

Blackheath Care Ltd

# Leah Lodge Care Home

## Inspection report

Leah Lodge  
Blessington Road  
London  
SE13 5EB

Tel: 02083182272

Website: [www.cinnamoncc.com/care-homes/leah-lodge/](http://www.cinnamoncc.com/care-homes/leah-lodge/)

Date of inspection visit:

22 February 2019

25 February 2019

Date of publication:

17 April 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: Leah Lodge is a residential care home that was providing personal and nursing care for up to 48 older people, some of whom were living with dementia. At the time of our inspection there were 33 people using the service.

People's experience of using this service:

- People told us they felt safe using the service.
- The provider had appropriate risk assessments in place with guidance for care staff mitigating these.
- The provider supported people to take their medicines safely.
- The provider maintained a clean and tidy home.
- The provider met people's nutritional needs and people told us they liked the food on offer.
- People were supported with their physical and mental health needs and care records contained information on these.
- People gave good feedback about their care workers and told us they were kind and caring.
- People's choices were respected in relation to their care and care staff supported people to be as independent as they wanted.
- People's privacy and dignity was promoted.
- People's end of life and complex care needs were appropriately met.
- People told us they were involved in the formulation of their care plans.
- The provider had an appropriate complaints procedure and people told us they would feel comfortable raising a complaint if needed.

Rating at last inspection: Requires Improvement. (report published 20 February 2018).

Why we inspected: This was a planned comprehensive inspection based on the rating at the last inspection. The previous inspection was a comprehensive inspection.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our re-inspection schedule for those services rated Good. We may inspect sooner if any concerning information is received.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://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 safe?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Leah Lodge Care Home

## 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:

The inspection was carried out by a single inspector over a period of two days.

#### Service and service type:

Leah Lodge Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

The inspection was unannounced. We visited the service on 22 and 25 February 2019 to see the people using the service, the manager and office staff; and to review care records, policies and procedures.

#### What we did:

Before the inspection: We reviewed the information we held about the service which included the previous inspection report and the Provider Information Return Form (PIR). The PIR 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.

#### During the inspection:

- We spoke with nine people using the service and two of their relatives.
- We spoke with five care staff, the registered manager, the heads of housekeeping, maintenance, the chef,

activities coordinator and a member of senior management within the organisation.

- We also spoke with two members of the district nursing team during our inspection.
- We looked at a sample of eight people's care records, six staff records and records related to the management of the service.

After the inspection: We liaised with five health and social care professionals to ascertain their views of people's experiences.

# Is the service safe?

## Our findings

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

- People told us they felt safe using the service. One person told us "I do feel safe here."

Care workers understood their responsibilities to safeguard people from abuse. One care worker told us "We have to report any concerns to do with people's safety or if we think they are being abused" and another care worker said "I like the people I work with, but if I thought one of them was abusing anyone here, I'd go straight to the manager. I wouldn't think twice."

- Safeguarding systems and processes were in place to help prevent people from the risk of being abused.

The provider's safeguarding procedure included immediate reporting of incidents of abuse to the local authority for investigation.

- We reviewed records of safeguarding incidents and found that these were reported as required. We found the number of safeguarding incidents was proportionate to the size of the service.

Assessing risk, safety monitoring and management

- Care records included detailed risk assessments that outlined the areas of risk regarding people's care as well as clear guidelines for care staff in managing these. Risk assessments related to areas of people's physical and mental health needs. For example, we saw people at risk of pressure sores had risk assessments that stated the level of risk, whether they used specific equipment such as pressure relieving mattresses and whether they used a barrier cream.

- Care staff understood the risks associated with people's care. They gave us examples of known risks as well as what they were expected to do to minimise this. For example, one care worker told us that one person "Is unsteady on [their] feet. We make sure [they] are wearing proper shoes... that [they] have their Zimmer frame and that there's nothing in the way when [they are] mobilising."

- Where people had equipment in place, we found this was checked regularly and the checks were recorded. Any issues were followed up with appropriate actions.

- The provider ensured people's environments were safely maintained through regular checks. We saw risk assessments were conducted every month and follow up actions were completed promptly.

Staffing and recruitment

- We reviewed six staff files and found that appropriate checks had been completed to ensure care staff were suitable to support people. Staff files included application forms detailing their employment histories, evidence of at least two references, their right to work in the UK, identification checks as well as criminal record checks.

- The provider ensured enough staff were working to support people. People told us that they felt there were enough staff available to meet their needs and care staff confirmed this.

- Our observations and review of staff rotas confirmed there were enough staff scheduled to work to support the numbers of people using the service.

### Using medicines safely

- The provider assisted people with their medicines safely. People told us they received their medicines on time. One person told us "I always get my medicines on time" and another person said, "They are prompt and thorough."
- People's care plans contained details of the medicines people were supposed to be taking, the times they were required to take them as well as the dosage. There were also additional personalised details about how people liked to take their medicines. For example, one person liked to have a cup of tea immediately after taking their medicines and this was recorded in their care plan. We also saw one person's record stated they wanted to take their morning medicines at a later time as they liked to get out of bed later than the original timing of their morning dose. This had been agreed with the approval of the person's GP.
- Medicines administration was recorded on electronic medicine administration record charts (MARs). We found accurate records were kept. We identified one medicines error. We found the person had left the service for an unscheduled visit and did not take their afternoon dose of medicines with them. We spoke with the person responsible and they immediately reported the matter to the person's GP as well as senior staff and completed a reflection in relation to the incident, identifying learning points.
- PRN protocols were in place and a PRN record for medicines to be taken 'as required'. We saw these stated the maximum dosage and the reason for administration to demonstrate that they were administered appropriately.
- The abbey pain scale was completed when needed. The abbey pain scale is a standardised pain assessment tool developed for people unable to verbally express their pain such as people with dementia. One person who experienced chronic pain had assessments completed daily and sometimes twice daily. Their assessment identified non-verbal cues for their pain to ensure that they received pain relief medicines when they needed them.
- Controlled drugs were stored in line with legislation and accurate records were kept of drugs administered. Records were signed by two members of staff.

### Preventing and controlling infection

- The provider ensured good infection control practices were followed. The home was clean and tidy and people confirmed this was always the case. One relative told us "You can look around and see it's very clean and tidy. It's always like this."
- Staff had training in infection control practices and the provider employed a housekeeping team who were responsible for maintaining the cleanliness of the home and there were appropriate processes in place to do this. This included wearing personal protective equipment and using differently coloured mops for different areas of the home. The service had a sluice room for disposables such as incontinence pads and bedpans to be dealt with.
- Care staff understood their responsibilities to maintain good hygiene when caring for people. One care worker told us "Hand washing is really important. You'll see that we wash our hands constantly and wear gloves."
- The provider conducted regular infection control audits to ensure the home was appropriately maintained. We reviewed the weekly and monthly checks and these did not identify any issues.

### Learning lessons when things go wrong

- The provider ensured that appropriate actions were taken in response to accidents, incidents and safeguarding matters and lessons were learned.
- The provider's accident and incident records showed appropriate investigations were conducted when needed. Accident and incident forms were completed and these included details of who was involved in an incident, what had happened, where it happened, how it happened and if any injury occurred and what actions had been taken in response to this.
- Weekly trend analysis reports were completed for accidents and incidents to learn from these. The report

looked at the location and types of incidents and the times they happened to identify whether there was a trend. The reports we saw did not identify any trends.



# Is the service effective?

## Our findings

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

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

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

- The provider ensured that people received their care and support in line with current legislation and guidance. The registered manager told us they ensured people's care was based on current standards as policies and procedures were updated annually and care staff received annual training which included any changes to requirements. We reviewed some of the provider's policies and procedures and saw these included references to up to date legislation.
- The provider also used an online compliance system which provided them with automatic updates to legislation.

Staff support: induction, training, skills and experience

- Care staff received appropriate support through induction, training, supervisions and appraisal. One care worker told us "We get a lot of support here" and another care worker told us "We get loads of training and get supervisions every couple of months as well."
- Staff files included evidence of inductions, ongoing training, quarterly supervisions and annual appraisals. Inductions consisted of completion of various standards in line with the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Care workers completed annual refresher training in various subjects such as safeguarding adults and moving and handling training. Care workers files included copies of their certificates and the provider's training matrix showed that staff were up to date with their training.
- Supervision and appraisal forms were completed which included feedback from line managers and any follow up actions with timescales. Care workers told us they found these sessions useful.

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

- People were supported with their nutritional needs. Care plans included information for care workers about people's needs. Where people had complex needs they were seen by a professional such as a Speech and Language Therapist and their advice was incorporated in the care plan and followed. For example, one person's record stated they were required to eat a 'fork mashable' diet as well as have thickener in their drinks. People's care records included information about their personal preferences regarding food. For example, one person's care plan stated they had recently developed a disliking for broccoli, although they had enjoyed this in the past.
- Care workers understood people's needs and gave us examples of these.
- We spoke with the chef and they explained that the menu was altered on a seasonal basis and was developed in accordance with people's feedback. Alternative options were available at each meal if people did not like the food on offer and the chef was clear about people's requirements such as allergies. The chef

confirmed that at the time of our inspection, only one person had an allergy and said no-one had any particular cultural needs in relation to their diet, although one person ate a vegetarian diet.

- People gave good feedback about the food on offer. People's comments included "The food is good" and "They have two options and they'll make you something else if you don't like what they've got." We sampled the food on the first day of our inspection and found the food to be appetising, of a good portion and served at the correct temperature.

Staff working with other agencies to provide consistent, effective, timely care

- The provider worked with different agencies depending on people's needs and we saw evidence of this. People's care records included evidence of liaison with district nursing and hospital teams, Speech and Language Therapy teams and other professionals such as dentists when needed.

Supporting people to live healthier lives, access healthcare services and support

- People were supported with their physical and mental healthcare needs and care records contained information in relation to these. People's care records contained information about the conditions people had, whether they had any specific mental health history as well as current advice for care workers. We saw one person's file included the history of their hospital admissions, their current conditions and how this affected their care needs. Another person had a significant mental health history and this was included along with information about their current needs. A further person's record included details of their emotional needs as they experienced anxiety and included practical advice for care workers about how to manage this.

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.
- We found the provider was meeting all obligations under the Act.
- Where people were being deprived of their liberty, applications had either been authorised or were pending from the local authority. Mental capacity assessments had been conducted for decisions where the provider was unclear about the person's capacity to make specific decisions. Some people had legally authorised representatives in place and we found the provider lawfully liaised with them on pertinent issues to ensure decisions were made in people's best interests.
- Care workers told us they sought people's consent before providing people with care. We observed care workers asking people for permission before assisting them.

# Is the service caring?

## Our findings

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; respecting equality and diversity

- People gave good feedback about their care workers. Their comments included "[Staff] here are very nice. I've been treated very well" and "The staff are very lovely here."
- We observed kind and caring interactions between people and care staff and overheard conversations that demonstrated that staff knew people well. We overheard staff talking to people about matters such as their families and childhoods.
- Care records contained personalised details about people's life histories and their preferences about the way they wanted their care to be delivered. Care records included details such as important days in people's lives such as their wedding days and included details such as the outfits people wore. There was information about people's families, whether they had any siblings and where they grew up among other matters important to them. There was detailed information about aspects of their lives that had impacted them. This included the deaths of loved ones and other events that had shaped their lives.
- Care records included details about people's cultural needs as well as the culture in which they were raised. For example, we saw one person's care record included a description of a religious festival they used to take part in when they were young as well as details as to how care staff could now help them mark this occasion.

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

- Care workers told us they had the time to support people to meet their needs. Care workers comments included "We have the time to talk to people" and another care worker said, "We can sit with people and have a chat to make sure they're okay."
- Care staff prioritised people's choices. We observed care workers offering people choices with their food and drink and saw them waiting for a response before acting on this. We also read one example of a care plan that had been written by a person using the service to ensure their care objectives were prioritised.
- People were encouraged to be as independent as they wanted to be. Care records included details about what people were able to do and what activities they required further support with. For example, we saw people's moving and handling care plans contained clear information about the support they required to mobilise. For example, one person needed care staff to ensure their zimmer frame was within reach and their environment was not cluttered, but could move independently.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected and promoted. Care staff gave us examples of how they promoted people's dignity. One care worker told us "People's dignity is so important, especially when you're giving personal care... I make sure the door is closed and the curtains are shut." We observed care staff knocking on people's doors and waiting for a response before entering their rooms.

# 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.

### End of life care and support

- At our previous inspection we identified issues in relation to people's end of life care needs as well as those with more complex or advanced dementia needs. We found staff did not have sufficient knowledge about end of life care and dementia. At this inspection we found care staff understood people's end of life care and dementia needs and had received appropriate training to meet these.
- At the time of our inspection, one person was receiving end of life care. We spoke to this person's relative and they informed us they were highly satisfied with the level of care and support staff were providing. We spoke with members of the district nursing team who were supporting this person. They confirmed that staff at the service worked alongside them as well as St Christopher's Hospice. The district Nurses provided medicines support under the care of the GP who visited every week and care staff worked alongside them providing care. The district nurses were positive about the care being provided as well as their working relationship with staff.
- We read the care plan for the person receiving end of life care. Their care plan contained detailed information about their preferences in relation to their care including that they did not require resuscitation, their medicines as well as their spiritual needs.
- We received feedback from five health and social care professionals and they commented positively about staff knowledge and the level of care provided at the service.

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

- People and their relatives confirmed they were involved in planning their care and support. People's comments included "They asked me questions before I joined and wrote everything down... I get the care I need" and another person said "I was very involved with writing my care plan. I know what is in it." People's care records were personalised and contained details about different areas of their care needs. This included their physical, emotional and mental health needs.
- At our previous inspection we found people's changing needs, where complex, were not always adequately responded to. At this inspection we found people's changing needs were responded and the provider kept detailed records about people's care needs. For example, we saw people's electronic records included a link to their previous history in relation to their various needs. For example, where people had behaviours that challenged, their electronic records contained an easily accessible link to the history and this information was reviewed by their care team and the registered manager who assessed whether their needs were escalating and if they required any additional support.
- The provider ensured that people were supported to meet their social needs. An activities coordinator delivered an activities programme every week with the support of care workers. Activities included manicures, flower arranging, outside visits as well as indoor activities such as armchair exercises, bingo or board games. Activities were varied in accordance with people's preferences and people's involvement in activities was recorded and monitored to ensure that people were not at risk of social isolation. We

observed a flower arranging activity and saw this was well-paced in accordance with people's needs and abilities and people appeared to be enjoying this.

- The provider identified and met the communication needs of people using the service. We saw details of whether people could communicate their needs verbally within their care record and this also included further advice for care staff where needed.

Improving care quality in response to complaints or concerns

- The provider had an effective complaints policy and procedure in place. People told us they knew who to complain to if needed and told us they would feel confident raising a complaint. One person said, "I would tell any of the staff if I had a complaint."
- We reviewed the provider's complaints records and saw they were dealt with in a timely and appropriate manner in accordance with the complaints procedure.

# 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

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

- At our previous inspection we identified issues with the electronic system used to record care plans and daily notes. At this inspection we found the system was used properly, all care plans were uploaded onto the system and care workers had a clear understanding of how to use this. The system clearly recorded the daily care provided to people, the history of care provided, their conditions and treatment received as well as other relevant matters.
- The provider was aware of and was meeting its obligation to notify the Care Quality Commission (CQC) about significant incidents including safeguarding concerns.

Continuous learning and improving care

- At our previous inspection the provider's auditing systems were not capturing the issues we found. At this inspection we found the provider had a robust auditing system in place which captured information about the quality of care and areas that required further action.
- Various audits were completed which included medicines audits, health and safety audits and infection control audits. We reviewed a sample of the provider's audits and found where these identified issues, action was taken to address these.

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

- Care staff were clear about their roles and responsibilities within the service. They gave us detailed descriptions about what their role involved and the main purpose of their jobs. One care worker told us "It's my job to make sure people's needs are met and to support them to live their lives as independently as they can."
- Care workers confirmed they were given job descriptions before they applied for their roles and their jobs had met their expectations.
- Team meetings took place to ensure that relevant information was shared among staff. These included meetings for heads of department, daily handover meetings for care staff and quarterly staff meetings. Care staff said they found information was shared as needed and they found the meetings useful to their roles.

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

- The provider conducted surveys to obtain feedback from people using the service and their relatives. Surveys were conducted on an annual basis and action taken to implement any changes required as a

result. We looked at the results of the most recent surveys and found these were positive.

- Care staff gave good feedback about the management team and the registered manager. Comments included "We get good support" and "The manager is very good. She listens to us."
- The provider conducted community inclusion events to involve the community. This included a dementia awareness day in which a virtual tour was given to explain the experiences of people living with dementia. The registered manager had also recently started a relatives' support group which was intended to provide a forum for relatives to share their experiences of having a relative in a care setting.

Working in partnership with others

- The provider worked closely with other agencies as needed. We found evidence of joint working with a multi-disciplinary team which included professionals such as district nurses, Speech and Language Therapists and members from Trinity Hospice.
- We liaised with a number of professionals to obtain their feedback about the service and their relationship with staff. We received positive feedback from six professionals who stated that they had a good relationship with staff who they felt provided a good standard of care.