Nundoo Nand Seeboruth

Lawrie Park Lodge

Inspection report

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Date of inspection visit:
28 April 2017
03 May 2017

Date of publication:
20 July 2017

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

Lawrie Park Lodge is a residential care home for a maximum of 19 people living with mental health needs. At the time of the inspection there were 19 people living at the service receiving care and support from staff.

At the last inspection on 29 October 2014, the service was rated Good. At this inspection, we found the service remained Good.

The service has 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.

People were kept safe from harm and abuse. Staff continued to maintain a safe environment for people to live. Staff continued to gain knowledge through training in safeguarding adults. Safeguarding processes were embedded in the service and staff took action to protect people from harm and abuse.
People continued to have the risks to their health and wellbeing identified. Risk management plans continued to provide guidance for staff to manage and reduce the risks identified.

Sufficient numbers of staff was maintained to ensure people were cared for safely. There were enough staff deployed on each shift that met people's individual needs.
Staff continued to manage people's medicines safely. The registered provider's medicine management processes were embedded within the service. Staff continued to provide safe administration, storage and disposal of medicines.

The registered manager continued to support staff. Systems for regular appraisal, training, and supervision for staff were embedded within the service. Staff discussed their professional development and training needs during meetings with their line manager.

Staff continued to ensure care for people was within the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People continued to give staff permission and their consent to care and treatment. People remained able to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

Staff continued to meet people's nutritional needs. Meals were provided that met people's preferences and needs. Sufficient food and drink continued to be available for people when they chose. People continued to have access to health care services when required. Staff understood people's health and care needs and what could affect them. There were systems in place for people to have regular health care reviews to ensure they remained well.

People and staff continued engaging in positive relationships with each other. Staff were caring and

respectful with people. People continued to be involved in making care decisions, which were recorded and used in care plans. Staff maintained dignity and privacy for people. People continued to attend social activities of their choice. Social activities people took part in met their individual needs. People maintained relationships that mattered to them.

Staff continued to complete assessments that identified people's needs. Care plans were developed from the assessments. These detailed people's needs and the support required from staff to meet those them.

The registered provider had an embedded complaint process. Staff understood this process and supported people or their relatives to make a complaint if they had concerns. The registered manager continued to manage the service. There was effective leadership from the registered provider and staff told us that the managers at the service respected them.

The registered manager continued to inform the Care Quality Commission as required. There was an embedded system in place to monitor and routinely review the quality of care. People continued to live in a service that was well led.

The five questions we ask about services and what we found

We always ask the following five questions of services.

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

Lawrie Park 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 28 April and 3 May 2017 and was unannounced. One inspector carried out the inspection. Before the inspection, we gathered and reviewed information we held about the service. We looked at statutory notifications, the provider's Provider Information Return document.

During the inspection, we spoke with five people using the service. We spoke with the registered manager, the registered provider, the chef and two care staff.

We completed general observations of the service, including interactions between people and staff. We looked at five care records and the medicine administration records (MAR) charts for all people living at the service. We also looked at other records relating to the management of the service including service audits and questionnaires.

After the inspection, we contacted two health care professionals for their opinion of the service.

Good

Is the service safe?

Our findings

We found people remained safe living at the service. People told us that they felt the service was safe and staff ensured their safety. One person said, "Yes, it is all ok here. I do feel safe." Another person "Yes, I am safe. I have nothing to worry about living here."

People continued to be protected by staff from harm and abuse. Staff knew the signs of abuse. The updated safeguarding training staff attended continued to give them knowledge and skills to keep people protected from abuse. Staff followed embedded safeguarding systems and processes. Staff understood the action they would take to manage potential abuse. We checked the safeguarding allegation records of the service. Staff referred allegations of safeguarding appropriately to the local authority. We found that allegations were investigated and the service took appropriate action to ensure the safety of people.

Risks to people continued to be identified. The management of those risks remained safe. When risks were identified staff developed plans to manage them effectively. Risks assessments identified potential risks to people's healthcare needs including those associated with a medical condition or with their mental health. Records showed that there was a clear and detailed plan in place for staff to follow to manage these risks. For example, records showed and staff could tell us about specific risks associated with a person's healthcare need. The risk management plan stated what triggers staff would see if the person's health condition deteriorated. The plan also clearly detailed the actions staff should take to ensure the safety of the person. We saw another example where the person's risk assessment detailed how staff would support the person with their mental health needs. There was guidance in place for staff that detailed the triggers for the person and what staff needed to look for when this occurred. The plan also identified what actions staff should take to keep the person and others safe.

The registered manager continued to ensure there were enough staff available to meet the needs of people. The staff rota continued to have enough staff deployed to meet people's needs. The staff rota identified which staff were on duty each day. There were sufficient staff to support people with their personal care needs if they required this. There was also staff available to accompany people to attend appointments at healthcare services. When people required support to attend social activities this was also provided. One person said "Yes, staff help me when I need it. They are good." Another person said "[Staff name] is good, they help me when I need it."

The management of medicines remained safe. Each person had Medicine Administration Record (MAR). We checked people's MAR charts and found they were completed accurately. Any gaps in the MAR were appropriately documented. For example, when a prescribed course of medicine had ended this was recorded on the MAR. A member of staff signed each MAR to confirm they had administered people's medicine. Medicine stocks accurately reflected what was recorded on people's MARs. There were medicine management systems embedded in the service that staff understood and followed. The registered manager told us that they had a working relationship with the local pharmacy. The GP arranged for repeat prescriptions to be sent to the dispensing pharmacy. Staff continued to make arrangement for the delivery of medicines for people. Some people received their medicines from the community mental health team

(CMHT). People collected their medicines when they attended an appointment at CMHT or they were delivered to the service as required. People continued to receive their medicines in a safe way.

The service continued to be maintained to a good condition. The registered provider had employed a cleaner at the service. We completed general observations of the service and saw it was clean and odour free. Staff continued to practice in a way that reduced the risk of infection. Staff had access to protective equipment for example, gloves, and aprons. Staff used these when they were completed tasks at the service. We saw clean communal areas and which were comfortable for people. There was sufficient seating available for people. The kitchen area was clean. There were colour coded chopping boards available. The chef used the equipment in the preparation of food to reduce the risk of cross contamination. The chef was able to tell us and records showed checks the staff completed to reduce and manage risks of infection at the service.

Good

Is the service effective?

Our findings

Lawrie Park Lodge continued to provide a service that remained effective. Staff continued to receive support from the registered manager and the registered provider. Staff continued to improve their skills and knowledge through regular training. Staff completed refresher training to build on knowledge learnt. New staff completed the provider's mandatory training through a period of induction. Training for staff included safeguarding adults, basic first aid and medicine management. All staff completed training specifically to meet the needs of people they provided care to. For example, staff had access to training in the management of behaviour that challenge and mental health. This training equipped staff to have the knowledge to continue to meet the needs of people.

People gave their consent to care and support. People we spoke with told us that they were supported to give their consent to care and support. Care records showed that staff obtained consent to care in writing and verbally. Care records documented that people consented to the administration and management of their medicines. People told us that they also gave verbal consent. One person said. "The staff explain clearly to me and I understand them. Then I agree to what they have suggested."

People with impaired decision making capacity were supported by staff. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Records showed that staff had applied to the local authority or an assessment within the MCA framework for people. The local authority completes an assessment on people's mental capacity and grants an authorisation, which provides guidance for staff to care for people under DoLS. This authorisation protects people from the unlawful deprivation of their liberty.

We checked the records for people who had a DoLS authorisation in place. We found the authorisations in place were valid and staff were aware of the contents of them. People were cared for in line of their individual DoLs authorisations. Staff understood and were able to tell us about the guidelines of how to support people in line with them. The registered manager understood the importance of making appropriate DoLS referrals for people when required. The DoLs records for people were located in their care records so staff had access to them as required. Before an authorisation expired, new applications were made to the supervisory body as required so people had the appropriate support in place.

People continued to eat and drink so that their needs were met. People and staff discussed the menu for the week. People were able to choose what they wanted to eat. There was access to food and drink throughout the day. There was a chef employed at the service. They prepared the main meal for people. The chef told us, "I arrange with people and staff the meal for the day, people come to me and give me their preferences and I can give people what they want if they do not want to eat the meal that I have provided." People told us that the chef prepared meals they enjoyed. For example, one person told us, "I enjoy a cooked breakfast and I have this when I ask the chef for it." Staff ensured people had choices of meals available to them. The dining area was set arranged so people could sit and enjoy their meals together.

People were supported to access healthcare services when required. People had appropriate support from healthcare professionals for their healthcare needs. People told us they saw the GP when they need to. One member of staff told us, "We have a good relationship with the GP, they know us and people living here. They can give us appointments when we need this at short notice if available." When people's healthcare needs changed staff took appropriate actions to manage them. We saw records we staff were concerned about a person's health. They had contacted their care coordinator at the community mental health team (CMHT). We saw they had reviewed their mental health needs, and their medicine to resolve the health concern. We saw another example where staff required specialist advice from a health professional. Records showed staff made a referral to a healthcare professional. They became involved with the person because their health condition was not stable. The health professional provided staff with guidance for staff. This detailed how staff should support the person. A member of staff told us, "[Person's name] health has changed. I am aware of the health condition and things that affect it and make it worse. For example, there are guidelines about the types of food [person] should avoid. We try to support them with that." The person's daily records showed that staff had followed the health professional guidance to support the person appropriately. People had access appropriate healthcare services to help them maintain their health.

Good

Is the service caring?

Our findings

People continued to live in a service where staff were caring. People and staff engaged in a friendly way. We observed staff and people sitting together while chatting and laughing. One person told us, "Yes the staff are very kind and caring." Another person said, "Staff do care a lot and help you to do the right thing, like take your medicines."

People continued to be supported to make decisions regarding their care and support. We observed staff supporting people to make decisions regarding their care needs. Staff provided an environment where people were asked their opinions. For example, we observed staff speaking with people asking them where they wanted to go on holiday next. Each person was given the opportunity to respond. People had key working sessions. This involved people and a designated member of staff participating in a meeting. The meeting centred on the person and any issues or concerns they would have. During these meetings, staff would discuss any issues with them and set goals and targets for the person if required. For example, we saw records that showed the person wanted to go to visit their relative, the records showed how this was being arranged with the person's involvement. People were supported to make decisions in the way they received care and support.

People's privacy and dignity continued to be respected by staff. People had a private bedroom, which they made personal. People decorated their rooms in a way that they preferred. We saw people had personal items in their bedroom that made their space their own. People had photographs of themselves and people that mattered to them. Rooms had been decorated in line with the person's individual choice and preferences. People who required support with their personal hygiene had this need met. Personal care support was carried out in the privacy of the person's bedroom or bathroom and with their door closed.

People made decisions about how they wanted the end of their life to be. This enabled people to share their views and for these to be recorded. Some people had relatives involved in their care who would make appropriate arrangements for them. We found end of life care arrangements were recorded when staff discussed with people. Records documented where people wanted to be at the end of their lives. For example, if they wanted to be in hospital or remain at home. Funeral arrangements were recorded. Some people had families to arrange this for them, while others preferred not to make a decision at that time. Staff told us, "Some people find it difficult to talk about end of life care. We try to speak with them. If they don't want to talk about it then we discuss any concerns with the care co-coordinator. They can become involved if the person needs this additional support." The end of life plans in place met people's needs and recorded their choices.

Staff continued to maintain people's care records. Care records were held for people in the staff office. Records contained people's personal information. Records were kept securely and only relevant staff had access to people's records when required. Staff understood the importance of maintaining confidentially when required to keep people's information safe.

Good

Is the service responsive?

Our findings

People continued to receive care and support from staff who were responsive to their needs. Care records we reviewed continued to hold relevant information about people. People had assessments before their came to live at the service. People continued to have their needs assessed so that staff continued to provide the most appropriate care. We saw that people had reassessments of they care and support needs and they contributed to their assessment. Reassessments were conducted with a relative to support the person if required. Records showed that people had a care coordinator involved in their care. Where possible they would be involved in the reassessment. This allowed the health professional to provide additional information for the assessment. Following the reassessment of people's needs, their care and support plans were updated to reflect the changes.

Staff followed a process for regular reviews of people's care and support needs. Records show that people continued to have regular reviews of their care and support to ensure they received the most appropriate care. Care reviews contained the details of the reassessments and reflect people's current care and support needs. This meant that staff had access to the most relevant information to support and guide staff to care for people appropriately.

People's assessments and care plans were person centred. People and their relatives were involved and contributed information to their assessments. This meant that the assessments were relevant and provided people with the opportunity to be involved in their care. Assessments identified areas of people's lives where they needed support to maintain their health and well-being. For example, one person required support with maintaining their personal hygiene needs and another person needed support with managing their medicines. Records contained details about the person. They included, their likes and dislikes and described how people preferred to receive their care. For example, one person preferred to wake up late in the morning. Staff were aware of this and their care records reflected this preference. Staff respected this person's wishes. Staff continued to be aware of the needs of people and understood their preferences. Staff told the inspector of examples where people had made choices about their care that had been documented. For example, one people enjoyed going to the local café on their own for a cup of coffee. We observed the person going out to do this during the day of our inspection.

People took part in activities which met their interests and needs. People had a weekly programme of activities that took place in the morning and afternoon. The programme of activities enabled people to participate in cooking sessions to develop their personal cooking skills. There were other activities available and chosen by people, this included scrabble and dominoes. There was a weekly community meeting where staff and people living at the service came together to discuss issues relevant and important to them and the service.

People were able to contribute to the weekly meetings. At this meeting, staff and people spoke together and exchanged information. People discussed their next summer holiday trip and activities they wanted to take part in within the home. People had a number of summer activities available to them that included picnics in the park, seaside trips and barbecues which people said they enjoyed. One person told us "I like to read

and do sing along by myself, I don't think I get bored because I can do things myself." Another person said of the activities provided, "Yes, I think it's enough."

People continued to develop their educational skills. For example, people were supported to attend courses at a further education college. People had developed their knowledge in information technology and improved their knowledge of computer skills. People were supported to take part in employment of their choice. For example, one person was supported to attend voluntary work at a local art gallery. This employment has increased the independence for this person enabling them to seek paid employment.

People were supported to attend external activities of their choice. For example people were supported to visit a hearing voices group where they received support from staff there. People were also supported to attend Beckenham MIND, where they received support and advice with their mental health concerns from MIND staff. MIND provides advice and support to empower anyone experiencing a mental health problem. They also campaign to improve services, raise awareness and promote understanding.

People continued to have ways to make a complaint. The registered provider maintained a system for people to make a complaint about the service. Staff understood the complaints process and procedure of the service. People we spoke with knew how to make a complaint if they were not satisfied about an aspect of their care. One person said "I would talk to [registered manger] if I have a real problem." Another person said, "I do not have any problems here." They added, "I would talk to [the registered manager] if there were any problems. I am alright." During the inspection, we asked the registered manager for details of any complaints made at the service. The registered manager had no complaints in the service for the past 12 months.

Good

Is the service well-led?

Our findings

The registered manager and registered provider continued to manage a service that was well led. The registered manager had daily management of the service. Staff we spoke with told us that the registered manager was supportive. One member of staff told us "There is good leadership of Lawrie Park by the manager." Another member of staff "The manager is really good and helpful. He knows the service and the residents very well. He is always available to ask questions." People were complimentary about the registered manger. One person said, "He is really good, he had time to listen to you and that is really good."

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager understood the requirements of their registration. They understood that they had a responsibility to inform the CQC of incidents that occurred at the service. We saw that the registered manager continued of inform the CQC of these incidents appropriately.

The registered provider who was also the owner of the service visited the home each week. They provided management support to the registered manger and operational support when the registered manager was not at the service. People knew who the registered provider was. One person said, "Yes, I know him, he is here most of the time, he is kind and speaks to me and asks me how I am doing."

People and staff had support from managers out of hours. There was management support at the service. Staff had access to management support if needed in an emergency or for advice. Staff told us that managers were available to them if urgent matters arose at the service. Staff told us the manager listened to their views, opinions and respected them.

The registered manager continued to meet with staff on a regular basis. We observed that the registered manager met with staff each day and at each shift change. This provided the registered manager an insight into how people spent their day. Staff discussed issues or concerns relating to the care and support for people. We saw records were staff had received advice and support from their manager during these meetings. For example, when a person's health had deteriorated staff asked the registered manager for advice. The manager advised the member of staff on the actions to take to manage this concern.

The registered manager continued to assess and review the quality of care. The quality assurance systems in place were used to monitor and review the service. For example, the registered manager completed health and safety audits of the service. When a concern was raised this was put on an action plan. The registered manager discussed the concern with the registered provider and details of the appropriate action to be taken. Records we reviewed showed that the action taken resolved the initial concerns the audit had identified.

People continued to receive care and support that was co-ordinated. Staff and healthcare professionals

regularly discussed people's care and support needs. People had regularly reviews involving health and social care professionals. This enabled people to have care and support that included all aspects of people's care needs. The staff at the service with health and social care professionals worked in a way that demonstrated partnership working. Staff understood who their main health and social are professionals were within the local authority and specialist mental health team CMHT. Details of the contacts were recorded and staff had access to them when they needed.