

Quo Vadis Trust

Elmwood Lodge

Inspection report

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Date of inspection visit:
26 October 2016

Date of publication:
25 November 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?	Good ●

Summary of findings

Overall summary

This inspection took place on 26 October 2016 and was unannounced. At the last inspection of the service on 24 and 25 November 2015 we found breaches of the Health and Social Care Act 2008 in that the provider did not have systems in place to ensure staff received an appraisal of their practice and performance and care plans and records were not always accurate nor reviewed on a regular basis, in line with the provider's policy to ensure people's needs were appropriately documented and met. We carried out this inspection to check the outstanding breaches had been met and also to provide a review of the rating for the service.

Elmwood lodge provides accommodation and personal care support for up to ten people. People who use the service have mental health support needs. At the time of our inspection the home was providing support to ten people. The home had 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.

At this inspection we found the provider was compliant with the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risks to the health and safety of people using the service were assessed and reviewed in line with the provider's policy. Medicines were managed, administered and stored safely. There were arrangements in place to deal with foreseeable emergencies. There were safeguarding adult's policies and procedures in place. Accidents and incidents were recorded and acted on appropriately. There were safe staff recruitment practices in place and appropriate numbers of staff were deployed throughout the home to meet people's needs.

There were processes in place to ensure staff new to the home were inducted into the service appropriately. Staff received training, supervision and appraisals that enabled them to fulfil their roles effectively. There were systems in place which ensured the service complied with the Mental Capacity Act 2005 (MCA 2005). This provides protection for people who do not have capacity to make decisions for themselves. People's nutritional needs and preferences were met and people had access to health and social care professionals when required.

People were treated with respect and were consulted about their care and support needs. Staff respected people's dignity and privacy. People's support needs and risks were identified, assessed and documented within their care plan. People were provided with information on how to make a complaint. The service worked with health and social care professionals to ensure people's needs were met.

There were robust systems and processes in place to monitor and evaluate the service provided. People's views about the service were sought and considered through service user meetings and satisfaction surveys.

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.

Risks to the health and safety of people using the service were assessed and reviewed in line with the provider's policy.

Medicines were managed, administered and stored safely.

There were arrangements in place to deal with foreseeable emergencies.

There were safeguarding adult's policies and procedures in place to protect people from possible abuse and harm.

There were safe staff recruitment practices in place and appropriate numbers of staff were deployed to meet people's needs.

Is the service effective?

Good ●

The service was effective.

People were supported by staff that had appropriate skills and knowledge and staff were supported through supervision and appraisals of their practice and performance.

Staff received training that enabled them to fulfil their roles effectively and meet people's needs.

There were processes in place to ensure staff new to the home were inducted into the service appropriately.

There were systems in place which ensured the service complied with the Mental Capacity Act 2005 (MCA 2005). This provides protection for people who do not have capacity to make decisions for themselves.

People's nutritional needs and preferences were met.

Is the service caring?

Good ●

The service was caring.

Interactions between staff and people using the service were positive and staff had developed good relationships with people.

People were supported to maintain relationships with relatives and friends.

Staff were knowledgeable about people's needs with regards to their disability, race, religion, sexual orientation and gender and supported people appropriately to meet their identified needs and wishes.

Staff respected people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People's care needs and risks were assessed and documented within their care plan.

People's needs were reviewed and monitored on a regular basis.

People's need for stimulation and social interaction were met.

People were provided with information on how to make a complaint.

Is the service well-led?

Good ●

The service was well-led.

There were systems and processes in place to monitor and evaluate the service provided.

There was a registered manager in post at the time of our inspection and they were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014.

People's views about the service were sought and considered through service user meetings and satisfaction surveys.

Elmwood 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 was 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 was carried out by one inspector on 26 October 2016 and was unannounced. Before the inspection the provider 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 reviewed other information we held about the service and the provider. This included notifications received from the provider about deaths, accidents and safeguarding alerts. A notification is information about important events that the provider is required to send us by law. We also contacted the local authority responsible for monitoring the quality of the service and other health and social care professionals to obtain their views. We used this information to help inform our inspection.

There were 10 people using the service at the time of our inspection. We spoke with four people using the service and looked at the care plans and records for four people. We spoke with four members of staff including the registered manager and care staff.

As part of our inspection we looked at records and reviewed information given to us by the registered manager and members of staff. We looked at records for people using the service and records related to the management of the service. We also looked at areas of the building including communal areas and external grounds.

Is the service safe?

Our findings

At our last inspection on 24 and 25 November 2015 we found medicines were not always managed and recorded appropriately. We made a recommendation to the provider in relation to referring to current guidance and following best practice. At this inspection people told us they received their medicines safely and we saw medicines were administered and managed safely by staff. One person told us, "The staff always help me with my medicines. They are very good and remind me when I need them."

The provider had an up to date medicines policy in place which provided guidance for staff in areas such as medicines management, administration of medicines, storage and medicines errors. There were effective systems in place to manage medicines errors and medicines audits were undertaken on a regular basis to ensure continued safe practice. Medicines records we looked at were up to date and conducted in line with the provider's policy.

Medicines were administered and stored safely. Medicines were administered by staff trained to do so and staff told us they received medicines training and undertook a medicines competency assessment to ensure safe practice. Medicine training and competency assessment records we looked at confirmed this. We looked at medicine records for five people using the service and noted they were completed correctly with no omissions recorded. People's photographs and known allergies were recorded on medicine records to ensure safe administration. Medicines were locked in a secure medicines trolley that was stored in a locked medicines room that only staff who were trained to administer medicines had access to. The registered manager told us there was no one in the home that currently had medicines which required refrigeration; however they explained that they were in the process of ordering a new lockable refrigerator that would store any medicines safely if required.

People told us they felt safe within the home environment and with the staff that supported them. They told us staff were very supportive in meeting their needs and we observed balance in staff approach and the need to protect or reduce risks to people and the promotion of positive risk taking. One person said, "The staff are lovely. I feel very safe and supported." Another person said, "The staff make sure I am ok and well but know that I am quite independent and want to do my own thing." Another person commented, "I can do what I like but it's nice to know staff are there if I need them."

Risks to the health and safety of people using the service were assessed and reviewed in line with the provider's policy. Risk assessments assessed levels of risk to people's physical and mental health and included detailed guidance for staff in order to promote people's health and wellbeing. Risk assessments were conducted for areas such as falls, medicines, nutrition, going out and personal care amongst others. Staff demonstrated an understanding of the risks people faced and actions they would take to ensure people's safety without being too risk adverse and limiting independence.

The provider had up to date policies and procedures in place for safeguarding adults from abuse. Staff received training to ensure they were knowledgeable about how to respond to concerns and demonstrated they were aware of the signs of abuse, knew what action to take and told us they felt confident in reporting

any suspicions they might have. Staff were aware of the provider's whistle blowing policy and knew how to report issues of poor practice. We looked at the home's safeguarding folder and saw that where there had been concerns records of concerns were completed and managed appropriately. Where required the registered manager submitted notifications to the CQC and referrals were sent to safeguarding authorities as appropriate.

Accidents and incidents were recorded, managed and acted on appropriately. Accident and incident records demonstrated staff had identified concerns, had taken appropriate action and referred to health and social care professionals when required to minimise the reoccurrence of risks. The registered manager told us they completed an analysis of all accidents and incidents on a regular basis to identify any recurring themes and to share any learning with the staffing team.

There were arrangements in place to deal with foreseeable emergencies. People had detailed personalised evacuation plans in place which documented the support they required to evacuate the building in the event of an emergency. We noted that for one person using the service who was profoundly deaf specialised equipment was purchased so they were alerted if the fire alarm sounded. Staff we spoke with knew what to do in the event of a fire and who to contact. Regular fire alarm tests and evacuation drills were conducted and systems in place to monitor the safety of the environment and equipment used were robust. Equipment within the home was routinely serviced and maintenance checks were carried out on gas and electrical appliances. The home environment appeared clean, was free from odours and was appropriately maintained.

There were safe staff recruitment practices in place and appropriate recruitment checks were conducted before staff started work to ensure they were suitable to be employed in a social care environment. Staff records we looked at confirmed pre-employment and criminal records checks were carried out before staff started work. Records included application forms, photographic evidence to confirm applicant's identity, references, history of experience and or professional qualifications and explanations for any breaks in employment.

There were sufficient numbers of suitably qualified and skilled staff deployed throughout the home to meet people's needs appropriately. People told us there was enough staff available to support them when required. One person said, "There is always someone around to help us if we need it whatever time of day." Staff told us staffing levels were appropriate to meet people's needs as people were supported to remain or regain their independence as much as possible. The registered manager told us that the service was fully staffed with no staff vacancies available. They explained that they never needed to use agency staff in times of staff leave and if required they had the use of the provider's bank staff to promote continuity in care delivery.

Is the service effective?

Our findings

At our last inspection on 24 and 25 November 2015 we found that although staff were effective in meeting people's needs and had received supervision, the provider did not have systems in place to ensure staff received an appraisal of their practice and performance in order to support their development. This was in breach of Regulation 18 of the Health and Social Care Act 2008.

At this inspection staff told us they received regular supervision and had an appraisal of their practice and performance. One member of staff said, "I feel very supported to do my job and have had lots of supervisions and an appraisal." Another member of staff commented, "Yes I've had an appraisal and found it very useful. I have always felt supported in my job." The registered manager showed us the provider's policy which provided detailed guidance on staff supervision and appraisals and the new appraisal system that was in place. They told us and we saw that staff had received regular supervisions and an appraisal in line with the provider's policy.

There were systems in place to ensure staff new to the home were inducted into the service appropriately in line with the Care Certificate. The Care Certificate sets out learning outcomes, competencies and standards of care that are expected of all new care workers. Newly appointed staff undertook an induction period which included familiarisation of the provider's policies and procedures, completing the provider's mandatory training and shadowing experienced colleagues.

Training records demonstrated that staff received up to date training appropriate to the needs of people using the service and which also met the needs of staff and their development. We saw the provider's mandatory training included safeguarding, risk assessment, Mental Capacity Act 2005, equality and cultural diversity, person centred care and first aid amongst others. The provider also offered specialised training which was appropriate to the needs of the people using the service and included training such as mental health awareness, challenging behaviour, self-harming awareness and substance misuse amongst others.

People told us they were involved in the decisions about their care, were able to express their preferences and staff always sought their consent when required. One person said, "Staff are very supportive and never do anything I don't want or like." Another person said, "They always ask. They never just do." A third person commented, "Staff are lovely and they know me very well. They know what I like and it is in my care plan." Staff demonstrated their knowledge and understanding of people's right to make informed choices and decisions independently and where it was necessary for staff to act in someone's best interests. Care plans recorded decisions people had made and consent they had provided in areas of their care. For example consenting to medical intervention, life style choices and activities.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. 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 granted to deprive a person of their liberty were being met. We saw that, where required, people's care plans contained mental capacity assessments and records from best interests decisions made. We saw that DoLS authorisations in place that had conditions were met as appropriate by staff. This demonstrated that decisions were made in people's best interests where appropriate and the service was working within the principles of the MCA.

People were supported to eat and drink suitable healthy foods to meet their needs. People told us they participated in weekly meal planning meetings and enjoyed the meals on offer. One person said, "The food is delicious and we can chose what we want to eat." Another person said, "We can pick the foods we want each day and we help to cook as well. I like the food very much." Staff were knowledgeable about people's specific dietary requirements and planned their meals appropriately, for example, by ensuring soft meal options or reduced sugar foods were available where required. Staff told us they discussed meal options with people and created weekly menus from people's chosen preferences. We noted the kitchen was kept clean and the Food Standards Agency had visited the service in May 2016 rating them five stars. Staff maintained people's care plans which documented their nutritional needs and if they were at risk of weight loss or poor hydration.

People's physical and mental health needs were monitored by staff and medical advice was sought promptly when required. People were supported to attend medical appointments and health checks including medicines reviews when required. Staff proactively supported people to meet their healthcare needs and worked with other health and social care professionals to achieve best outcomes for people. One person told us, "Staff know me well and if I'm not well they get me the help I need." Care plans included records of people's appointments with health and social care professionals and outcomes of meetings and appointments were documented to ensure staff were aware of people's on going needs and or further treatments.

Is the service caring?

Our findings

People commented positively on the care and support they received and told us staff treated them with kindness and respect. One person said, "The staff are very caring and respect my privacy and independence." Another person said, "The staff are great. They care about us and make sure we are ok." Throughout our inspection we observed positive interactions between staff and people using the service. We saw staff displayed kindness and understanding toward people and addressed people by their preferred names. Staff had good knowledge of people's personalities and behaviour and were able to communicate effectively with people.

Staff ensured they sought people's consent before support was provided. We saw they provided support in a kind and sensitive way and responded to people politely, allowing people time to respond and also giving them choices. We heard staff patiently explained options to people and took time to answer their questions. People told us they were consulted about their support needs and were allocated a key worker to help coordinate their care. Care plans contained records of keyworker meetings held and noted any changes in need or their desired goals and outcomes.

We saw staff respected people's choice for privacy and independence and noted some people preferred not to join others in communal areas or in planned activities. People were supported and encouraged to be independent and to participate in external social activities. One person told us, "I like to go to local music events in the evenings. I really enjoy them." People's privacy and dignity was maintained and we saw staff kept bedroom and bathroom doors closed when supporting people with any personal care needs. People were supported in a homely, warm and personalised environment and had their own bedrooms for comfort and privacy. People were encouraged to decorate their own rooms with items specific to their individual taste and interests.

People were supported to maintain relationships with their families and friends and visitors were able to visit the service with no restrictions placed upon them. People were provided with information about the service in the form of a service user guide which detailed the provider's statement of purpose and values. Notice boards throughout the home displayed information about health and social issues, local social events and clubs, the provider's complaints procedure and information relating to local authority services.

Care plans detailed people's histories, preferences and wishes with regards to the care and support they received. Staff were knowledgeable about people's needs with regards to their disabilities, physical and mental health, race, religion, sexual orientation and gender and supported people appropriately. Staff told us they received equality and cultural diversity training which enabled them to understand and support people better when meeting their needs. People had been involved in the development of their care and when appropriate people's relatives and where appropriate advocates were involved and invited to review meetings and events.

Is the service responsive?

Our findings

At our last inspection on 24 and 25 November 2015 we found that people's care plans were not always kept up to date and reflective of their current needs. This was in breach of Regulation 17 of the Health and Social Care Act 2008.

At this inspection people told us they received care and support in accordance with their needs and wishes and were involved in their care plan reviews. One person said, "I have meetings with staff to see if I'm happy or if I want to make any changes." Assessments of people's needs were completed upon their admission to the home to ensure staff and the home environment could meet their needs safely and appropriately. People were allocated a keyworker to coordinate their care and ensure their preferences were respected and met. Where people were not able to be fully involved in the planning of their care, relatives, professionals and advocates where appropriate, contributed to the planning of people's care. People's care needs were also identified from information gathered about them and consideration was given in relation to people's past history, preference and choices.

Care plans were comprehensive and documented people's needs in areas such as personal hygiene, physical and mental health, nutrition, communication, medicines, mobility, social and end of life care. Care plans contained information on how people's needs should be met and recorded guidance for staff on how best to support people to meet their identified needs and goals. Staff were knowledgeable about the content of people's care plans and how they preferred their care to be delivered. Care plans were reviewed on a regular basis to ensure they were responsive in meetings people's needs and in line with the provider's policy. Daily records were kept by staff about people's day to day wellbeing and documented any activities they participated in. Health and social care professional's advice was recorded and included in care plans to ensure that people's specific health needs and risks were met. We saw evidence that indicated the home worked well with community mental health teams and people were supported to take part in mental health reviews where necessary. We saw that care plans contained health care professional care plans and guidance that influenced and supported staff in their roles. This demonstrated a multidisciplinary approach to ensure people's individual needs and aspirations were at the centre of services offered to them.

People's need for social interaction and stimulation were met. People were actively encouraged and supported to take part in daily activities around the home such as helping with the cleaning and were also supported and encouraged to seek local opportunities and activities of interest. One person said, "I like to cook which the staff help me to do." Another person commented, "I go out every day. I like to go on bus rides and visit different places." Staff supported people to attend a range of local community based activities that met their needs and reflected their interests. The registered manager told us they regularly arranged trips out for lunch at various restaurants and trips further afield to the coast which people really enjoyed.

People told us they felt able to express their views about the home and the care provided. The home routinely and actively sought people's views on how the service was run and how they wanted their care to be delivered. We noted there was a comments and suggestions book for people to provide feedback about the service and people were also asked for their views about their care at regular service user meetings held.

We looked at the minutes for the last meeting held on 24 October 2016 and saw items discussed included day trips out, plans for the festive holiday, advocacy and menus.

People told us they were aware of how to raise a concern and felt confident their concerns would be listened to. One person said, "If I had a problem I would tell the staff and I know they would help me to get it sorted." There was a complaints policy and procedure in place and information on how to make a complaint was on display. Information provided guidance on the complaints handling process and how complaints could be escalated. Complaints records we looked at showed that there had been no complaints made. However the provider's policy and systems in place demonstrated that should there be any complaints received the service would be equipped to respond to them appropriately to ensure the best outcomes for people.

Is the service well-led?

Our findings

At our last inspection on 24 and 25 November 2015 we found that although there were systems in place to monitor the quality of the service these were not always effective in ensuring the quality of care people received and this required some improvement.

At this inspection people told us the environment was homely and staff and the registered manager were supportive, friendly and approachable. One person said, "I like living here. The people are all nice." Another person commented, "This is my home and I like it. I think the manager and staff do a good job." Staff told us they felt the service was well led and new systems in place had improved the way in which they worked. One member of staff said, "I really enjoy my job and I get all the support I need to do it right." Another member of staff commented, "I think the service is very well managed. We all do our best and people are really cared for."

Throughout the course of our inspection we observed the home to be calm and relaxed with people choosing how to spend their day with staff and the registered manager supporting people appropriately when required. At the time of our inspection there was a registered manager in post. They knew the service well and were 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. We saw that the registered manager took time to speak with people using the service and staff and there was a good rapport between them.

There were effective lines of communication in place within the home from staff handovers which provided staff with the opportunity to meet and communicate on a regular basis. Team meetings were also held on a regular basis so care staff and senior staff could meet and discuss people's needs and share best practice. Minutes of meetings held showed that topics discussed included care records, training and budgets. Records also demonstrated the home had good links with community based health and social care professionals in order to promote people's safety and well-being.

There was a range of quality assurance systems in place to monitor the quality of the service provided. Audits and checks, including visits from external auditors were conducted on a regular basis to ensure any required actions from previous audits were completed. Audits we looked at included care plans, medicines, environmental, health and safety, accidents and incidents and staff records amongst many others. Audits were up to date and conducted in line with the provider's policy to ensure good safe service delivery. Records of actions taken to address any highlighted concerns were documented and recorded as appropriate.

The provider took account of the views of people using the service through service user surveys that were conducted on an annual basis and also sought feedback from staff and visiting professionals through surveys. We looked at the results for the service user's survey that was conducted in September 2015 as the registered manager told us this year's survey had not yet been completed. Results were largely positive showing that 67% of people using the service strongly agreed they were involved in the implementation of

their care plans and 89% agreed that staff respected and understood their needs. Where improvements in the service were identified, we saw action plans in place to address and resolve any issues. For example new care plans were implemented that assisted in promoting further involvement from people using the service. Comments about the service from visiting professionals included, "Staff do an amazing job", and "The standard of care and support is good", and "People are happy and feel listened to."