

Laurel Residential Homes Limited

Jordan Lodge

Inspection report

5 Wareham Road
South Croydon
Surrey
CR2 6LE

Tel: 02086868801

Date of inspection visit:
01 May 2019

Date of publication:
30 May 2019

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

About the service

Jordan Lodge is a residential care home that was providing personal care for up to 14 people living with long term mental health needs. There were seven people using the service at the time of our visit.

People's experience of using this service

People told us they were happy living at Jordan Lodge. They said they had experienced a more positive approach to their care and support over the last year in the home. People were kept as safe as possible by the staff who knew them well and by effective risk assessment and care planning processes.

Staff said they were proud to be working at the service and enjoyed their jobs.

People, staff and health and social care professionals said the managers and the staff team were approachable and supportive. There were enough staff to meet people's needs. There was a robust recruitment process so the provider knew they only employed suitable staff.

The provider had systems in place to keep people safe from identified risks. Staff knew to report any concerns that arose. Risks were managed to keep people as safe as possible. Staff received the training they required so they had the knowledge and skills to do their job and meet people's needs.

Staff gave people their prescribed medicines safely. They followed good practice guidelines to help prevent the spread of infection. People had access to the healthcare services they required.

People told us they enjoyed their meals. There was a variety of healthy meals based on people's choices and nutritional needs.

People were encouraged to make choices in all aspects of their lives. Staff knew each person well, including their likes and dislikes and their preferences about how they wanted staff to care for them.

Staff respected people's privacy and dignity and encouraged people to be as independent as possible.

People told us they knew how to complain and were confident that the registered manager would resolve their complaints.

There were effective quality monitoring processes in place including seeking the views and feedback of people who used the service and their relatives.

We found the service met the characteristics of a "Good" rating in all areas

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: At the last inspection the service was rated as Requires Improvement [report published on 16 June 2018].

Why we inspected: This was a planned inspection based on the rating at the last inspection. The rating has improved to Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

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 safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Jordan Lodge

Detailed findings

Background to this inspection

The inspection:

- We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

Inspection team:

- Our inspection was completed by one inspector.

Service and service type

- Jordan Lodge provides care and support for up to 14 adults living with long term mental health needs. There were seven people living at the service when we inspected it.

- The service is required to have a registered manager. 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 the time of our inspection, a manager was registered with us.

Notice of inspection

- Our inspection was unannounced. Inspection site visit activity took place on 1 May 2019. We visited the office location on this date to see the registered manager and staff; and to review care records and policies and procedures.

What we did

- Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public and the local authority commissioning and quality monitoring group.
- We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well

and improvements they plan to make.

- We spoke with five people who used the service.
- We spoke with the acting service manager, the deputy manager, a nurse, two staff and the cook.
- We reviewed three people's care records, three staff personnel files, audits and other records about the management of the service.

Is the service safe?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 1 May 2018. At this inspection we found that some improvements had been made to the environment but that there were still refurbishment works to be carried out. The programme we were informed about at the last inspection was underway but not complete. Redecoration of the environment was seen in the lounge, the hall and landing areas, in some people's bedrooms, the kitchen and the downstairs bathroom. The regional manager told us the programme to complete the works including the comprehensive refurbishment of the conservatory was arranged and should be completed soon. The improvements achieved so far have reduced the risk of the spread of infections which were part of our previous concerns. We have therefore changed the rating from Requires Improvement to Good. We will monitor progress of the work at our next inspection or sooner if we receive concerns that the work is not progressing as planned.

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The manager was fully aware of the home's safeguarding policy and procedures. The safety of people who used the service was a priority and they ensured appropriate action was taken to protect people and keep them safe.
- Our review of the records evidenced that the manager reported safeguarding allegations to the local authority safeguarding team for investigation and sent us statutory notifications of any events that placed people at risk, as required by law.
- We spoke with the local authority. They confirmed safeguarding concerns were reported and investigated with the provider. Local safeguarding protocols were followed appropriately.
- Staff received safeguarding training and were provided with refresher training. Staff understood their responsibilities in relation to safeguarding. A whistleblowing policy was in place for staff. Staff we spoke with said they discussed any concerns at team meetings and managers encouraged them to always report any concerns they might have.

Assessing risk, safety monitoring and management

- The provider assessed risks relating to people's care and support needs. We inspected a number of service user files. For each person we found there were clear care plans that were outcome based and risk management plans helped to help minimise identified risks.
- Staff knew people well as the resident and staff group at Jordan Lodge remained relatively unchanged. This meant they understood the risks relating to people's care. Risk management plans were followed by staff to help ensure known risks were well managed and people protected.

Staffing and recruitment

- People spoke positively about staff who supported them and commented that things had significantly improved over the last year. Comments included, "I like the staff here, they listen to me and they support

me," and "I think since last year things have improved a lot, the staff are good to me, they do their best."

- On the day of the inspection we saw there were enough staff to keep people safe, meet their needs and provide a person-centred approach to people's care and support. The nurse we spoke with told us some people had one-to-one staffing sessions and this had helped them progress their care and support plan positively. This was confirmed by the people concerned. From our review of the staff rotas and from what we saw on the day of this inspection there was an appropriate level of staff working on shift with the knowledge, skills and support that people required.
- There were effective recruitment practices in place. Staff recruitment checks included a criminal records check and satisfactory employment and personal references. These arrangements helped to protect people against the risk of being cared for by people deemed as being unsuitable by the provider.

Using medicines safely

- The provider had several regular and effective policies and audits in place to ensure the safe administration of medicines to people including the receipt, disposal and storage of medicines. Staff followed the policies and procedures that we saw were in place. A recent and positive audit report supplied by the pharmacist confirmed our findings.
- Staff received regular training in the safe administration of medicines. The manager told us it was planned to introduce competency assessments for all staff administering medicines to people immediately following this inspection. This should help to further increase the safety of medicines administration in this home.
- Protocols were in place for staff to follow when administering 'as required' medicines.
- Staff recorded medicines administration appropriately on records (MAR).

Preventing and controlling infection

- Appropriate policies and procedures were in place for staff to follow when supporting people. This helped to ensure both they and the people they supported were protected from the spread of infections and that best hygiene practices were carried out.
- Staff used the necessary protective personal equipment such as gloves and aprons when providing people with personal care.
- Inspection of staff training records evidenced they had received training for food hygiene. This has helped to ensure best practices were followed with meal preparations. At the time of our inspection the home had a four star rating from the Food Hygiene Rating Scheme. This meant that food hygiene standards were good.

Learning lessons when things go wrong

- The manager showed us the home's log for accidents or incidents since the last inspection. Good systems were in place to record and investigate accidents or incidents when they occurred. The home's process included identifying any trends or patterns and putting in place actions to prevent or minimise further occurrences.
- Accidents and incidents were reviewed by the regional manager to identify where additional measures were needed to improve services.

Is the service effective?

Our findings

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Good needs assessments for people were in place. They were drawn up together with people and were in line with best practice. This ensured they were person centred and provided effective information for staff to follow with regards to people's needs, the risks they might experience and their care and support plans.
- The views of people, staff and other health and social care professionals were taken into account when people's needs were assessed and planned for. The health professional we spoke with was positive about the way staff cared for people. They told us staff worked closely with them when arranging and providing care for people living in the home.

Staff support: induction, training, skills and experience

- People were supported by staff who received a wide variety of ongoing training in relevant areas of their work. This was offered both through e-learning and classroom-based teaching. Staff told us they enjoyed the training they received, they explained how it helped them to ensure people received the care and support they needed.
- Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their roles.
- Staff were given opportunities to review their individual work and development needs. Staff received regular, effective and well-structured supervision. Minutes of each meeting were produced for both parties. This has helped to ensure effective continuity in the different areas of the work undertaken by staff.

Supporting people to eat and drink enough to maintain a balanced diet

- People said they were happy with their meals and they told us the food was good. They said they were able to choose what they wanted to eat and drink. The cook told us they consulted with people every day to find out what they wanted to eat and to offer them choices.
- People were supported to have enough to eat and drink. Staff maintained a record of people's food and drink in-put daily to avoid them becoming dehydrated and to help encourage them to enjoy a healthy nutritious diet.

Staff working with other agencies to provide consistent, effective, timely care and supporting people to live healthier lives, access healthcare services and support.

- Our inspection of records indicated that staff worked with people's doctors, community mental health teams and community psychiatric nurses to ensure effective and co-ordinated care provision to people. Staff followed advice provided by healthcare professionals and ensured that changes were communicated and acted upon.
- Information about people's specific health conditions and how these affected the person were available

to staff.

- Staff knew people well and recognised when someone's health was changing. The staff referred people to other professionals in such as the community mental health teams or other health and social care professionals appropriately.

Adapting service, design, decoration to meet people's needs

- Following the last inspection, a good deal of progress had been made with the refurbishment programme although there was still work to be completed. The regional manager told us the aim was to complete this programme of works as soon as possible. Examples of work still required to be carried out included the conservatory that was now closed because of the need for its complete refurbishment. We were assured by the regional manager that a quote had been gained, and the work would soon be carried out. Similarly, all the doors in the home needed replacements and the regional manager told us this work was due to be carried out in the very near future by an agreed contractor.
- Where refurbishments were completed people told us they were able to personalise their own rooms to suit their tastes and needs. We saw they had new furniture in their rooms.
- The manager told us that new equipment and technology recently installed in the home had helped to meet people's needs better at night. An example of this was the JOLT system now in place that assisted reporting at night.
- Robust safety checks in relation to the premises and equipment were carried out to ensure people's safety.

Ensuring consent to care and treatment in line with law and guidance

- 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. There was no one being deprived of their liberty at the time of our visit.
- Staff had undertaken training about the MCA and DoLS and were aware of how this legislation affected their work. Staff asked people for their consent in all aspects of their lives. People were supported to have maximum choice in their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this.
- People told us staff gave them support so they had respect and freedom to do the things they enjoyed in the community.

Is the service caring?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 1 May 2018. At that inspection some people had refused to engage with their care planning. These people did not express any views about their care and were evidently not actively engaged in the process.

At this inspection we found the concerns were resolved and the process of needs, risk assessment and care planning had been completely reviewed and revised and people were fully engaged in the process. We spoke with those people who previously refused to involve themselves and we saw, and they told us, they were now fully involved with the planning and delivery of their care and support. The new assessment and care planning processes in place together with additional staff training have contributed to this.

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well-treated and supported; equality and diversity

- People told us they were treated well and supported in a caring and kind manner by staff. Comments included, "I think things have improved here over the last year and I feel well supported to do what I need to do," and "The staff are kind to me and to all of us here."
- The format used to record people's care and support plans were helpful and clear for staff to follow. Staff told us they found it helpful for them in providing appropriate care and support to people. In discussion with staff we saw they knew people well and understood their needs. This included people's likes and dislikes and their preferences about how they wanted staff to give them care and support in relation to their personal, cultural and religious beliefs.

Supporting people to express their views and be involved in making decisions about their care.

- People told us they had regular meetings with their keywork staff who were allocated to each person. They said they discussed progress with their care and support in these meetings and any changes that were needed. They said staff supported them appropriately.
- Staff told us they always involved people in making decisions about their care and support because of the importance in ensuring the care and support provided was person centred. They said they had regular discussions with people about their care plan objectives and how together they could be best achieved.
- We saw records of meetings that evidenced people were consulted about matters such as to do with the menu, activities and choosing colours for decoration and soft furnishings.
- People had access to advocacy services should they require support making decisions about their care and support. We noted the contact details displayed on the home's notice board.

Respecting and promoting people's privacy, dignity and independence.

- People's confidential information was securely stored and this helped to maintain their privacy.
- Staff told us they helped people to develop their confidence and skills so they could be as independent as

they could be in all aspects of their lives.

- The manager told us people were supported in maintaining relationships with friends and family. People said their friends; family and their visitors were made welcome when they came to the service.
- We saw throughout our inspection that staff were sensitive and discreet when supporting people, they respected people's choices and acted on their requests and decisions.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's needs and risk assessments were all individualised and person centred as were their care and support plans that we inspected. People told us they were involved in the process and they signed these documents to show their agreement with what was assessed and planned.
- The service identified people's communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others.
- The care records documented where people had communication difficulties, and steps were implemented to ensure information was provided to people in a way they could understand it.

Improving care quality in response to complaints or concerns

- There was an appropriate complaints management system in place.
- People knew how to raise a concern or complaint or to provide positive feedback to the manager about people's experiences.
- Staff knew how to raise concerns or complaints when necessary. They said they thought any complaints they raised would be listened to and acted on in an open and transparent way by management. The manager said they would use issues identified in any complaints as an opportunity to improve the service for people.

End of life care and support

- At the time of the inspection, no-one who lived at the home was receiving or required end of life care. The manager told us they had just completed relevant training and mentoring on the subject. They said arrangements for people were in progress to help them make decisions about their preferences, in consultation with their families or representatives. We saw documented evidence that supported this.

Is the service well-led?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 1 May 2018. At that inspection the home's auditing procedures revealed concerns that issues in the home were not always identified or dealt with soon enough to reduce the negative impact on people's mental well-being or to improve general living conditions for people. At this inspection we found good progress had been achieved with establishing effective auditing processes and follow up where concerns were identified. People told us things had improved considerably since the last inspection.

We have therefore changed the rating from Requires Improvement to Good.

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People told us over the last year they had been fully engaged in the process of reviewing and revising their care and support plans to ensure they appropriately reflected their preferences, hopes and aspirations. Staff said this was done in conjunction with health and social care professionals. The staff group was well established and had been in place for some years with little change and since most people had also lived in the home for more than five years there was a good understanding between people and the staff team. They said they found staff to be approachable, kind and caring.
- The registered manager notified CQC appropriately of safeguarding events and other significant events at the home, such as injuries to people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The service is required to have a registered manager. 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 the time of our inspection the registered manager told us they were leaving their post. The regional manager told us they were recruiting now for a new manager who would then apply for registration with CQC.
- Since the last inspection the provider has reviewed the quality assurance systems in place. They are now revised and updated and cover a wide range of the provider's services. Records evidenced the new process includes checks on medicines procedures, people's care records, risk assessments, the environment, maintenance and safety checks to do with health and safety practices in the home.
- The manager told us they completed a monthly audit which was sent to the regional manager. This was confirmed by the regional manager, who told us it enabled them to have oversight of how the home was

running.

- The regional manager told us they visited the service regularly and met with the manager and staff to ensure people were provided with good standards of care and support. They said their report was based on the five key questions used in CQC's inspection approach. Action plans were put in place and steps were taken to implement changes when necessary. We saw documented evidence that supported this. The local authority's quality monitoring team also confirmed this with us.
- Staff were supported to understand their roles through regular monthly staff meetings, formal supervision meetings and yearly appraisals with senior staff. Staff told us they discussed policies and procedures and progress or otherwise to do with the direct work they undertook with people living in the home.
- Staff told us that over the last year all aspects of the home and the running of the home had improved. They said this greatly increased their sense of satisfaction to do with working at Jordan lodge. They told us they worked well as a team and were proud of how they supported people to gain as much independence as was possible for them.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others.

- In January 2019 the manager sought the views of people living in the home, relatives, staff and professionals to monitor the quality of care people received. The results were analysed and the deputy manager drew up a summary report. Most of the responses were positive but where feedback suggested improvements were necessary the provider took action to ensure appropriate measures were taken. Where people in the home raised concerns we saw each item was discussed with the person concerned and a record made. We noted that people were satisfied with the responses they received.
- Health and social care professionals told us they recognised a more positive development in the running and management of the home in the last year. They told us the staff team and the manager and the deputy manager worked closely with them in the co-ordination and provision of people's care. This joint working resulted in improved outcomes for people. For example, where people had support from the community mental health teams and the provider's registered mental nurse [RMN] this has helped improve people's mental well-being.

Working in partnership with others.

- Staff worked in partnership with other agencies. Information was shared appropriately so that people got the support they required from other agencies and staff followed any professional guidance provided.
- The service made improvements based upon the findings and recommendations of external quality monitoring reports including those undertaken by the local authority.