either when they attended reviews or came to visit.

Requires Improvement

Is the service well-led?

Our findings

The registered provider is required by law to notify the Care Quality Commission (CQC) of important events which occur within the service. We were told during our inspection about two significant incidents which should have been reported to us which had not been. These included a safeguarding concern that was raised in relation to medicines and an incident that was reported to the police.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. We have requested that in future all notifications are sent to us in a timely fashion so that, where needed, action can be taken.

Throughout our inspection we saw that people who used the service had good interactions with the registered manager and they talked with her freely and were comfortable in her presence. One person told us, "I always talk to the manager, she's good to me." Relatives were happy with the way the service was managed. One relative told us, "She is very good, you can always trust and rely on her. She is like a mother to everybody." One health care professional told us the registered manager was very committed and had arranged a talk for when they first visited the service. They described the service the person would be moving into and gave some information about links within the community.

Staff had positive comments about the management of the service and they provided an active role on a day to day basis. The registered manager told us they had an open door policy and they were always here to listen and give support. Staff told us that the registered manager was very approachable and always there for support. One staff member said, "The manager is fantastic, very approachable and the best I've ever seen." Another staff member said, "If I wasn't happy, I'm confident any issues would be dealt with." Staff were also aware of the whistleblowing policy and were confident they could raise issues if they were to arise. The healthcare director told us that they had given their personal number to all staff as they wanted staff to feel comfortable talking with all members of the organisation.
We could see that the management team promoted a positive culture that was person centred, open and inclusive.

The registered manager had internal auditing and monitoring processes in place to assess and monitor the quality of service provided. The registered manager attended monthly meetings with the registered provider where they brought up any issues that had happened with the service and received feedback on how to improve. The registered provider also carried out around three or four unannounced visits per month to monitor the service and identify shortfalls and drive improvement. Specific audits, such as petty cash, health and safety and medicines were completed at regular intervals. For example, the registered manager carried out a monthly medicines audit to ensure there were no gaps in people receiving their medicines when they should. If any gaps were found records could be checked to see who was responsible. The digital software that was in place could also be checked to confirm if medicines had been taken. The staff would receive supervision and could be subject to disciplinary action if they had neglected their duties.

Easy read satisfaction surveys were given to people using the service during annual reviews and staff were

there to support them to complete them if they wanted to. The surveys were also sent out to relatives but we were told that they hadn't received many back, however comments received were positive about the service.

Minutes of a recent managers meeting showed that the registered provider was making sure the registered manager was asking for testimonials and feedback from relatives of people using the service and health and social care professionals working with them.

The registered manager was well supported by the registered provider and there was regular contact and visits.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered provider had not notified the Commission without delay about serious incidents in relation to service users. Regulation 18 (1), (2) (e)(f)