

London Borough of Barking & Dagenham

Kallar Lodge Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

This inspection took place on 10 November 2016 and was unannounced. At the previous inspection of this service in November 2013 we found it was meeting all the regulations we looked at during that inspection.

Kallar Lodge is registered to provide accommodation and support with personal care for up to 37 older people living with dementia. The home is operated by the London Borough of Barking and Dagenham. At the time of our inspection 33 people were using the service.

The service had 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.

The service had appropriate arrangements in place for safeguarding adults from the risk of abuse. Risk assessments were in place which included information about how to support people in a safe manner. There were enough staff working at the service and robust staff recruitment procedures were in place. Medicines were managed in a safe manner. However, we found a number of minor issues of concern relating to safety at the service.

Staff were well supported and received regular training and supervision. The service was operating within the Mental Capacity Act 2005 and people were able to make choices about their daily lives, including about what they ate and drank. People had routine access to health care professionals.

People told us they were treated with respect and in a caring manner by staff. The service promoted people's independence and privacy. However, we found that bedroom doors were not personalised and did not promote orientation for people. We have made a good practice recommendation about this.

Care plans were in place which set out how to meet people's individual needs. People were supported to engage in a variety of activities. The service had a complaints procedure in place and people knew how to make a complaint.

Staff spoke positively of the registered manager. The service had quality assurance and monitoring systems in place, some of which involved seeking the views of people that used the service.

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 not always safe. We found a number of issues relating to safety that needed to be addressed. Medicines were not always stored securely, risk assessments were not always completed correctly and there was a leaking water tank dripping water in to a corridor.

Staff understood their responsibility with regard to safeguarding adults and systems were in place to help protect people from the risk of abuse.

Risk assessments were in place which set out how to support people safely. Staff understood how to support people who exhibited behaviours that challenged the service.

There were enough staff working at the service to meet people's assessed needs. Robust staff recruitment procedures were in place.

Medicines were mostly managed in a safe manner.

Requires Improvement 

Is the service effective?

The service was effective. Staff undertook regular training and received one to one supervision from a senior member of staff.

The service operated within the Mental capacity Act 2005. Where people's liberty was deprived this was because there was a DoLS authorisation in place. People were able to make choices about their daily lives. This included choices about food and drink.

People had regular access to health care professionals.

Good 

Is the service caring?

The service was caring. People told us staff treated them well and we saw staff interacting with people in a friendly and respectful way.

The service promoted people's dignity, privacy and independence.

Good 

Is the service responsive?

Good ●

The service was responsive. People's needs were assessed and care plans were in place. People and relatives were involved in developing care plans.

People were supported to access a variety of social and leisure activities.

The service had a complaints procedure in place and people knew how to make a complaint.

Is the service well-led?

Good ●

The service was well-led. There was a registered manager in place. Staff told us they found the registered manager to be approachable and helpful.

The service had various quality assurance and monitoring systems in place. Some of these included seeking the views of people that used the service and other stakeholders.

Kallar Lodge Residential Care Home

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.

This inspection took place on 10 November 2016 and was unannounced. The inspection team consisted of two inspectors, another member of CQC staff who was attending the inspection as part of their induction and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we already held about the service. This included details of its registration, previous inspection reports and notifications the provider had sent us. We contacted the local Healthwatch team to seek their views about the service.

During the inspection we spoke with 12 people using the service and four relatives. We spoke with 12 staff. This included the head chef and chef's assistant, the maintenance person, the deputy manager, five care assistants, the registered manager, a team leader and the group manager. We spoke with a health care professional who was visiting the service on the day of our inspection. We observed how staff interacted with people. We looked at various records. This included six sets of care records relating to people including care plans and risk assessments. We looked at six sets of staff records including recruitment, training and supervision. We checked medicines records and quality assurance and monitoring systems. We looked at various policies and procedures including safeguarding adults and complaints procedures.

Is the service safe?

Our findings

People using the service and relatives told us they felt safe. One person, when asked if they felt safe, replied, "Yes, we like it here." A relative said, "He feels safe here. He is allowed to use the lift which he does. He feels comfortable and safe in his room." A further relative said, "They are really good here. I would recommend this home, especially for people with Dementia, it is really safe."

The service had appropriate arrangements in place for safeguarding adults. The service was run by the local authority and used its safeguarding adults procedure. This made clear that any allegations of abuse needed to be reported to the local authority safeguarding team.

Staff were aware of their responsibility to report any allegations of abuse. One staff member said, "I would report it to my supervisor or my line manager." Another staff member said, "If there is anything I suspect that is happening I need to raise an alarm." A third member of staff said, "I would talk to my manager or I would call you guys [CQC]." Staff were also aware of whistle blowing procedures and of their right to whistle blow to outside agencies if appropriate.

Risk assessments were in place for people which covered risks associated with medicines, dementia, moving and handling and falls and included information about how to mitigate the risks people faced. For example, moving and handling risk assessments included details of the staff support and equipment required to transfer a person safely. Risk assessments were subject to monthly review.

Waterlow assessments were in place for people which assessed their risk of developing pressure ulcers and other skin wounds. One person was rated as being at 'High Risk' according to their Waterlow assessment. We discussed this with the registered manager who told us this had been completed incorrectly and they were not at high risk. Another person was assessed as being 'at risk'. However, there was no care plan or risk assessment in place detailing how to manage and mitigate this risk. We discussed this with the registered manager who told us this was an oversight on the part of the service. We noted that the service had devised a risk assessment for this person before we completed our inspection.

Where people exhibited behaviours that challenged the service, staff had a good understanding of how to support them without the use of physical intervention. For example, staff told us they diverted people into doing things they were interested in and gave them space and time to calm down. The registered manager told us the service did not use physical restraint when working with people.

People told us there were enough staff to meet their needs in a safe manner. A relative said, "I really don't know how many [staff] are here, it seems fine." A second relative said, "Yes [there were enough staff] and the same [staff] all the time." Most staff we spoke with told us there were enough staff working at the service and they had time to carry out all their duties. However, one staff member said, "I think we could do with more staff, you feel rushed." They told us this was more so when agency staff were on shift who did not know the routine or people's needs, but the staff member added that people's needs were always met safely. During the inspection we observed that staff were able to support people in a timely manner and staff were not

rushed or hurried in carrying out their duties.

The service had robust staff recruitment procedures in place. Staff told us and records confirmed that the service carried out checks on prospective staff before they were able to begin work. One staff member said, "I came for an interview. We did enhanced DBS, they asked me to bring my passport." Records showed checks carried out included employment references, proof of identification and Disclosure and Barring Service (DBS) checks. DBS checks are to see if a staff member is barred from working with vulnerable people or has any criminal convictions that might make them unsuitable to work in the care sector. This meant the service had taken steps to ensure it employed suitable staff. However, we found that a number of staff files were quite poorly organised, some had missing information that had to be produced for us after our inspection. The deputy manager told us the service no longer employed any administrative staff who previously had responsibility for maintaining staff files in good order.

Medicines were stored in medicine cabinets which were kept in a designated treatment room that was kept locked when not in use. However, we found that the keys to the medicines cabinets were tied to the handle of the cabinets. This meant that if people could access the cabinets they would be able to open them as the keys were readily accessible and visible. We discussed this with the registered manager who said they would take immediate steps to change this practice and remove the keys to a place of safety.

Most medicines were in blister packs which meant each dose of medicine to be administered was stored separately. This made it easier to administer the medicines thus reducing the risk of errors occurring. Medicine administration record (MAR) charts were in place. Staff signed these each time they administered a medicine. They included details of the name, strength, dose and time of administration of each medicine. We checked MAR charts and found them to be mostly up to date and accurate. However, three medicines that had been administered to a person on the morning of our inspection had not been signed for. We saw this was addressed with the relevant staff member. Where people were prescribed 'as required' (PRN) medicines protocols were in place for staff providing information about when they should be administered. Records were maintained of medicines entering the service and of those that were returned to the pharmacist because they were no longer needed. This meant there was a record of the amounts of medicines held in stock. We checked the amounts of several medicines held in stock and found they tallied with the amounts recorded as being in stock.

During the inspection we found there was a hole in the second floor ceiling and water was continuously dripping down into the corridor from a damaged water tank. A bucket was on the floor to collect the water along with two signs warning of the hazard. This presented a significant risk of trips or falls to people using the service. Records showed the water had been leaking for at least two weeks before the date of our inspection. We discussed this with the registered manager and noted that plumbers attended to this on the day of our inspection. However, they were unable to resolve this issue. The group manager for the service contacted us after the inspection and gave assurances that the matter had been successfully addressed and the risk had been eliminated.

Although areas of concern that we found were addressed by the service in a timely manner, it was noted that we found concerns relating to the safe storage of medicines, incorrectly completed risk assessments and the leaking water tank. We have therefore rated this section as requires improvement.

Is the service effective?

Our findings

People received care from staff who received appropriate training and support to enable them to meet their needs effectively. Staff received an induction programme on commencing work at the service. Staff told us their induction included shadowing experienced members of staff. This was so they could learn how to provide support to individuals using the service. Staff also told us and records confirmed that they undertook various training courses as part of their induction. One staff member said, "I was trained in moving and handling, COSHH, safeguarding and care planning."

Staff told us and records confirmed that they had access to on-going training. A staff member said, "We have on-going training. We've done fire, infection control, safeguarding adults. There have been so many. The dementia training was excellent." Another staff member echoed this sentiment, telling us, "Recently I went for dementia training, it was really good." A further staff member said, "The last one [training course] I did was first aid, safeguarding training was earlier this year." Records showed that staff training was up to date. Mandatory training that staff undertook included manual handling, basic first aid, safeguarding adults, health and safety, fire safety, dignity and respect, equality and diversity and dementia awareness.

Staff told us and records confirmed that they received one to one supervision from a senior member of staff. One staff member said of their supervision, "You talk about courses, anything that is happening in work, all to do with the job." Another staff member told us of their supervision, "She [supervisor] asked me if there was anything I had a problem with, or any training needed." Records showed supervision included discussions about training, performance and issues relating to people using the service.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found where people were deprived of their liberty at the service this was done in line with the MCA. DoLS authorisations had been made by the local authority and the service had notified the Care Quality Commission in line with legislation.

People or their relatives had signed consent forms to allow the service to carry out various tasks on their behalf. This included buying toiletries, taking their photograph, sharing information with relevant persons and assisting with correspondence. Staff told us they supported people to make choices over their daily life, such as about what they wore. One staff member said, "I ask and you show them clothes, you give different options."

People told us they liked the food and they had a choice about what they ate. One person said of the food,

"It is quite good, quite tasty." A second person, when asked if they enjoyed the food, replied, "Oh yes, can't fault that." A relative said, "My father is Hindu so they make sure he does not eat any beef. They are very aware of it and make sure it does not occur." Another relative said, "Yes he likes the food. He has actually put on a few pounds. He no longer has any UTI's since living here. This is I am sure down to the fact that they make sure he is always hydrated."

We observed the breakfast period and saw people had cereal and toast and each person was offered the choice of a cooked breakfast every day. Records showed people were offered a choice of meals. If people did not want either of the choices on offer they were able to have something else, depending on what was in stock in the kitchen.

People were able to choose where they ate their meals. We saw one person eating a meal sitting alone in a communal room. The registered manager said they preferred to do this as they found the dining areas too noisy. Where people required staff support with eating we observed this was done in a sensitive manner with the staff going at the pace that suited the person.

The Malnutrition Universal Screening Tool (MUST) was used at the service. MUST is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition or obese. This included checking people's weight each month to check there was no significant weight gain or loss. Records showed this was being done. The registered manager told us none of the people using the service at the time of our inspection had issues with malnutrition.

Records showed that people had access to health care professionals including dentists, GP's, opticians and district nurses. If people did not want to see a health care professional this was respected. For example, the care plan for one person stated, "I have a fear of dentists and my family have requested I do not see one." Where people had specific medical conditions, information about this was included in their care plans, for example in relation to dementia, high blood pressure and diabetes.

Relatives told us the service was meeting people's health care needs. One relative said, "He had a medical review a month ago. The GP came last week and gave him his flu jab" and another relative told us, "She was in the hospital as she fractured her pelvis. She got really good support when she came back and is now mobile again."

We spoke with a health care professional who was visiting the service on the day of our inspection. They told us they did not have any concerns about the care provided. They told us the communication between the staff and their service was good and that staff had a good understanding of the relevant health care needs of people.

Is the service caring?

Our findings

People told us they were treated with respect by staff. When asked if their privacy was respected by staff one person replied, "Yes, they are quite good at that." Another person said, "They always come when you call them. It is really nice here." A relative said, "They [staff] are kind and considerate. I have noticed they are caring, it's not all put on, you can tell." Another relative said, "He has a hearing problem and the carers write messages in bold capitals which is really helpful for him. I also note that he smiles when a carer comes in the room so I know that he feels comfortable." During the inspection we observed staff interacting with people in a friendly and respectful way.

Staff told us they regularly worked with the same people so they got to know them as individuals and got to understand their support needs. Staff were able to explain the individual support needs of the people they supported on the day of inspection. A relative said, "They [staff] ask about her hobbies and her family so they can relate to her." This helped staff to get a good understanding of people.

Staff had a good understanding of how to promote people's dignity and privacy. For example, one staff member said they promoted privacy by, "Keeping things confidential. If they have anything to tell you that's personal you are not shouting it for anyone to hear." Another staff member said, "We have to knock on the door, tell them what we are doing." A third staff member told us, "Treat them with dignity, before we do anything we seek their permission. We give them the opportunity to make choices. We bring their green and black trousers and say 'which one do you want'."

Care plans included information about supporting people to be as independent as possible, setting out what they were able to do for themselves and what they required support with. For example, the care plan for one person stated, "I can drink independently but cannot pour my own juice from the jug." The care plan for another person stated, "[Person that used the service] will wash her face with verbal guidance and will rub shampoo in her hair." Staff told us they supported people to be as independent as possible. For example, one staff member said, "If they are still able and want to feed themselves we let them do as much as possible." Another staff member said, "We encourage them to do tasks, like if they can reach their frame to walk, or comb their hair."

Care plans contained some information about the person's previous life history, such as their employment and where they lived, but this was limited. The registered manager told us this was one area of the care plans that they planned to improve upon.

Each person had their own bedroom. These included ensuite toilet, shower and hand washing facilities. This served to promote people's privacy. We looked at three bedrooms. These were clean and tidy and homely in appearance. Bedrooms contained people's personal possessions such as televisions and family photographs. We did however note that all bedroom doors were the same grey colour. People's names were on bedroom doors but there was no other identifying information such as photographs of people or objects that had some relevance for them. We recommended that the service follows best practice with regard to people living with dementia and take steps to personalise each bedroom door to make orientation for

people easier and to provide a more homely atmosphere.

Is the service responsive?

Our findings

People told us they were happy with the support provided and they were involved in planning their care. A relative said, "Overall I think the quality is really good and I am pleased with how they care for my [family member]." Another relative said, "I attend the review meetings, they asked my [family member] how things are." A third relative said, "Today I have an appointment with the manager to do a review."

The registered manager told us after receiving an initial referral either they or the deputy manager carried out an assessment of the person's needs and to find out, "What things are important to the person." The assessment involved meeting with the person and their family members where appropriate, as well as reviewing existing documentation about the person and speaking with relevant professionals. The registered manager said the purpose of the assessment was, "To establish whether we can meet their needs." The registered manager told us there had been occasions when they had declined a referral because they had not been able to meet their needs. For example, if the person had nursing needs that could not be met by the district nursing service. Before moving in people and their relatives were invited to come and visit the service and have a look around to help them decide if it was suitable for them. The registered manager said people initially moved in on a six week trial basis after which a placement review meeting was held. Records confirmed this was the case.

Care plans were in place for people. Records showed these were reviewed on a monthly basis. This meant they were able to reflect people's needs as they changed over time. Care plans included information about people's needs in relation to personal care, dietary needs, medicines, social contact, daily routines and communication.

The registered manager told us they thought care plans needed to be improved and that they were developing a new style of care plan. They said, "I don't feel the care plans are personalised enough. I plan to meet with each resident and their family on a one to one basis [to develop new care plans]." They told us they had only just started on this process and at the time of our inspection none of the people using the service had a new style care plan in place, but that they planned to have a new care plan in place for everyone by 31 January 2017. Care plans did contain some personal information. For example, the care plan on personal care for one person stated, "[person that used the service] requires a member of staff to ensure her body is dry although she can manage much of this herself. Particular attention needs to be given to her groin area and under her breasts as she has had problems with skin issues in the past. She cannot dry her own feet and will need assistance to do that."

The service had an on-site hairdressing room and a hairdresser visited the service weekly. Care plans confirmed that this was a service that people valued and many used frequently. The service had two outdoor terraces and sensory gardens which were attractive in appearance. Although no one was using these during our inspection, the registered manager told us they were popular places for people to relax during warm weather. The service also grew some of its own vegetables and some people helped out with the gardening, growing cucumbers and tomatoes. The home had a resident cat which we were told was rescued from a skip when it was a kitten and some people enjoyed the company of the cat. We observed

various structured activities taking place during the course of our inspection. These included a Christmas card making session and a quiz. Both of which were in line with the advertised activities timetable. People were seen to be engaging in these activities and enjoying them. The service had photos of people engaging in activities such as an Easter party and a party to celebrate Queen Elizabeth the Second's birthday party. Relatives confirmed that activities took place. One relative said, "For Father's Day he was involved in making cards and we were invited for tea. For his Birthday they gave him a card and a Birthday Cake." Another relative said, "We like the quizzes and the singing and the music."

People told us they knew how to make a complaint. One person said, "I would speak to the Manager. I don't know her name but I do by sight." A relative said, "I would talk to the manager, we had an issue with missing shoes and they gave me the money to buy a new pair." Another relative said, "We would talk to the Manager, but we are not unhappy."

The service had a complaints procedure in place. This included timescales for responding to complaints received and details of who people could complain to if they were not satisfied with the response from the service. The registered manager told us people and their relatives were provided with their own copy of the complaints procedure.

Records of compliments were kept. We saw several cards from people praising the service and the care relatives had received. We also saw an email dated 16 October 2016 from a relative which stated, "She was looked after with care and compassion by the staff. [Registered manager] was particularly helpful when we arrived at the home late in the evening."

Is the service well-led?

Our findings

Relatives told us the service consulted them about the care at the service. One relative said, "They have a questionnaire, they ask about what they [people that used the service] like." Another relative said, "They usually do one on one. They have not done a family meeting that I am aware of. Send surveys to complete, but have never seen any results from them" when asked if the service spoke to them about their relatives care.

The service had a registered manager in place. They were supported in the running of the service by a deputy manager and three team leaders. Staff spoke positively about the registered manager, the other senior staff and about the working atmosphere at the service. One staff member said of the registered manager, "Very good, I find her very caring and approachable." A further staff member said, "[Registered manager] is very approachable. She is supportive." A third staff member said, "They are good, especially [registered manager]. She is approachable, she listens." The same staff member also said of the working atmosphere at the service, "It's been good."

The service had various quality assurance and monitoring systems in place. Audits were carried out. These included environmental audits which checked cleanliness in the service and health, safety and wellbeing audits. 'Peer review' inspections of the service were carried out by managers of other care services run by the London Borough of Barking and Dagenham. These looked at the same five questions CQC focused on during inspections, i.e. was the service safe, effective, caring, responsive and well-led. At a recent peer review inspection it was highlighted that the service had not had any recent relatives meetings and one had subsequently been arranged.

Staff told us and records confirmed that regular staff meetings were held. One member of staff said, "Probably every three months or so we have team meetings. All staff can bring things to the table." Another staff member said of a recent staff meeting, "The last one we did [registered manager] told us the situation, she asked if any concerns, talked about teamwork." The registered manager told us they held two separate team meetings within two to three days of each other, both covering the same issues. This was to maximise the number of staff who were able to attend a team meeting and ensure that staff cover was available to provide support to people. The minutes of the most recent staff meeting evidenced discussions about staff sickness levels, up-coming training, staff dress at work, menus and the importance of keeping care plans up to date.

In addition to team meetings for all staff, meetings were held for the senior staff, known as 'officers meetings'. The minutes of the most recent 'officers meetings' showed discussions about a recent monitoring visit by the local authority contracts team, ensuring confidential information was stored securely and issues relating to people who used the service.

The registered manager told us there had not been a recent relatives meetings but records confirmed one was scheduled for 27 November 2016. To aid communication with relatives and to keep them informed of what was going on at the service a newsletter was sent out to family members every two months. The most

recent letter from October 2016 talked about the plans to offer people flu jabs, the plan to review care plans and to invite relatives in to meetings to discuss this and gave notice of the forthcoming relatives meeting.

The group manager for the service told us that the provider, the London Borough of Barking and Dagenham, had recently decided that care services run by the local authority should be subject to the same scrutiny as private care providers operating within the Borough. This meant they were subject to monitoring visits carried out by local authority staff. The first of these took place on 7 November 2016, although the report from this visit was not available at the time of our inspection.

The registered manager told us they were in the process of carrying out a survey of people that used the service and their relatives, staff and professionals involved with the service. The purpose of the service was to seek the views of relevant persons about how the service is run and to identify areas for improvement. At the time of our inspection the relatives surveyed had been issued and returned. We viewed the completed surveys which contained mostly positive comments. One relative wrote, "A cheerful, caring, warm and friendly home that is always clean and welcoming. Always a happy atmosphere." A second relative wrote, "I see my [family member] is well cared for and the staff are very caring towards her." A third relative wrote, "Kallar Lodge is a very safe haven for dementia patients, I feel my [family member] is in a very safe place."

There was one recurring issue that relatives identified where they wanted to see change. The front door was kept locked both from the inside and outside and there was no reception staff. This meant visitors often had to wait a long time before there was a staff member available to let them in or out of the premises. The registered manager told us in response to this they had submitted plans to the provider to re-locate the offices so they were next to the front door. This would mean office staff would be on hand to let visitors in and out. This demonstrated the service responded to issues raised.