

Tealk Services Limited

Manor Lodge

Inspection report

26-28 Manor Road
Romford
Essex
RM1 2RA

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12 February 2018

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Ratings

Overall rating for this service

Requires Improvement ●

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?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 12 February 2018 and was announced. At our last inspection in July 2015, we found the provider was meeting the regulations we inspected and the service was rated "Good". At this inspection, we found improvement was needed regarding the management of medicines and how this was monitored. We made a recommendation about following best practice guidelines for administering medicines.

Manor Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 provides personal care and accommodation for 15 people with mental health support needs and physical disabilities. At the time of our visit 11 people were using the service.

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.

Staff were trained in the administration of medicines. However, they were not following the prescribed administration time or reading the instructions on the medicine charts before they administered medicines to people. This could have a negative impact on people's health.

There were systems in place to manage, monitor and improve the quality of the service provided. However, the system for monitoring how people received their medicines was not effective and this put people at risk.

Survey results from people and their representatives were positive and any issues identified were acted upon. People and their representatives were able to raise concerns or complaints if they needed to.

People and their relatives felt the service was safe. The provider had systems in place to protect people from the risk of harm. Staff knew how to identify abuse and had appropriate information to report any concerns. The risks associated with people's support were assessed, and measures put in place to ensure staff supported people safely.

There was a recruitment system in place that helped the provider make safer recruitment decisions when employing new staff. People were cared for by sufficient numbers of suitably qualified, skilled and experienced staff. Staff received a structured induction at the beginning of their employment and received on-going training whilst working for the provider.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs. People or their representatives had been involved in writing their care plans.

People were encouraged to do as much for themselves as possible. Staff were knowledgeable about the people they cared for. They were treated with kindness and respect.

The requirements of the Mental Capacity Act 2005 (MCA) were in place to protect people who may not have the capacity to make decisions for themselves. Staff had a good understanding of how to support people who lacked capacity to make decisions.

People were supported to have meals that met their needs and choices. The registered manager worked closely with other health professionals to ensure the needs of people were fully met.

The registered manager was clear about their responsibilities and accountabilities. There was an open culture that put people at the centre of their care and support. Staff had a clear understanding of what was expected of them.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe. People were not always given their medicines as stated on their records.

There were policies and procedures for safeguarding people who used the service. Staff understood what abuse was and knew how to report it.

People were supported to take positive risks. Risks were assessed and well managed to keep people safe.

The provider had effective recruitment and selection processes in place. There were enough staff to meet people's needs.

Is the service effective?

Good ●

The service was effective. People's needs were assessed before they started to use the service. Where people did not have the capacity to consent, the staff acted in accordance with legal requirements.

Staff received training to help them in their roles. They were supported through regular one to one meetings and their work performances were assessed yearly.

People were supported to eat and drink sufficient amounts to meet their needs. They were able to make choices about their food and drink.

People were supported to maintain good health and to access health care services and professionals when they needed them.

Is the service caring?

Good ●

The service was caring. Staff knew people well and they provided care with kindness and compassion. They interacted with people in a professional manner and dignity was always maintained.

People using the service and their representatives were involved in planning and making decisions about the care and support provided.

People were treated with respect and their independence was promoted. Staff knew about people's interests and preferences.

Is the service responsive?

Good ●

The service was responsive. People received personalised care. Care plans contained information about each person's condition and were reviewed regularly and updated to ensure they contained accurate information about people's needs.

People were encouraged to pursue their hobbies and interests. Each person had a weekly programme of activity as per their needs and preferences.

People and their representatives were encouraged to express their views about the service. They felt confident their concerns would be taken seriously and would be addressed.

Is the service well-led?

Requires Improvement ●

The service was not always well led. Quality assurance systems were in place to monitor the running of the service. However, the system for monitoring how staff administered medicines was not working effectively and this could put people at risk.

People, relatives and staff felt the service was managed well. Staff commented there was an open culture within the service and the registered manager was available for advice and support.

There were systems in place to seek the views of people, relatives, other professionals and staff.

Manor Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 February 2018 and was announced. It was carried out by one inspector. The registered manager was given one hour notice because we needed to be sure that members of the management team were available to assist us with the inspection.

Before the inspection, we reviewed the information we held about the registered provider, including previous notifications and information about any complaints and safeguarding concerns received. A notification is information about important events which the registered provider is required to send to us by law. We also reviewed the information that was shared with us by the local authority.

During our inspection we spoke with two people who used the service, one relative, three members of care staff, and the registered manager. We looked at three people's care plans, three staff recruitment files, staff rotas for the first two weeks of February 2018, and medicine administration record (MAR) sheets. We also sampled some of the satisfaction surveys which had been completed recently and looked at quality assurance audits, and policies and procedures of the provider.

After the inspection we spoke to two relatives on the telephone to seek their views about the service.

Is the service safe?

Our findings

The provider had policies and procedures in place for staff to follow to ensure people received their medicines safely. However, we found staff were not always adhering to the instructions on how people should receive their medicines. We noted three people were prescribed a medicine to be taken 30 to 60 minutes before food in the morning. When we asked the staff the time they had their medicines, they told us they had them with their breakfast. One member of staff told us, "I always give the service users their medicine when they are having their breakfast." This showed staff were not always following the prescribed administration time or reading the instructions on the medicine charts before they administered medicines to people. This could have a negative impact on people's health. Some medicines need to be taken 'before food' or 'on an empty stomach'. This is because food and some drinks can affect the way these medicines work and make them less effective. We recommend best practice guidelines are followed in order to ensure medicines are administered safely.

Medicines were kept securely and were disposed of appropriately. There were regular checks to ensure people had received their medicines however, the checks needed to be more robust. Staff who administered medicines had been trained to do so. One person said, "The staff give me my tablets on time." Every person who required medicines had an individual medicine administration record chart (MAR chart) profile which clearly stated the person's name, photograph, date of birth and allergy status.

People told us they felt safe at the service and did not raise any concerns with us. One person said, "Oh yes, it is a safe place." Relatives told us the staff looked after their family members well and they did not have any concerns.

People who used the service were protected from the risk of abuse as the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. We saw policies and procedures for dealing with allegations of abuse were in place. Staff had received training in this area and were aware of how to report safeguarding concerns. When we asked the staff and the registered manager how they would respond to different safeguarding scenarios. They were clear on the actions they would take and who they would report it to. One member of staff said, "I would report it any concerns to the manager."

Staff were aware of the whistle blowing procedure. They were comfortable with using it. One member of staff told us, "I would report any concerns to the manager." Staff did not raise any concern to us about the service or any practice issues during our visit.

From the care records we saw that potential risks to people had been assessed so they could be supported to stay safe by avoiding unnecessary hazards without being restricted. For example, one person required support around going out in the community. There was clear guidance on what actions staff needed to take to minimise this risk. We found that risk assessments were reviewed and updated to reflect any changes in people's needs. Staff had a good knowledge of the identified risks people had in relation to their care needs and how to support them accordingly.

There were arrangements in place to deal with foreseeable emergencies. Each person had a personal evacuation plan in place. This would help staff support people appropriately and safely during an emergency. We saw that fire alarm tests were carried out on a weekly basis. Gas and electrical installation certificates were in place. This helped to ensure that people lived in a safe environment as far as possible.

There was a system in place to record accidents and incidents within the service. However there had not been any since our last inspection in 2015.

The provider had an effective recruitment and selection processes in place. From staff's recruitments files, we saw the registered manager had requested information such as references and disclosure and barring service checks (DBS). A DBS check is an employer's check to ensure that prospective staff are not barred from working with vulnerable people or have a criminal conviction that would make them unsuitable for their job. The files also contained an application form which covered previous experience, qualifications, training and any gaps in employment. Checks were also carried out on the immigration status of staff to see if they were legally allowed to work in the United Kingdom.

There were enough staff employed by the service to meet people's needs. The registered manager told us there were always enough staff to cover for sickness and holidays and to provide care and support to people who were newly referred, when required. One person said, "Yes there are enough staff to look after us." One relative told us, "There are always staff around when I go to visit."

The provider had policies and procedures regarding the prevention and control of infection. The staff ensured the environment was clean and safe for people and were aware of their roles and responsibilities for the management of infection. For example, they knew the importance of hand hygiene immediately before and after providing personal care to people. Relatives told us the service was always cleaned when they visit.

Is the service effective?

Our findings

People felt staff cared for them well and they knew what they were doing. One person said, "The staff are very nice and yes they do a good job." Relatives also felt staff had the right skills to care for people and were satisfied with the care and support being provided to their family members. Health professionals commented the staff had a good understanding and knowledge of people's care and support needs.

Before people started to use the service, an initial assessment was carried out. A detailed assessment of people's needs was undertaken before they started receiving care and support. This helped to ensure if the staff would be able to meet people's needs. We saw the assessment included assessing the person's mobility, capacity to consent and ability to undertake tasks such as personal care and assisting with administration of their medicines. The service also contacted other health and social care professionals involved in people's care and support, to make sure they had the most up to date information on the person. All this helped to ensure people's needs were assessed in a holistic way.

The provider had a training programme for all staff to complete to ensure they had the skills to meet people's needs. Staff attended a number of training courses relevant to their role. They were trained in areas such as nutrition and hydration, food safety, Mental Capacity Act 2005, fire safety, food and hygiene, infection control and safeguarding. Staff felt the training they received was good and helped them to meet people's needs. One member of staff said, "The training is good." Staff could request extra training as they felt necessary for example dementia awareness courses. All this helped to ensure staff were appropriately trained and supported to meet people's needs effectively.

Staff received regular one to one meetings with their line managers to discuss their learning and development work or any issues they might have. One member of staff told us, "We discuss training and about the service users during supervision." We saw staff also received a yearly appraisal where their work performance was reviewed and any areas for development were identified. This showed us that systems were in place to support staff.

New staff received an induction when they started working at the service and before providing support to people on their own. We saw the induction was comprehensive and included subjects such as understanding the principles of care and the needs of people. The induction was run alongside with the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Staff commented that the induction programme was good and helpful to them.

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 checked whether the service was working within the principles of the MCA and found that they were compliant.

We noted the registered manager had made applications for DoLS to the local authority when they believed people were being deprived of their liberty for their own safety. They were familiar with the processes and principles of the MCA and DoLS. Staff told us the actions they would take if they felt a person lacked capacity to make certain decisions about their care and support. This was in line with MCA. People were asked for their consent before staff provided them with care and support. One person said, "Yes, they [staff] ask me when they are doing something."

People were supported to eat and drink sufficient amounts to meet their needs. One person told us, "The food is good." People were able to make choices about their food and drink. Staff were aware of people's likes and dislikes and if they had any special dietary requirements. For example, if a person needed a sugar free diet due to their medical condition. People's religious and cultural needs were taken into account when menus were prepared. We noted one person was vegetarian and staff ensured their dietary needs were met. There was a weekly menu which people were made aware of. This was available in picture format for people who could not express themselves. People chose what they would like to eat and if they did change their mind, they could have something else to eat. Records were kept of what people had eaten and drank to ensure their needs were met as far as food and drinks were concerned. People had their weight monitored monthly to ensure they maintained a healthy weight.

Staff monitored people's health and wellbeing and sought advice or guidance from healthcare professional as needed. Information about people's healthcare needs was available in their care plans. This helped staff to support people to meet their healthcare needs and to liaise with health care professionals such as; GP's, district nurses and community psychiatrist nurses. We saw one person had their blood pressure medicines reviewed recently and another person was visited by the practice nurse. This helped to ensure people's needs were met and they had access to health professionals to maintain their health and well-being. People told us they could ask to see a doctor if they were not feeling well.

Is the service caring?

Our findings

People told us that staff were kind and caring. One person told us, "The staff are very good. They are always very friendly and helpful." A relative said, "I am very satisfied with the staff. I don't have any bad thing to say about them; yes they are very nice and do a great job."

We observed staff including the registered manager interacting with people in a caring and respectful manner. People felt comfortable around staff and they told us they knew the staff well. Relatives felt the staff had a good knowledge of their family members' care needs and how they preferred to be supported. People's wishes and preferences were sought and recorded. This showed people received care as they wished and on an individualised basis.

People who used the service were given appropriate information and support regarding their care. Staff used different mode of communication with people who had difficulties communicating and those who could speak minimal English. For example one person preferred to communicate by writing down on a notepad what they would like. Staff supported them to do so.

People were encouraged to be independent and to choose what they wanted to do. For example, people were encouraged to clean their rooms or to have a shave by themselves if they were able to do. One member of staff told us, "I always encourage the service users to do things for themselves if they are able to do so." We were given an example where one person who used to use a wheelchair to move around in the service and with staff encouragement they were now waking with a zimmer frame. This helped them to move around more freely on their own. We saw records that confirmed this.

Staff were able to tell us what people did and didn't like and what support they needed. For example one member of staff told us, "[Person] does not like rice." Another staff said, "[Person] likes to listen music." This meant that people were cared for by staff who understood their needs. We saw records were kept of what people's likes and dislikes were.

We found people had the opportunity to contribute and have their say about the care and support they received. Relatives told us they were involved in their family members care planning and staff informed them if there was any changes in their family member's health and or well-being.

People's human rights, dignity and diversity were respected. Staff told us they always knocked on people's doors before entering and ensured dignity was maintained when providing support. This was confirmed by people we spoke with. We saw that people were dressed in clean clothes, and that personal care was always carried out in private. Staff recognised people's individual religious and cultural preferences such as what type of food they liked to eat.

Information about people was treated in confidence. Staff had signed the confidentially policies and procedures indicating they had read and understood the contents. One member of staff told us, "I make sure that I only share confidential information to people who have the right to know."

Is the service responsive?

Our findings

People felt the service was responsive to their needs. One person said, "The staff are nice, they look after me well." A relative told us, "[People] can be difficult at time, the staff know how to manage [people]. They do a good job."

People received care and support in accordance with their preferences, interests and diverse needs. We saw care plans were comprehensive and this helped to ensure staff had the information they needed to meet people's needs.

We noted people and their relatives were involved in the care planning process. Care plans were developed in a way which covered each person individual needs. This meant that the service provided people with person centred care and support. For example, there was clear guidance on the actions staff needed to take for one person whose mobility was poor due to a medical condition. Care plans were kept under review monthly to ensure staff continued to meet people's changing needs. Staff had a good understanding of what people's individual needs were and met them accordingly.

Staff completed daily records after their shifts, which contained details about the care that had been provided to each person and this helped staff to keep themselves up to date with any changes in people's needs.

People were encouraged to take part in activities within the service and in the community. They were involved in activities which they had chosen to help ensure they were not socially isolated. For example, one person was supported by staff to play the piano which they enjoyed doing. People went out to lunch in the local pub or for walks in the park. There was a weekly programme of activities for each person. One person told us, "I like to go to the shops."

People were provided with information in a format they could understand. For example, one person was from another country and did not speak English. The staff went on the internet and printed some basic sentence in the person's language and this helped the person to express their needs.

The provider had an effective system in place for receiving and responding to complaints. One person told us, "I will speak to the manager if I am not happy." A relative said, "It is a good home, I will talk to [registered manager] if there is anything."

The provider had a complaints policy in place which included who to contact to raise a complaint and how it would be dealt with. No complaints had been received since our last visit in July 2015. The registered manager was in regular contact with all the people using the service as well as their relatives. This helped to ensure that any issues were dealt with quickly in order to make sure the service was run well. Staff were able to demonstrate how they would follow the procedure and deal with complaints.

We saw the service had received a number of compliments from people or their relatives. One comment was "The carers are very good at their job, cheerful and friendly taking trouble hold a conversation with client."

The registered manager sent regular emails to people's representatives to keep them up to date of what was going on in the service and to keep them informed of their family member's care and support needs. A relative told us, "It is very useful to receive regular emails; I am kept up to date."

We saw the funeral wishes of some people had been discussed and recorded. The registered manager was in the process of consulting all the other relatives regarding people's final wishes to ensure they would be met. Staff were aware of people's last wishes.

Is the service well-led?

Our findings

The provider had a number of systems in place to make sure that they assessed and monitored the delivery of care and support to people. The registered manager carried out checks either daily or weekly in areas such as care records, health and safety, risk assessments and medicines records.

The registered manager told us they checked the medicines charts on a weekly basis as well as randomly to ensure people had received their medicines as prescribed. However, we noted that they failed to identify that three medicines were not being given to people as prescribed by their doctors. The medicines were being administered to people with food instead of without as prescribed by their GP. This showed the system for monitoring medicine management was not working effectively and this could put people at risk. This issue was discussed with the registered manager who informed us that they could carry out more thorough checks with regards to medicine management to ensure people received their medicines safely.

Relatives and people told us they thought the service was managed well. One person told us, "The manager is very nice." A relative said, "[registered manager] is very approachable and I can talk to them about any issues and I know it will be dealt with."

The registered manager had been in post since July 2016. They had experiences in managing services in the health and social fields and demonstrated a good knowledge of their role and responsibilities. They operated an open and transparent culture and responded to any issues raised promptly. They had a good relationship with staff, people, their representatives and other professionals. They had notified the commission of any notifiable incidents in line with the current regulations.

Staff told us the registered manager was very supportive. One member of staff told us, "They are a good manager; I can discuss things with them." One relative said "The manager is very good and they do their best for the residents." All this helped to ensure that people, staff and relatives were confident in how the service was managed.

There were regular staff meetings where staff were able to share ideas with each other and were kept informed about all aspects of the running of the service. Staff told us the meetings were helpful to them as they were kept up to date of what was going with people and the service.

The provider had a range of policies and procedures in place that gave staff guidance about how to carry out their role safely. Staff knew who they were accountable to.

There were systems in place to seek the views of people, relatives and staff. We saw yearly satisfaction surveys were sent out to people, their relatives, other professionals and staff. We looked at a sample of returned surveys and saw that overall the comments were positive. One relative wrote, "Fully satisfied with all aspects of [person's] care and I think Manor Lodge is excellent." The registered manager welcomed suggestions on how they could develop the service and ensured improvements were made when identified.

The registered manager had good links with the local authority and other organisations which provided them with the latest guidance in the health and social care sector and information about best practices. This information was cascaded to staff working at the service by the registered manager during staff meetings.