

Susash UK Ltd

Barons Lodge

Inspection report

24 Baron Grove
Mitcham
Surrey
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Tel: 02086468280

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Ratings

Overall rating for this service

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Barons Lodge is a 'care home' and provides personal care with nursing for up to 34 people with mental health needs and/or physical disabilities in one adapted building. At the time of our inspection, there were 34 people living at the home

People's experience of using this service and what we found

People using the service told us they liked living at the home and staff were friendly and caring. There was a pleasant atmosphere in the home and we received positive feedback from people and staff about the registered manager and how the home was managed.

The provider had improved the physical environment in the home, making it person centred and more homely for the people living there.

A number of audits were completed to monitor the quality of service. There were formal ways of gathering feedback from people and staff and regular engagement with them.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 25 July 2021) and there were breaches of regulation in relation to good governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection enough improvement had been made and the provider was not in breach of regulations.

Why we inspected

This inspection was carried out to look at improvements against the breaches found at the previous inspection. As a result, we undertook a focused inspection to review the key question of well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Barons Lodge on our website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Barons 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2008.

Inspection team

This inspection was conducted by one inspector.

Service and service type

Barons Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Barons Lodge is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since it had registered with us.

The provider completed a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and

improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used this information to plan our inspection.

During the inspection

We spoke with three people living at the home, the registered manager, the deputy manager, two directors and three care workers.

We reviewed a range of records. This included training records, quality assurance checks, meeting minutes and audits.

Is the service well-led?

Our findings

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection we found we found governance and performance management were not always reliable and effective. Systems were not regularly reviewed and risks were not always identified or managed. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was not in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had acted on the breaches from the previous inspection and made improvements to the physical environment of the home and its governance processes.
- At the last inspection, we identified some health and safety issues relating to the home's physical environment and maintenance in general including fire resistant doors and uneven flooring which presented a trip hazard.
- Extensive refurbishments works had been completed in the home. This included replacing the flooring across the home, installing new speakers, new wall painting and LED lighting which made the physical environment much more pleasing and dementia friendly. The dining areas had all been levelled out and one of the dining areas had been extended out to make it level with the other dining areas. Low profile patio doors had been installed which meant there were no potential trip hazards and provided easy access to the garden. New infection control compliant handrails had been installed in the corridors, some of the which had been widened. These helped to aid mobility. New fire-resistant doors with fire release mechanisms had been installed.
- At the last inspection, we found there were some gaps in the training records for staff which was not identified through the provider's governance checks. At this inspection, we found staff training was up to date and there were governance processes in place to monitor this on an ongoing basis. Managers and staff received an alert when their training was due to expire, and this was followed up by the registered or deputy manager during staff supervision.
- The provider completed a number of audits to monitor the quality of service. These included a monthly health and safety audit looking at the physical environment in relation to safety aspects and infection control audits. Care plans including medicines records were audited every month and the pharmacist also completed an independent external audit of medicines. Staff files were also audited for accuracy. The directors also completed provider visits every month.
- The registered manager was aware of the regulatory responsibilities to submit statutory notifications to

the CQC.

- The registered manager had introduced a development/learning plan which included the potential introduction of an electronic care planning system and collating feedback and actions from the audits described above.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager was aware of the responsibilities under duty of candour.
- We received positive feedback from people and care workers about how the home was managed, including the culture.
- The CQC ratings were on display in the home. The display of the ratings is a legal requirement to inform people, those seeking information about the service and visitors of our judgments.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were systems in place for engaging and gathering feedback from people, relatives, staff and other stakeholders.
- Residents meetings were held regularly, people were asked about the care they received food, activities, any outdoor trips/recreation and their emotional wellbeing.
- Staff meetings, including director meetings also took place. Staff told us they felt well supported by the registered manager and their peers.
- Feedback questionnaires were completed by people where they were asked about catering, care and support, daily living, premises, management. We saw positive feedback such as "am happy here", "I like staff", "Staff treat you with respect" and "We have good rooms."
- Feedback from staff, relatives and others such as a professional advocate and the mental health team was also positive and included, "Very comfortable, feels at home", "Good working environment", "Approachable management" and "Good management."

Working in partnership with others

- There was evidence that the provider worked in partnership with stakeholders such as district nursing teams and the community mental health team.
- There were contact details of health care professionals on display in the home for staff to refer to if needed.