

Tealk Services Limited

The Lodge

Inspection report

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Tel: 020 8127 8234

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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?

Requires improvement 

Is the service well-led?

Good 

Overall summary

This inspection took place on 04 June 2015 and was unannounced. At our last inspection in August 2014 we found the provider was meeting the regulations we inspected.

The Lodge is registered to provide care for up to 15 people with mental health and physical disabilities.

There was a registered manager in place. 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 not wholly protected from the risks of unsafe or inappropriate care and support as we saw care records were not always up to date.

Staffs demonstrated a good understanding of the requirements of the Mental Capacity Act 2005, and were aware of the steps to take should someone who used the service need to be deprived of their liberty for their own safety. The service had policies and procedures in place for staff to follow to report any abuse they may witness or become aware of. Staff also received training on how to keep people safe.

There was appropriate arrangements were in place in relation to the obtaining, recording and administration of medicines.

Summary of findings

People received individualised care that met their needs. People were supported to attend health and medical appointments, and the staff sought medical assistance when people were unwell.

People and relatives told us they were satisfied with the care and support provided at the service.

Staff received appropriate training, professional development, supervision and appraisal to support them in delivering care and other services.

The registered manager had regular contact with people using the service and their representatives. They welcomed suggestions on how they could develop the services and make improvements.

There were processes to ensure people were able to contribute to discussions about how they preferred to be cared for and supported. People were supported by attentive and patient staff who understood the need to respect people's privacy and dignity. We saw staff interactions with people using the service were sensitive and respectful.

People who used the service appeared at ease in their surroundings and spoke freely about their experiences.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back 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 safe. People using the service told us they felt safe. Staff had been trained in safeguarding vulnerable adults and knew what to do in the event of suspected abuse.

Records were in place to monitor any specific areas where people were more at risk and explained what action staff needed to take to protect them.

Background checks had been carried out on staff to make sure they were suitable to work with vulnerable people. There were sufficient numbers of staff to meet people's needs.

There were systems in place to make sure people received their medicines safely.

Good



Is the service effective?

The service was effective. Staff received appropriate support to meet the needs of people living at the service.

The service had policies and procedures in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards to guide and inform the staff. The Deprivation of Liberty Safeguards (DoLS) aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom.

Care records demonstrated that when there had been changes in people's needs outside agencies had been involved to make sure they received the correct care and support.

People were given choices with regard to their meals so that they could have meals they enjoyed.

Good



Is the service caring?

The service was caring. Staff we spoke with told us how they supported people. People and relatives confirmed staff were caring, respectful and polite. People were involved in decisions relating to the care they received.

People were relaxed in the company of staff and the atmosphere in the service was homely.

People's preferences, likes, dislike and diverse needs had been recorded and care and support had been provided in accordance with their wishes.

Good



Is the service responsive?

The service was not always responsive. People were not wholly protected from the risks of unsafe or inappropriate care and support as we saw care records were not always up to date.

Requires improvement



Summary of findings

The staff organised activities for people who decided which ones they wanted to be involved in.

The provider took account of complaints and comments to improve the service. We saw that there was a system to log people's comments and learn from them.

Is the service well-led?

The service was safe. People and relatives we spoke with said that the service was run very well. Staff told us they felt supported by the registered manager.

The management team and staff had a good understanding of the ethos of the service.

The manager consulted with people about how the service was run and took account of their views. Relevant persons who had an interest in the care and attention people received had also been consulted and their opinions taken into account about how the service was run.

Regular audits and checks took place. Issues identified were acted on.

Good



The 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 was an unannounced inspection carried out on 04 June 2015 by two inspectors.

Before our inspection we reviewed the information we held about the service which included statutory notifications we have received in the last 12 months and information we had received from other professionals.

During our inspection we observed how the staff interacted with people and how people were supported. We also looked at four care records including people's risk assessments, and records relating to the management of the service such as staff training records, staff duty rosters, policies and procedures, fire safety records, risk assessments, satisfaction surveys and minutes of meetings.

We spoke with six people who used the service, four members of staff, the on call manager and the deputy manager. After the inspection we contacted two relatives to obtain their views of the service.

Is the service safe?

Our findings

People who used the service told us they had no worries about the way they were treated and that they felt safe at the service. One person said, “Yes I feel safe here.” Relatives did not raise any concerns about the safety of their loved ones. Although one person told us “I don’t feel safe here. Anyone can get in here”, we noted that the service was secured and people and visitors could only get access to the service by staff opening the gate for them and there were security cameras all around the premises.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The deputy manager and other staff we spoke with were clear about their responsibilities to report concerns and were able to describe the different types of abuse. We saw staff training records which confirmed that staff had completed safeguarding training. The registered manager and deputy manager regularly attended local safeguarding forums which were run by the local authority. The service had policies and procedures for safeguarding people who used the service. In the last twelve months the registered manager had notified us about the occurrence of incidents involving the people who used the service, which had adversely affected their health and /or welfare, for example people who had been admitted to hospital to treat a medical condition.

The service had a whistle blowing policy and encouraged staff to raise concerns in the confidence that they would deal with them in an open and professional manner.

We saw for each person staff had carried out risk assessments to identify risks to their wellbeing and safety. Where risks had been identified, there was an action plan which set out guidance for staff about how these would be managed for example when people were at risk of falls. However there were no risk assessments for one person who had diabetes. This was discussed with the deputy manager of the service. We saw information was available to staff on how to manage certain medical conditions for example epilepsy.

The provider had a system to ensure all equipment was maintained and serviced. We saw a regular programme of safety checks was carried out for example, a gas safety check was being carried out on appliances on a yearly basis

and the fire alarms were tested on a weekly basis. This helped to ensure people would be safe in the event of fire. There were arrangements in place to deal with foreseeable emergencies. Staff had received first aid training.

We saw a system in place that showed that the service had effective systems in place to monitor and review all incidents that have the potential to become a safeguarding concern. This included reporting, logging and investigation systems. The records we saw evidenced those incidents had been reported to the local authority safeguarding teams.

During a tour of the service we noted the place was cleaned however there was a very strong smell of urine on the first floor which permeated throughout the floor. The deputy explained the reasons of the smell to us and stated that they were going to deep clean the flooring and also increased the ventilation in the area.

There were effective recruitment and selection processes in place. We saw that appropriate checks were carried out before staff began work. We looked at two staff files and noted two references were obtained which commented on their previous experience and suitability for the role. There was also Disclosure and Barring Service (DBS) checks carried out to check that staff had no criminal convictions. This helped to ensure people were not exposed to staff who had been barred from working with vulnerable people. The provider ensured that employees were of good character and had the qualifications, skills and experience to support vulnerable people.

Staff and people who we spoke with confirmed that there was always enough on duty. The deputy manager told us the service was always adequately staffed. We looked at the last two weeks staff duty rotas and saw staffing levels indicated on the record matched the number of staff who were working during our inspection. The service had three empty beds at the time of our visit. The deputy manager said that the staffing was going to be reviewed when the service was operating at full capacity.

People told us that they received their medicines where they were due and did not have any concerns. There was appropriate arrangement in relation to obtaining medicines. We saw that all medicines were checked when received and recorded. We looked at the records for monitoring the medicines given to people and these had been signed to indicate that people had received their

Is the service safe?

medicines on time. There were daily audits of the medicines to make sure the systems were working effectively and according to the services policy and procedures. This meant that people received their medicines safely and when they needed it. We noted in one person's records there was a 'contingency plan' for refusal

of their anti-psychotic injection and this was very comprehensive and agreed by the prescribing physician. Every person that required medicines had an individual Medication Administration Record chart (MAR chart) which clearly stated the person's name, date of birth and allergy status.

Is the service effective?

Our findings

People said the staff were very good and supported them well. One person said, “The staff are very kind and helpful.” A relative commented, “The staff do a good job there and they are very caring.”

People were cared for by staff who were supported to deliver care and support safely. Staff received appropriate training and professional development. The deputy manager told us that before staff began to work with people, they underwent an induction which covered information about the service, their roles and an introduction to the main policies and procedures. New staff worked through a probation period and attended an appraisal at the end of this period when they were given feedback on their performance and achievements. We saw evidence that once employed, staff received regular and relevant training appropriate to the tasks they performed.

All staff completed training in a number of key areas to ensure they were competent to do their job. We were able to see records of training that staff had attended and noted some gaps on the training records. The deputy manager informed us that training courses had been arranged for staff to attend and showed us evidence of this. Staff said that the training had supported them to meet the needs of the people living at the service. Staff records showed that staff were receiving regular formal supervision. Staff we spoke with confirmed that they had received supervision from their supervisor. We saw a number supervision records and these showed that a range of issues were discussed, including staff training needs.

Before people received any care or support they were asked for their consent and the staff acted in accordance with their wishes. People told us staff always asked for their consent and explained what they were going to do. One person said, “The staff always ask me before they do things.” During our visit we saw that staff routinely asked people before completing tasks with them, for example if they wanted their to take their medicines or go out in the community.

People’s care and support was planned and delivered in a way that protected them from unlawful discrimination. At the time of our visit there was one person subject to a Deprivation of Liberty Safeguards (DoLS) application. The Deprivation of Liberty Safeguards (DoLS) are part of the

Mental Capacity Act 2005. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. The deputy manager demonstrated a clear understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). They explained how capacity assessments were made on admission and reviewed regularly. Where the staff identified limitations in people’s ability to make specific decisions they worked with them, their relatives and relevant advocates in making decisions for them in their ‘best interest’ in line with the Mental Capacity Act 2005. One staff member told us, “We always encouraged and helped people to make their own decisions.”

People were involved in making decisions about the food they ate. People were asked each day what they would like for breakfast, lunch and dinner. People told us they enjoyed the food that was served. One person told us, “The food is very good.” Another person told us, “The food is alright but you get what you’re given.” The dining room was on the ground floor and adjacent to the lounge. People could choose where they would like to eat. We saw that the meal time (lunch) was unrushed; staff interacted in a friendly manner were aware of people’s needs. The atmosphere in the dining room during the meal was relaxed, quiet but friendly and people chatted together if they wanted. Refreshments were available. People’s weights were recorded monthly. Staff monitored people’s nutritional intake and recorded if people refused, declined or did not eat any meals. On the day we noted lunch did not include fresh food for most people. One person had an omelette and tinned spaghetti, but other people all had food out of a packet or a tin (tinned spaghetti, frozen hash browns, frozen fish and chips). There were no vegetables or fruit evident in the service. One staff member told us that these were kept in the cellar as one person took them and hoarded them. However, three people told us it was difficult to ask for fruit when they wanted it. This was discussed with the deputy manager who confirmed what the staff member told us. They said that fresh vegetables and fruits were always available to people and were willing to go and show us where they were kept. People told us they helped with the washing up and preparation of the vegetables. We saw one person helping with drying up of cutleries in the kitchen.

People maintained good physical and mental health because the service worked closely with other health and

Is the service effective?

social care professionals. One person said, "Staff help me to go the doctors." Another person told us, "I don't need support to go to the doctor, but sometimes I forget things so staff come with me to help me remember." Referrals were made for extra support when needed. We saw evidence in the care plans that professionals such as

psychiatrists had been involved to make sure people's mental health needs were met. This meant that people could be assured that staff supported them to make their own decisions whilst taking appropriate action to protect their welfare.

Is the service caring?

Our findings

Comments from people using the service were positive, indicating that staff were kind and helpful in meeting their care needs. One person said “I like it here” and “the staff are good to me”.

We saw staff treated people with dignity and respect and care/support was delivered in an unhurried and sensitive manner. Staff were courteous and people were relaxed and comfortable in their presence. People were observed moving freely around the home, spending time in their bedrooms, or in the main lounge. We saw staff were always taking their time to actively listen and find out exactly what people who used the service wanted.

People were observed to be treated with respect by staff and to have their privacy and dignity respected. We observed staff knocked on people’s doors before entering their room. Staff called people by their preferred name and had clearly built rapport with them.

People were involved, where able, in decisions about their care which helped them to retain choice and control over how their care and support was delivered. Where people were unable to express their views and wishes, relatives were involved in decisions about the care of people. One relative told us, “The staff always ring me and let me know what’s going on with my relative.”

The deputy manager told us that people were helped to maintain relationships with people who were important to

them. Relatives and friends were welcomed to the service and there were no restrictions on times or lengths of visits. People confirmed to us that they were able to keep in touch with their family and friends and were supported to do the things they wanted to do.

People were supported in promoting their independence and community involvement. People, who had been assessed, were able to go out on their own or with support from staff for trips, walks or to the local shops. Where there were restrictions on people’s independence we found that risk assessments were in place and that the restrictions had been agreed by a multi-professional team so as to ensure the safety of the person and the public. The deputy manager told us that people who used the service were actively encouraged and supported as far as they were willing and capable of doing so to clean their own bedrooms and do their laundry. We saw that each person had a designated laundry day. One person told us, “I look after myself for personal care, I don’t need help.”

People were supported to choose and undertake a wide range of activities, and to find new things to do. On the day of our visit some people took part in bingo whilst other people went out for a walk in the local park.

Where people had culturally diverse needs identified, those needs were planned for in the care plans. One person was vegetarian and the registered manager had devised a separate menu for them which the staff were aware of. We were showed a copy of the vegetarian menu which was kept in the kitchen.

Is the service responsive?

Our findings

People received individualised support that met their needs. A relative told us, “The staff are very good and always provide good support.”

People were not wholly protected from the risks of unsafe or inappropriate care and support as we saw care records were not always up to date. This posed a risk that staff may be referring to information which did not reflect people's current needs to ensure their care, welfare and safety. We found one person's ‘physical health needs’ care plan did not include the information that they had a heart condition or used a wheelchair and so did not provide appropriate guidance for staff in these areas. There had been two incidents in which one person assaulted another person and this was not reflected in the person's care plan or risk assessment. Three people's missing person's information sheets were blank. One person's records showed they were referred for a memory assessment and scan in January 2015 but there was no outcome recorded. We also noted one person's records contained a manual handling risk assessment that was dated 24 July 2013 and had not been reviewed since. This person had a history of falls and their manual handling plan was blank. The risk assessment noted that the person was very frail and needed support but did not have any details on how to reduce the risk for that person. This was in breach of Regulation 17(2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We viewed four people's care plans, and found that they gave sufficient instructions for staff to deliver the care each person needed. We saw there was an assessment which included all aspects of care such as the person's mobility, their nutritional needs, personal care, medicines, social lifestyle and mental health needs. Information was readily available on the person's likes/dislikes, and how they preferred to be supported.

Care plans were mostly devised and developed to meet individual health and social care needs. We saw evidence that care plans were regularly reviewed. However we noted that one person's care plan reviews did not reflect their

current situation. For example the reviews stated the person was still very independent with personal care however the person clearly did not complete the personal care tasks independently as they and their room smelled very strongly of urine. This was discussed with the management of the service who informed us that the person was very reluctant to have staff supporting them with personal care. This should have been noted in their care plan reviews for staff to ensure they were meeting the needs of the people who used the service.

Each person was allocated a key worker. The key worker took responsibility for overseeing people's care and developing a special relationship with them. People had some choice of which member of staff became their key worker. The key worker had monthly meetings with their key person to discuss any issues they might have and to see if they needed anything doing on their behalf. However we noted that some of the records of the monthly key working sessions were identical from month to month.

Each person had a hospital passport which was up to date. The aim of the hospital passport is to assist people with learning disabilities to provide hospital staff with important information about them and their health when they are admitted to hospital.

People and relatives told us they knew how to raise a complaint if they needed to. One person told us, “I know how to complain and will speak to the staff.” Another person said, “I would speak my keyworker or manager.” One relative said, “I am aware of how to complaint but never had to, I am happy with the service.” The service had a written procedure on what to do if a person wanted to make a complaint. This was displayed in the communal areas as well as in each bedroom. The procedure included what to do if a person was not satisfied with how the service had handled their complaint. This meant that people had got access to all the information about their rights to make a complaint about the service. There were no written complaints received by the service for us to review. Informal concerns raised by people were addressed through discussion with staff on a day to day basis.

Is the service well-led?

Our findings

People and relatives told us that the service was well managed and that they could speak to staff or the registered manager as and when they wanted. One relative said, “The staff are always very helpful and I can talk to the manager.” One person said, “I am happy with the way the home is running and if I am not then I will talk to the boss (manager).” Staff told us that the registered manager was very supportive.

Staff were clear about their roles and responsibilities and had a good understanding of the ethos of the service. They told us that they worked together and communication was good between staff and the management of the service.

Records evidenced that staff meetings took place on a regular basis. The minutes of these meetings showed that issues were discussed to improve the quality of care that people received. Staff said that these meetings were useful and helped to discuss and share ideas or any concern they might have. Staff said that the registered manager was very supportive and staff morale was good.

A quality assurance questionnaire was sent out once a year by the provider to people who used the service, their relatives or representatives and health care professionals. This gave people the opportunity to have their say about

the service that was provided. The results were analysed and action were taken where improvements were needed. Following feedback from the last survey people were now offered more activities. We looked at some of the responses to the feedback forms carried out in April 2014 and they were mostly positive and demonstrated people using the service were satisfied with the service they were receiving.

The deputy manager told us they undertook regular audits to monitor the quality of the service they provided. We saw this included regular care plan reviews, medicines stock/ administration and health and safety checks audits. We noted that where any issues had been found during these audits, an action plan was put in place. This meant people could be confident the quality of the service was being assessed and monitored.

We looked at a number of policies and procedures that gave guidance to staff in a number of key areas. We saw that these policies had been reviewed recently to ensure that they were up to date due to the changes in regulations.

We found that people's records were kept securely in order to protect people's confidentiality. This showed that the service recognised the importance of people's personal details being kept securely to preserve confidentiality.

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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person did not ensure people were not wholly protected from the risks of unsafe or inappropriate care and support as we saw care records were not always up to date. Regulation 17(2) (c).