

Pretim Singh

Wortley Lodge

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on 29 July 2014 and was announced. The service was last inspected in February 2014. At that time it was found to be fully compliant with all regulations inspected. The service is registered to provide accommodation and support with personal care for up to three adults with learning disabilities. Three people were using the service at the time of our inspection.

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 did not always operate in line with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA and DoLS is legislation that protects people who are unable to make decisions for themselves or whom the state has decided their liberty needs to be deprived.

Summary of findings

Risk assessments were in place which provided guidance on how to support people safely. However, some of these required more detailed information.

The service had appropriate systems in place for safeguarding people. There were enough staff to meet people's needs. Medicines were managed in a safe manner.

Staff were well supported and received training and one to one supervision. People were able to make choices about most aspects of their daily lives. People were provided with a choice of food and drink and supported to eat healthily. People had access to health care professionals and were supported to lead healthy lifestyles.

People told us they liked the staff. We saw staff interacting with people in a caring way and staff had a good understanding of how to promote people's dignity.

Care plans were in place and people were involved in planning the care and support they received. People had access to a wide variety of educational and leisure activities within the community. The provider had appropriate complaints procedures in place.

Staff told us they found the registered manager to be approachable and helpful and that there was a good working atmosphere at the service. The provider had various quality assurance and monitoring systems in place. Some of these included seeking the views of people that used the service.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we asked the provider to take at the back of the full version 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. Staff had undertaken training about safeguarding people and had a good understanding of their responsibility with regard to this.

Risk assessments were in place alongside guidance on supporting people who exhibited behaviours that challenged others.

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

Medicines were managed in a safe manner.

Good



Is the service effective?

The service was not always effective. Deprivation of Liberty Safeguards applications had not been made for two people using the service who required them.

Staff were well supported by senior staff and received regular training and one to one supervision.

People were supported to eat and drink sufficient amounts and they had a choice about what they ate.

The service supported people to access healthcare professionals and encouraged them to lead healthy lifestyles.

Requires Improvement



Is the service caring?

The service was caring. We observed staff working with people in a kind and caring manner.

Staff had a good understanding of how to promote people's independence, privacy and choice.

Good



Is the service responsive?

The service was responsive. Care plans were in place and staff had a good understanding of how to meet the individual needs of people. People had access to a wide variety of social and leisure activities within the community.

The provider had a complaints procedure which was made accessible to people that used the service.

Good



Is the service well-led?

The service had a registered manager in place. Staff told us they found senior staff to be supportive and approachable.

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

Good



Wortley 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 29 July 2015 and was announced. The provider was given 48 hours' notice because the location was a small care home for younger adults who are often out during the day and we needed to be sure that someone would be in.

The inspection team consisted of two inspectors. Before the inspection we reviewed the information we already held about this service. This included details of its registration, previous inspection reports and any notifications we had received. We spoke with the commissioning team of the relevant local authority to get their views on the service.

During the course of the inspection we spoke with two people that used the service. We spoke with three staff including the registered manager and two support workers. We observed how staff interacted with people they supported. We examined three sets of care records and four staffing records. These included staff recruitment, training and supervision records. We looked at the minutes of staff meetings and various policies and procedures.

Is the service safe?

Our findings

The service had a safeguarding adults procedure. We saw that staff had signed this to indicate that they had read it. However, the procedure made no reference the provider's responsibility for reporting allegations of abuse to the relevant local authority or the Care Quality Commission. The registered manager was clear about their responsibility for doing this and told us they would amend the procedure accordingly. The service did have a copy of the host local authority safeguarding adults procedure which included clear guidance on how the service was to respond to allegations of abuse. A whistleblowing procedure was also in place which provided information about who staff could whistle blow to outside of the provider if needed.

Staff told us and records confirmed that they had undertaken training about safeguarding adults. The registered manager said they expected staff to undertake refresher training in safeguarding adults every twelve months and we saw this was done. Staff had a good understanding of their responsibility with regard to safeguarding and were aware that they had a duty to report any allegations of abuse.

The registered manager told us there had not been any safeguarding allegations since our previous inspection.

The service supported people with their finances. Two people had their own bank accounts. For the other person the court of protection had appointed the local authority as their appointee to manage their finances. The service held money on behalf of all the people that used the service in locked containers. Systems were in place to reduce the risk of financial abuse occurring. Records and receipts were kept when the service spent monies on behalf of people and these were checked and audited by senior staff. Monies held at the service were counted and signed for at each shift handover. We checked all the monies held at the service on the day of our inspection and found they tallied with the amounts recorded as being held at the service.

Most risk assessments were of a good standard. They identified people's risks and included information about how to manage and reduce those risks. Some risk assessments required more detail but staff had a good

understanding of how to support people with the risks they faced. Risk assessments referred to professional guidelines from psychologists, psychiatrists, and speech and language therapists which were easy to locate within the files.

Staff told us that there was a risk of one person walking onto a road without an awareness of the dangers posed by traffic. The staff said they would intervene to stop this happening and told us they had needed to do this on one occasion. There was no risk assessment in place about this issue and the registered manager told us they would ensure a relevant risk assessment was put in place.

Staff told us they believed the service had enough staff to meet people's needs and they had time to carry out all their required duties. They told us if extra staff support was needed this was arranged. For example, they said they had discussed with the registered manager about getting in extra staff to support people attending a party and this was arranged. We judged there were enough staff to meet people's assessed needs.

The service had robust staff recruitment procedures in place. We viewed the recruitment policy which specified that staff should have experience working with people with learning disabilities, provide two references, criminal records and identity checks. We viewed the files for all four staff working in the service and saw these checks had been carried out. In addition, staff signed an annual declaration regarding their immigration status and criminal convictions. These measures helped to ensure that the service employed suitable staff who were able to keep people safe and meet their needs.

Medicines were stored securely inside a designated and locked medicines cabinet inside the office. Records were maintained of medicines entering the service and of those disposed of. Medicine administration record charts were in place. We checked these for a five week period leading up to the date of our inspection and found them to be accurate and up to date.

Staff had a good understanding of when to administer 'as required' medicines and guidance was in place for this. Guidelines were in place on supporting people who exhibited behaviours that challenged others. These included supporting people to take 'as required' (PRN) medicines to help them calm down. Staff were aware that this was only to be done if other methods to help the

Is the service safe?

person were unsuccessful. One staff member told us they gave the PRN medicine as a last resort, saying, “I don’t just give (resident) PRN even if she is screaming she may not need it.”

Medicine audits were carried out to ensure the correct amounts of medicines were held in stock. We checked five

medicines and found the amounts held in stock tallied with the amounts recorded as being in stock. This showed there were effective systems in place for checking and monitoring medicines.

Is the service effective?

Our findings

The registered manager told us that all three of the people using the service would be prevented from leaving the service on their own during the night time. However, they had only made a Deprivation of Liberty Safeguards (DoLS) application for one person. If the service seeks to deprive people of their liberty by restricting when they are able to leave the premises they need to have a DoLS authorisation in place to provide the legal basis for depriving the person's liberty.

Two people had dental treatment under sedation but lacked capacity to consent to this. There were no records of capacity assessments or best interest decision making processes being followed in line with the Mental Capacity Act 2005 (MCA). MCA and DoLS is legislation that protects people who are unable to make decisions for themselves or whom the state has decided their liberty needs to be deprived. The decision maker in these cases was the dentist, however, the home had a responsibility to the people they supported to ensure the MCA was adhered to.

These issues were a breach of Regulation 13 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they received regular training and records confirmed this. Staff said they could request training if they wanted it. For example, one staff member had requested to do an NVQ qualification and this was arranged. The registered manager told us they ensured that people had training on autism, and records showed this was the case, which meant training was provided based on the needs of people using the service. The registered manager told us the local learning disability team had provided training to the staff team about dementia to enable them to support people. However, there was no record of this in the file.

The service had a supervision policy that stated that staff should receive a minimum of six supervisions a year. Records showed that the team leader had been providing regular supervisions to staff at four to six week intervals. One staff member told us they had found supervision very useful and they were used to discuss the people who lived in the home in detail and could be used to raise any issues about teamwork. Supervisions had a fixed agenda which included personal development, people living in the service, concerns and team issues. Records showed that

supervisions had been used to convey important updates about people's support and to emphasise learning points, such as hand hygiene, to staff. Records showed and the registered manager confirmed that no supervisions had taken place since May 2015. This meant that the newest member of staff had not yet had supervision. The registered manager told us they would ensure staff continued to receive regular supervision.

Staff described a thorough induction process which involved being introduced to the people in the service, reading care plans and risk assessments and shadowing more experienced team members. This corresponded with the signed induction checklists in the staff files. Experienced staff members described their role in induction and how they shared their knowledge with new colleagues.

The registered manager told us people were able to make most day to day decisions for themselves such as what time they went to bed and what they ate. People confirmed that they were able to make these choices. The registered manager told us one person lacked capacity to make some choices such as what to wear. They said staff made this choice for the person based upon the weather and what the person was doing on a given day. The person was supported to make other choices. For example, they were shown two different drinks that they could choose from. The registered manager told us and records confirmed that staff had undertaken training about the Mental Capacity Act 2005.

People told us they liked the food provided at the service. One person said the food was, "Fine." The registered manager told us that people were involved in choosing what they ate. They told us a weekly meeting was held where people planned the menu for the week ahead. This was done with the aid of pictures to help people to make choices. The weekly menu was on display in picture format in the kitchen. We saw the menu included traditional foods that reflected the cultural and ethnic backgrounds of people that used the service.

We observed a person making themselves a cup of tea during our inspection and staff were seen to offer people a choice of drinks and snacks. A member of staff told us they always asked people what they wanted to eat, saying they

Is the service effective?

asked people, “What do you want for breakfast?” each morning. They also said, “We have the board (displaying the weekly menu) but they can have other things if they want. They don’t have to follow the board.”

Care plans included information about supporting people to eat healthily. For example, one care plan stated, “I need to eat a well-balanced diet in order for my weight to be stable.” The registered manager told us people’s weight was monitored to help detect if people had any issues with nutrition. Records confirmed that people’s weight was checked monthly.

People said they had support with health appointments. One person told us they could not remember if they had

their eyes tested but said they did have a pair of glasses. Another person told us they went to the doctor and dentist with their keyworker. Records showed that people had routine access to health care professionals including GP’s, dentists, opticians, psychiatrists and psychologists. The records included details of any follow up action that was required by the service. People also had an annual health check-up and annual review of their medicines. One person had worked with the occupational therapy team to develop a set of exercises. These were documented in the person’s care plan and staff were able to explain how they provided support to the person with this.

Is the service caring?

Our findings

People told us they liked the staff. One person described the staff as, "Fine." They told us they were looking forward to their keyworker who was due to arrive at work later on the day of our inspection and they liked their keyworker very much. One person told us they had their own key for their bedroom which provided them with a degree of privacy. People told us they were able to make choices. One person said they went to Stratford to buy clothes which they chose and that they could go to bed, "anytime." One person showed us their bedroom. This reflected their personal tastes and had family photographs and certificates of achievement on display.

The staff team was stable and experienced staff told us they shared their knowledge of individuals and their histories with new staff. Staff told us they felt they had time to get to know people and they spent time chatting with people as well as looking through support plans when they were new. One staff member explained how they used intensive interaction techniques and mirroring to build up their relationship with a person who did not use speech. Intensive interaction is a way of developing meaningful communication and building relationships with people with autism who use little or no speech. They spoke about this person with warmth and were able to describe the meaning of different types of vocalisations this person made. Staff described how building these relationships makes working more enjoyable. One staff member told us, "It's fun, if you enjoy your job it's good. I love it." Staff were sensitive to the complex personal histories of the people they supported and the impact this might have on their mental health. The service recognised the importance of consistency in supporting people with autism and used a keyworker to support most activities with a well-known alternative if the keyworker was not available.

Staff told us how they supported people to maintain their dignity during care tasks. They explained how they made sure bathroom doors were shut, that they knocked on the door before they entered the room and that they supported people to be covered when moving between the bathroom and their bedroom. Staff described how one person showed they wanted privacy by going to their bedroom. Staff explained that they checked the person was safe, ensured they had their sensory lights on and toys

available to them and supported them to have the private time they wanted. Another person was supported to use their bedroom to watch films when they wished to be alone.

One person used to be regularly supported to attend a place of worship but this has reduced due to a change in their mobility. Staff supported them to maintain their faith by singing religious songs with them in the evening. We saw records that showed that people were supported to maintain friendships and family relationships where they wished to.

The registered manager told us and records confirmed that they only employed staff that were of the same gender as the three people that used the service. They told us this was an important issue for some people in particular in respect to receiving support with personal care.

Care plans included information about how to communicate with people. For example, one care plan stated, "Use simple phrases and short sentences" and "sometimes use objects of reference and pictures to facilitate my understanding." The registered manager told us holiday brochures had been used to help people choose their holiday destination.

Staff had a good understanding of how to promote people's dignity. They told us they encouraged people to do as much for themselves to promote their independence. Care plans provided guidance on this. For example the care plan for one person detailed the tasks they were able to do for themselves such as dressing and undressing with prompting. A staff member said, "You have to promote their independence, [person using the service] can put the cream on her face if you encourage her." Staff were aware of the importance of promoting people's choice. One staff member said about working with a person, "I have to give [person using the service] choices" about clothes they wore. Another staff member said, "You keep talking to her telling her what you are going to do."

The registered manager told us they had arranged for advocacy services to provide support for people where there was a need. For example, one person had their day service provision cut. The person valued this service and the service arranged for an advocate to work on their behalf to try to preserve their day service provision.

Is the service responsive?

Our findings

People told us they were involved in a variety of activities. One person told us they had recently been on a holiday which they said they enjoyed. They told us they were going to a day service on the day of our inspection to do an exercise class. When they returned from this activity they said they had enjoyed it. They told us they also did painting, cooking, music and computer studies at various day services and colleges. In addition they told us the service supported them to go to the cinema, pub and bowling which they said they liked.

People had access to a variety of educational and leisure activities both in the community and at the service. All three of the people that used the service attended community based activities on the day of our inspection. The registered manager told us people attended college and that they were involved in choosing what courses they took. The registered manager told us recent leisure activities had included attending Newham Town Show and visits to a city farm. One person told us they liked to go to a place of worship and the registered manager said this was arranged for special celebrations.

Care plans were subject to review. This meant they were able to reflect people's needs as they changed over time. The registered manager told us an annual review of people's support needs was carried out to which social workers and relatives were invited. In addition, each person had a monthly meeting with their keyworker. This involved reviewing progress made on care plan goals including activities, medical appointments and looking at any accidents and incidents that had occurred. Care plans were signed by people which indicated their involvement with them.

Support plans were person centred and had been signed by the people they related to where they had capacity.

Some care plans did not contain details on people's preferences and staff relied on each other's experience and asking people for this information. For example, one person required full support with personal care and their support plan stated, "Staff supports me with my daily personal care." There was no detail about whether this person preferred, for example, baths or showers. It is important that plans contain detailed information that enables all staff to work well with that person. However, staff had a good understanding of the individual needs of people and were able to describe how they supported people in a personalised manner. For example when providing people with support to use transport or prepare meals.

Staff explained how they had responded to a change in one person's needs. They had made referrals to the local learning disability team who had provided significant input and training to staff. We saw records that demonstrated they were following the professional advice. Staff told us staff meetings were used to discuss each person in detail and were used to plan changes in care and support. Records confirmed this was the case. People were receiving care that was responsive to their changing needs.

The provider had a complaints procedure. There was a written version and a pictorial version of the procedure to help make it more accessible to people that used the service. The pictorial version was on display in the communal area of the home. The pictorial version contained timescales for responding to complaints received and information about who people could complain to if they were not satisfied with the response from the service. The written version did not contain information about who people could complain to aside from the provider. The registered manager told us they would amend the procedure accordingly. The registered manager said the service had not received any complaints since the previous inspection.

Is the service well-led?

Our findings

One person told us they had meetings at the service, but could not remember what they talked about.

The service had a registered manager in place. Staff were positive about the support they received from the registered manager. In the staff survey completed in January 2015 one staff member wrote, “The manager is very supportive and helps with personal development.” Another staff member wrote, “Staff work together as a team.” Staff we spoke with had similar positive comments to make about the registered manager. One staff member told us, “She is a very fair person. She speaks to you in a manner you can understand, she is very approachable.” Another staff member said of the registered manager, “She listens to staff and is very easy to talk to.”

Staff told us and records confirmed that staff meetings took place. These gave the staff team the opportunity to discuss issues of relevance to them. Records showed they included discussions about health and safety matters, issues relating to people and encouraging people to raise any issues if they were unhappy about anything.

The registered manager told us they carried out an annual survey of people, relatives, staff and professionals involved with the service. This was to seek the views of relevant people on how the service was run and any areas for improvement. The most recent survey was carried out in January 2015. We viewed completed surveys which contained positive feedback. A relative wrote, “All of the family are totally satisfied with the care they receive. Their accommodation is adjusted to suit her changing needs, i.e.

moved bedroom from upstairs to downstairs.” Another relative wrote, “All the staff provide an excellent service.” A social care professional wrote, “An excellent service from Wortley Lodge.”

The home held residents meetings and staff told us these were used to ask people what they wanted to do and to plan. The home also conducted a survey of residents’ views of the service and the responses were positive. This survey was made accessible to people that used the service through the use of pictures and smiley faces. Staff described how they encouraged people to make choices about their day to day care, giving examples of how people chose their clothes and participated in household activities.

We saw the commissioning local authority carried out monitoring visits to the service. The most recent visit was in April 2014 and we found the service had implemented changes that were recommended by the local authority. For example, new carpets had been fitted in the hallway after the local authority found the old carpets to be worn and threadbare.

A monthly health and safety audit was carried out by senior staff. This included checking that routine health and safety checks were carried out such as recording of fridge and freezer temperatures and touring the premises checking it was safe. For example, checking that fire exits were not blocked. Records showed a weekly audit of medicine records was carried out. These showed that where errors were identified with the administration of medicines senior staff addressed the issue with the relevant staff member.

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 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

The provider must ensure that service users are not deprived of their liberty without lawful authorisation obtained through a Deprivation of Liberty Safeguards authorisation from the local authority. Regulation 13 (1) (5)