Mrs Lara Yusuff

Kings Lodge

Inspection report

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Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Requires improvement**
Is the service effective?	**Requires improvement**
Is the service caring?	**Requires improvement**
Is the service responsive?	**Good**
Is the service well-led?	**Requires improvement**

Overall summary

This inspection took place on 18 December 2015 and 11 January 2016. The inspection was unannounced on 18 December and announced on 11 January.

Kings Lodge is registered to provide personal care to people with learning disabilities in supported living. Six people used the service at the time of our inspection, living in two adjoining units in a large detached house in Barkingside, Essex. Three people live in each unit.

This was the service's first inspection since it was registered with the Care Quality Commission (CQC) in January 2011. The service had not been inspected during this time as the provider informed us they were not providing support with personal care for any of the people who lived there, however this changed during 2015.

The service is not required to have a manager registered with CQC in place as it is provided by an individual provider, who is the manager. The provider is the 'registered person'. 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.

Summary of findings

Although the service is registered with CQC as a supported living service providing support with personal care to people in their own homes, we found that people did not have valid tenancy agreements in place outlining and protecting their rights as tenants, and there were other features of the service, such as lack of control over who and when people entered their home, that meant people's rights as tenants were not protected.

People told us they were very mostly very happy living at Kings Lodge, and the staff supported them well. They had achieved the outcomes they worked towards since moving in and felt listened to and respected by staff.

Our inspection found that the support provided by the service met people's needs in a generally safe way. People were protected from abuse and staff were suitable people for their roles. However, we found that some risk assessments were not robust and did not provide clear guidance for staff on how to support people safely.

People received appropriate support from staff who were trained for their roles. However, we found that the requirements of Mental Capacity Act 2005 were not always met and people were not always asked for their consent before support was provided.

Staff supported people to eat nutritious food of their choice and maintain good health. Staff supported people to make choices, gain new skills and maintain the daily living skills they had, and access the community. However, we found that people did not always have control over who entered their home and when, or who they lived with.

Staff were caring, kind and compassionate in their interactions with people who used the service, and knew them very well. People told us they especially liked the holidays that staff supported them to plan, book and go on.

The service had an open and transparent culture and staff were clear about their roles and the ethos of the service provided. We have made recommendations to ensure that information provided to staff is relevant and specific to their work at Kings Lodge, and to ensure people's personal care and support records are well-organised with information easily found.

We found several breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what actions we have told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was generally safe. Staff knew what to do if they had concerns about people, however risk assessments did not always provide enough current information for staff on how to support people.

There was a safer recruitment procedure in place and staff were appropriately checked to ensure they were suitable people before starting work. There were enough staff to meet people's needs.

Requires improvement

Is the service effective?

The service was mostly effective. People were not always asked for their consent before care and support were provided in line with the requirements of the Mental Capacity Act 2005.

Staff had appropriate qualifications for their roles and received training and support.

Staff supported people to eat nutritious food and maintain good health through accessing health care services.

Requires improvement

Is the service caring?

The service was generally caring. Staff supported people to make informed choices and generally respected their preferences, however people's rights as tenants were not always protected and they did not always have control over their home and support.

Requires improvement

Is the service responsive?

The service was responsive. Staff supported people to lead active, full lives and learn new skills.

Complaints were managed well by the service.

Good

Is the service well-led?

The service was mostly well-led. Staff and people who used the service felt able to provide feedback about the service and were listened to, and the manager checked the quality of the service.

However, we found that people's personal care and support records were disorganised and contained out-of-date information, and that information provided to staff was not always relevant or useful for their roles. We have made recommendations about these.

We also found that the service did not have systems in place to ensure that people's rights as tenants were protected.

Requires improvement

Kings 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 18 December 2015 and 11 January 2016 and was unannounced on 18 December. The inspection was conducted by one inspector.

Before the inspection we reviewed the information we held about the provider, including notifications of events that affect the service and any feedback we had received.

During the inspection we spoke with three people who used the service, three support workers and the manager. We looked at all six people's personal care and support records, five staff personnel records and records relating to the management of the service such as tenancy agreements, staff rotas, policies and procedures, the staff handbook, complaint and compliment records and records of checks and audits. We looked at records of meetings held in and about the service and a self-monitoring audit tool for the local authority which was completed by the manager in June 2015.

After the inspection we spoke with two people's relatives and a local authority commissioning manager to gather their views about the quality and safety of the service people received.

Requires improvement

Is the service safe?

Our findings

People told us they generally felt safe living at Kings Lodge. One person said, "Sometimes I don't feel safe when [another person who uses the service] knocks on my bedroom door, but I tell one of the staff and they sort it out for me. I tell the staff if I have a fight with anyone and they help us to work it out." Another person told us, "I usually feel safe. I haven't always in the past but it's getting better now. We don't always get on but I go in my room when I need to and shut the door, do other stuff. The staff help me to sort it out."

Risks relating to people's support were assessed and monitored and strategies were in place to mitigate those risks, however we found that these were not regularly reviewed and updated as people's needs changed. For example, one person's records contained a risk assessment relating to financial exploitation, self-neglect, and "absconding". This was marked "April 2011/ 2011/ 2013/ 14" which indicated it was written in April 2011 and reviewed in the years since without any changes. This document was also identical to a risk assessment found in their records which was dated 13 May 2010. In their records we also found another document titled "risk management strategy for financial abuse by others" which was undated but marked that it was reviewed in July 2013, July 2014 and July 2015. This document outlined different strategies to those in the risk assessment document and was confusing for staff supporting the person as they did not know which strategies to use to ensure the person was protected from financial exploitation by others.

Another person's records contained a document titled "client centred risk assessment – accessing the community". This document was dated 1 January 2012 and there was nothing on it to indicate it had been reviewed since. This person's records showed they had a diagnosis of epilepsy and had experienced seizures, however their risk assessment did not include information for staff on what to do when they experienced a seizure while being supported by staff outside of the service premises.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were safeguarded from the risk of abuse as the provider had taken steps to protect people. One person's records contained information about safeguarding in pictorial format, which assisted them to understand even though they had limited reading ability. Records of 'residents meetings' showed that safety and safeguarding issues were periodically discussed with people to assist them to feel safer. Staff had been trained in safeguarding adults procedures and knew what to do if they had concerns about a person. One support worker told us, "I have done safeguarding training but I have never had to report anything. If I saw anything that was a danger I would report it to [the manager] straight away." Another support worker said, "I know to report [concerns] to the manager and the local authority. I would also reassure the person and take it seriously, and stop and record it."

Staff and people who use the service told us there were enough staff to meet people's needs safely and in a timely manner. A staff member told us, "We are never short of staff, never have to rush to get things done." Each 'unit' of the service had a staff member present whenever people were home and there were also two sleep-in staff to support people during the night. The manager was usually available at the service premises during regular office hours and there was an on-call system to provide support to staff outside of regular office hours. Staff told us this system worked well.

The service had a safer recruitment policy and procedure in place and staff personnel records showed this was followed. All staff records included appropriate checks such as the staff member's employment history and reason for leaving previous positions in health and social care, criminal record checks, references, proof of identity and proof of their right to work in the United Kingdom.

Medicines were managed appropriately. People managed their own medicines with staff support and we saw risk assessments, teaching plans and a 'self-administration form' signed by the person, their GP and the manager outlining these arrangements. Most people kept their medicines in their own room in the service premises, although some homely remedies and over-the-counter medicines were kept in the kitchen in one 'unit'.

Requires improvement

Is the service effective?

Our findings

People told us they received effective support that met their needs. One person said, "I need some help for reading and writing and the staff help me whenever I need it." Another person told us, "I really like it here. The staff always help me with anything I want to do."

However, we found that consent to care and support was not always appropriately obtained in line with the requirements 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.

Each person's records contained a 'consent form' showing they consented to the care and support provided by the service. Most people had signed these themselves, however one person's relative had signed on their behalf without any record of the person being assessed as not having capacity to understand and consent to their own support, or a best interests meeting deciding that the relative was the best person to consent on their behalf.

Additionally, people's legal rights as tenants living in the service premises were not protected by valid tenancy agreements. One person did not have a tenancy agreement at all, and none of the other five people's tenancy agreements we reviewed outlined the person's right to exclusive occupation of their room or any other part of the service premises. Three did not specify the duration of the agreement and two were unsigned by anyone.

During our first inspection visit we noted that staff freely entered people's bedrooms without asking permission, even when they were not home. One support worker we observed doing this told us that "we always ask for permission before going in when people are home. No one has ever said no".

These were breaches of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People received support from staff who had been appropriately trained and supported in their work. Staff told us, and records showed, that new staff underwent an induction programme with specific training requirements and a period of shadowing more experienced staff. A newer support worker told us, "Getting to know the people through the shadowing is the most important part of the induction."

We viewed a staff training profile on the wall of the service's office which recorded that staff had undergone training in topics of relevance to their work. These included health and safety, safe handling of medicines, fire awareness, safeguarding adults, equal opportunities, challenging behaviour and communication and record keeping. We also viewed training certificates kept in staff personnel records.

Staff had appropriate qualifications for their roles and some were gaining higher-level qualifications. Each staff member had a Diploma in health and social care to level two or three and some were working towards the level five qualification.

Records showed that staff had regular supervision meetings with their line manager in order to discuss their work and any issues that had arisen. Supervision meetings were held every second month unless a staff member was in their probationary period, in which case they were held monthly. Topics discussed during supervision included issues and concerns relating to people who used the service, staff training, staff performance and practice concerns.

People were supported to eat and drink enough to meet their needs. People told us staff supported them to make a shopping list, purchase food, and to prepare and cook meals. One person told us, "The staff help me to go shopping for my food." Another person said, "We go shopping and [the staff] cook for me as I can't do it myself. Good food! I eat in my room, it's what I want." One person's records contained a pictorial shopping list, where they ticked off what they wanted to buy each week with staff support. Another person was supported to eat a specific diet related to their religion.

We saw that people were supported to eat a healthy diet and maintain a healthy weight. One person showed us a picture of themselves from several years previously, where they were very overweight, and told us "I did it! The staff

Requires improvement

Is the service effective?

helped me to lose weight. Now I am healthy. I can walk again." Their relative wrote in an email to the manager that "in talking with [the person] [they] are also aware of the need to eat healthily and to keep active which shows [they] are being given effective guidance in [their] lifestyle". We viewed correspondence from a professional who worked with another person which said, "Since [the person] moved into [their] new care home [they] have gained weight and generally look well cared for and much happier."

Staff supported people to maintain good health and access health care services when required. People had Health Action Plans in place to ensure their health needs and preferences were recorded. One person's records showed they used a zimmer frame for support when they first moved in to the service, and were now able to walk without assistance around the premises and only used a walking stick for help when outside or in unfamiliar surroundings. We saw that all appointments with health care professionals were appropriately recorded with actions for the person and the staff, and some people who used the service had completed the appointment records themselves.

Requires improvement

Is the service caring?

Our findings

We observed that staff knew people very well and were kind and compassionate in their interactions. They asked people about their day, chatted and took the time to listen to people. People told us they were happy living at Kings Lodge. One person said, "I'm very happy living here. It's a lot more fun than where I lived before." Another person, referring to their housemate, said, "I like it here. We've lived here for 10 years, we were friends before and moved in here together."

A lot of the documents we viewed during our visit were presented in a pictorial format to take account of people's different communication needs. However, we found that the language used in some of the care and support records we viewed did not reflect and protect people's rights as tenants living in their own home. For example, one person's risk assessment noted they "abscond to the West End [of London] and to visit friends after work". The person did not have any legal restrictions on their liberty through the Mental Capacity Act 2005 or the Mental Health Act 1983, and so could not 'abscond' from their own home.

Additionally, the "house rules", agreed by people who used the service, used 'residents' to refer to people, as did most of the records of 'residents meetings' we viewed. We asked the manager about how people agreed on new housemates with whom they would be sharing their home. The manager told us they considered the dynamic of the house when assessing people who were referred for support, and did not accept referrals for people they considered would be incompatible with others, but did not formally consult people or have any documentation showing that people agreed to new housemates moving in. There was a trial period before people moved in, where people stayed for short visits building up to overnight stays over a specified period of time, however in one person's records we viewed this was described as 'respite' for their unpaid, family carers.

People were supported to have visitors as and when they wished, however one person told us that "I have to book the staff and let them know so they can make arrangements when I want a visitor". We also observed that visitors to the service were required to sign a 'visitors book' when entering and leaving the premises. These issues indicated that people did not always have control over who they lived with, or who entered their home and when.

This was a breach of regulation 10 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Staff encouraged and supported people to learn new skills and maintain their independence. A support worker told us, "We allow them to do what they can for themselves so they can learn." The manager told us, "We aim to empower people to become more independent, by being there in the background. We are back up for when people need it, not jumping in to do things for people." A person told us, "I do things for myself. I hoover and tidy my room and do my laundry, and the staff do the things I can't do like bend down to clean the toilet."

People were encouraged to make choices and state their preferences about their care and support. One person told us, "I choose what I wear myself, and what I do and where I go." Another person wrote in their response to a feedback survey, "Choices is what I get!" Staff were clear that people were in control over the day-to-day decisions of their lives. One support worker said, "It's a good place to work. Seeing the progress of the service users is the best thing, we make sure they have choices and explain things so they can understand their options." A sign hanging on the wall stated "Living the life you want – choice, freedom, independence, equality" and we could see this ethos was reflected in the day-to-day support people received. A person's relative wrote, "[My relative] is also given the chance to make decisions about [their] life including clothes, possessions and [their] room, all of which add to [their] sense of independence and confidence."

People's religious and spiritual needs were supported through observance of religious festivals and staff supporting people to attend religious services as they wished. We saw information about Christian and Jewish holidays and traditions and staff told us about how they supported people with these.

Good

Is the service responsive?

Our findings

People told us, and records showed, that the service responded well to people's needs. One person said, "We have meetings to talk about my support. [The manager] and the other staff listen to me." Another person told us, "I like to do things on the weekends. The staff help me." A person's relative said, "I have seen a real improvement in [my relative's] independence and mature behaviour…particularly pleased to see [them] being responsible for [their] own money whilst shopping and [their] own keys to the house."

Most people's records contained an initial assessment of their needs, however one person's was very brief with few details about the support they needed from staff. Another person, who had moved in within the year prior to our visit, had a comprehensive, detailed assessment of their support needs and notes about their preferences. We could also see from local authority review records that the service met each person's assessed needs.

Each person had a comprehensive, detailed, individual care plan outlining how the service operated to meet their needs, however these were generally identical from year to year for most people despite being marked as reviewed annually. These were accompanied by 'skills teaching plans' with steps outlining how people were to be supported by staff to improve their daily independent living skills. These were reviewed regularly as people achieved the outcomes for each step. For example, one person had been supported to shower more independently through pictorial resources developed specifically for them, and staff moving from fully supporting them to wash, to support through prompting. A support worker told us, "[A person] used to rock with anxiety when [they] first moved in. Now [they] have opened up, [they] do the things they want and have freedom and choices."

We saw a set of resources that staff had made for one person to assist with numeracy. These were detailed and personalised and the person showed us how they used them.

Each person had a keyworker, an allocated support worker who oversaw their support. Staff were clear about their role as a keyworker and what this meant. A support worker told us they were responsible for ensuring documentation was completed, liaising with health and other services and being the main point of contact for the person's family. People could tell us who their keyworker was and how they helped them.

People had a full timetable of activities, and each person's records contained a pictorial activities timetable for the week. People worked, went to college, attended day services and were supported with activities of their choice such as swimming. People told us they were supported to go out on weekends and in the evening if they wished to.

People told us they especially liked the holidays staff supported them to plan, book and enjoy. They told us they had been to various places around the world such as Dubai and Florida. One person's relative wrote, "I am also very impressed with the activities that are offered to [my relative] in the form of outings and holidays. [They] have seen parts of the world that [they] have never previously had the opportunity to visit."

The service had a complaints procedure in place, and had not received any formal complaints. Records showed one informal complaint that was resolved to the complainant's satisfaction. People told us they could talk to their keyworker, the manager or any of the staff if they had any problems.

Requires improvement

Is the service well-led?

Our findings

Staff, people who use the service and their relatives told us they were very happy with the management of Kings Lodge, and told us that the service was well-led. One person told us, "[The manager] helps me out with anything I need." Another person said, "[The manager] and the other staff always listen to me."

However, we found that the service did not have a system in place to ensure that people's rights as tenants were protected. The manager told us about some of the steps they had taken to address this, such as engaging a firm to act as landlord on the manager's behalf, and we will monitor the service's progress before taking further action to ensure people's rights are protected.

The service had an open and transparent culture in which staff and people who use the service felt respected and able to speak up about any issues of concern. A person told us, "We have house meetings to sort out any problems." A support worker told us, "[The manager] always listens to me when I have anything to say." Records showed that meetings of people who use the service were held sporadically, when there was an issue that needed to be addressed.

Staff were clear about their roles and told us the manager provided clear leadership and direction for their work. One support worker told us, "We are very clear about what we do here. Our job is to empower and support them to achieve their long-term goals." However, during our visit we viewed the service's "Care/ Support Workers Manual", dated August 2015, and found it contained good information and guidance for staff, but was not relevant to the work undertaken by the staff of Kings Lodge as it referred to supporting people in their own homes as a domiciliary support worker. The manual also stated "Be aware that you are a representative of [a London local authority]" which demonstrated it had not been revised specifically to provide guidance for the staff of Kings Lodge.

We recommend that the provider review information provided to staff, and ensure it is specific and relevant to the work undertaken by the staff of Kings Lodge.

The manager checked the quality of the service that people received and made changes when needed. The manager completed a comprehensive annual audit of the service's operations which resulted in actions for improvement, and twice per year a survey was sent to people and their relatives asking for feedback and we saw action was taken as a result. For example, in September 2015 one person wrote in their survey response that they wished to have different types of food available and we saw that the manger had discussed this with the person and ensured their wishes were respected. Survey responses we viewed were highly positive, for example one relative wrote, "Thank you for all you are doing to make [my relative's] life good."

People were strongly encouraged to be an active part of their community and community decision-making. One person was supported by staff to represent other people with learning disabilities on the local authority's Learning Disability Partnership Board and told us they greatly enjoyed this role.

During our visit we saw that people's personal care and support records were kept confidentially in a filing cabinet in the manager's office, which was kept locked when not directly in use. We found that, although people's records generally contained the information staff needed to support them safely, the information was sometimes difficult to find as the records contained out of date or otherwise superseded information, and records were messy and disorganised with some folders broken.

We recommend that the service reviews the ways in which people's personal care and support information is held, and ensures current information is clear, easy to find and well-organised.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect Service users were not always treated with dignity and respect, and have their rights as tenants respected. Regulation 10 (1).

Regulated activity	Regulation
Personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent Care and support was not always provided with the consent of the relevant person. Regulation 11 (1).

Regulated activity	Regulation
Personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Risks relating to people's care and support were not always appropriately assessed, and action taken to mitigate those risks. Regulation 12(1) and (2)(a) and (b).