

T L Care (Havering) Limited

Faringdon Lodge

Inspection report

Faringdon Lodge
1 Faringdon Avenue
Harold Hill
Romford
Essex
RM3 8SJ
Tel: 01708 379123
Website:

Date of inspection visit: 26 & 27 November 2014
Date of publication: 28/04/2015

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?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

This was an unannounced inspection carried out over two days on 26 November and one inspector on 27 November 2014.

Faringdon Lodge provides accommodation for up to 28 older people who need support with personal care. Some of the people who use the service are living with dementia.

The home is a large converted property split into two units, Sandringham and Balmoral. In the Sandringham

unit accommodation is arranged over two floors and there is a lift to assist people to get to the upper floor. The home has 23 single rooms and three double rooms. We were informed that the double rooms are now used as single rooms.

At the time of the inspection there was no registered manager at the service. An interim manager has been in charge of the home since June 2014. They have made an application to the Care Quality Commission to become a

Summary of findings

registered person to manage a care home. 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.

We found improvements were needed to ensure records were reviewed and up dated to make sure staff had adequate information about people's care needs. For example, we found risk assessments, including manual handling assessments, were not up to date and could potentially place people at risk of receiving inappropriate care.

We also found improvements were needed to make sure the quality monitoring systems in place were fully effective in identifying and addressing shortfalls in practice which could affect the well-being of people.

We found that people were not fully protected against the risks associated with medicines because proper procedures for the administration of medicines were not in place.

The risks of abuse to people were minimised because all staff were thoroughly checked before they began work. Staff were aware of what may constitute abuse and how to report it.

People said they continued to make decisions about their day to day lives. A range of different social activities, which were age appropriate to meet the needs of people that lived at the home were available. All the visitors we spoke with told us they were made welcome by the staff in the home.

Staff had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Deprivation of Liberty Safeguards is where a person can be deprived of their liberties where it is deemed to be in their best interests or for their own safety. The manager and staff were aware that on occasions this was necessary and the process they should follow.

People received meals in line with their needs and preferences. They were happy with the food provided, which maintained health and well being.

People told us they thought the staff group were trained and knowledgeable about their needs. Staff told us they had received the training and support needed to do their job.

You can see what action we told 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 not safe.

Risk assessments, which gave staff information about how risks to people could be minimised, were not up to date.

Medicines were not appropriately managed and administered by staff.

Risks of abuse to people were minimised by a robust recruitment procedure.

People were supported by sufficient numbers of staff to meet their needs.

Requires Improvement



Is the service effective?

The service was effective.

People told us they felt well cared for and their needs were met by staff who were competent in their roles.

People received a variety of nutritious meals which took account of their preferences and dietary needs.

People's health was monitored and they had access to appropriate healthcare professionals according to their specific needs.

Systems were in place to ensure that people's human rights were protected and that they were not unlawfully deprived of their liberty.

Good



Is the service caring?

The service was caring.

Staff showed kindness in their interactions with people.

People received care and support in a manner that respected their dignity and independence.

Good



Is the service responsive?

The service was not fully responsive.

People's care needs were met but improvements were needed to ensure records were reflective of people's individual care needs.

A range of activities were offered which people enjoyed.

People knew how to make a complaint and all were confident their concerns would be listened to.

Requires Improvement



Is the service well-led?

The service was not well led.

Requires Improvement



Summary of findings

Although there were some systems in place to monitor the quality of the service these were not robust enough to identify and address shortfalls in the service.

People told us the manager was open and approachable.

There were regular meetings to enable people to share their views and keep up to date with changes.

Faringdon 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 26 and 27 November 2014. The first visit was unannounced. The inspection team consisted of two inspectors on the first day and one inspector on the second day.

At the last inspection in November 2013, the service met the Regulations we inspected.

Before the inspection we reviewed the information we held about the service. We looked at the statutory notifications sent to us. A statutory notification is information about important events which the provider is required to send to us by law.

During the inspection we spoke with five people who used the service, four visitors, five staff, the interim manager and the provider. We observed care and support in communal areas, spoke with people in private and looked at the care records for six people. We also looked at records that related to how the home was managed.

Is the service safe?

Our findings

The service was not safe. We looked at how people were supported to take their medicine. We found that the system for medicines management was not robust. A senior care worker in charge of each shift managed and administered medicines to people.

Staff we spoke with confirmed they had completed medicine administration training. We saw medicine administration records (MAR) for two people on the Sandringham unit, which showed that medicines had not been administered to them during the morning. We were told that this was because they had woken up late. Therefore they had missed this dose of medicine. This meant that people did not have their medicines at the times they needed them which could have a detrimental effect on their health and wellbeing.

Information was not always available to guide staff on when to administer medicines prescribed as “when necessary” (PRN). On one person’s medicine records we found that a prn medicine was administered daily. There was no record to explain why the medicine had been given. There was no explanation on the person’s records about why the medicine was administered daily or of a consultation with the GP to agree this. This meant staff may not know when or how often to administer medicines before seeking medical advice. A lack of clear records could lead to inconsistency in the administration of these medicines. Therefore people were not assisted to receive their prescribed medicines safely and appropriately. This was a breach of Regulation 13 of the Health and Social Care Act Regulated Activities Regulations 2010, which corresponds to Regulation 12 (f) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care plans contained generic risk assessments to make staff aware of how to provide care to people in a way that respected their freedom but minimised risks. However, the risk assessments were not specific to the person’s needs and were not up to date. We saw that one person’s mobility had deteriorated. There was no detailed risk assessment about how staff should assist the person to transfer and how many staff were required to do this. Another person who lived with dementia had care needs which had increased in a short period of time. We saw notes stating

that the person had begun to resist staff giving personal care to them and that they required two carers to assist them at all times. However, their care plan and risk assessment had not been updated to reflect these changed needs and how these should be met. The lack of up to date risk assessments potentially placed people at risk because of the risk that staff were unaware of people’s assessed risks and the measures to take to minimise the risk. This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were aware of what might constitute abuse and how to report it. All were confident that the current management would fully investigate any concerns and take action to make sure people were safe. The provider had notified the local authority safeguarding team and CQC when allegations of abuse had been made. They had fully investigated all allegations and taken action to make sure people were fully protected. Staff were aware of the home’s whistle blowing policy. The whistle blowing policy enables staff to share serious concerns with appropriate agencies outside the home in a confidential manner. One person told us, “It is quite safe here, no one shouts. It is quite good. Staff come to help when you need them.” Another person said, “The staff are lovely, they are brilliant. I can’t fault them.”

There was a system in place to make sure staff were recruited appropriately to ensure they were safe to work with people who used the service. We saw that copies of proof of identity, their application form were kept on file. Criminal record checks were carried out to confirm that newly recruited staff were suitable to work with people. We saw that at least two references had been obtained to ensure people were of good characters and fit for work. Staff disciplinary procedures were followed where issues were identified in their work practice.

Everyone we spoke with felt there were enough staff on duty to meet their needs. Throughout the visit we observed that people were supported in a relaxed and unhurried manner. We noticed that requests for assistance were responded to promptly. Staff told us they thought there were enough staff to meet people’s needs and to spend time chatting and supporting people with activities.

Is the service effective?

Our findings

The service was effective. People told us they felt well cared for and their needs were met by staff who were competent in their roles. Comments included, “Staff are all very good and know what they are doing” and “The staff help when you need help, I know they would come if I called them.” We observed that staff responded to people appropriately and assisted them in a way that promoted their independence.

Staff told us they received training to support them in ensuring people’s needs were met. This included moving and handling, health and safety and infection control. We saw staff put this training into practice. For example, staff moved people safely and understood how to use the equipment. One member of staff said “I am confident in my job. The training helped.” The staff were aware of people’s individual needs and preferences and how to meet them.

The manager told us they were currently auditing all staff files to ensure they had an accurate picture of the training that had been undertaken by each member of staff. They had planned further up to date training for example, in caring for people with dementia and managing behaviour that challenged. This would ensure all staff working at the home had up to date skills and knowledge to effectively support people with specific needs.

Minutes of staff and residents’ meetings showed that they were kept up to date with changes. They also had opportunities to share ideas and make suggestions. All staff received one to one supervision with the manager or senior carer on a six weekly basis. This was an opportunity for them to discuss their work and identify concerns or training needs in a confidential setting. We saw that one to one supervision had been used to address issues of poor practice with individual members of staff.

In addition to the manager, there was a team of senior carers who were able to offer advice and guidance to less experienced staff. We were told and duty rotas confirmed, there was always a senior member of staff on duty. This enabled there to be clear lines of accountability and responsibility on each shift. Staff told us they had a handover meeting at the beginning of each shift where they

discussed people’s wellbeing and any person who might need close monitoring due to health concerns. One member of staff said, “We work as a team. They are all very supportive.”

Many people who used the service needed support to make day to day decisions around their care and support. Staff were able to tell us how they supported people to make their own choices and decisions wherever possible. Examples given included choosing their own clothes each day, what they would like to eat, what time they would like to go to bed and bathing choices. Relatives told us they were involved in discussions and decisions about care. Comments included, “The communication is good, and I’m informed of what I need to know. I’m also involved in discussions and decisions.”

Records we looked at showed that staff had completed training on the Mental Capacity Act 2005. Mental Capacity Act (MCA) 2005 is a legal framework to ensure people have the capacity to make certain decisions, where they are unable to. The framework ensures decisions are made in people’s best interests. Policies and procedures were in place to provide guidance to staff about their responsibilities under this legislation which is in place to safeguard the rights of people who may not consent to their care and treatment or may lack the capacity to make some of their own decisions.

We found the service had a policy on the Deprivation of Liberty Safeguards (DoLS) but this did not include guidance about the process to follow if a person may be or was deprived of their liberty. The Deprivation of Liberty Safeguards (DoLS) provides a process by which a care home can deprive a person of their liberty in a correct way when this is in the person’s best interests and there is no other way to look after them safely. Staff told us they had received training on DoLS and demonstrated they understood the principles of this legislation. The manager knew how to make an application for consideration to deprive a person of their liberty (DoLS). There were no people who used the service who were deprived of their liberty.

People were happy with the food provided. One person said, “The food is very nice here, hot. They come round early in the morning and we choose what we want.” There was a four week menu which was adjusted according to the season. Minutes of residents meetings showed that food

Is the service effective?

and menus were always discussed. People were able to make suggestions about meals they would like to see on the menu. The menu offered a good variety of food and catered for specialist diets and preferences.

The main meal of the day was served at lunch time and most people choose to eat in the dining room. We observed that lunch was a pleasant, sociable occasion. People received meals in line with their needs and preferences. We saw that the food was well presented and people received ample portions. We heard staff encouraging people to eat and offering extra portions to people. Therefore people received a variety of nutritious meals which took account of their preferences and dietary needs.

People told us that they were able to see healthcare professionals when they needed to. One person said, "I do see the doctor when I need to." Another told us that they received assistance to attend regular appointments at the local hospital. Records confirmed people were seen by the GP and other specialists such as dentists, chiropodists and district nurses when needed. Relatives told us that staff contacted them if they were concerned about their family member and if they needed to go into hospital. Where people had been seen by a visiting professional, staff had recorded any treatment or follow up required. This meant that people's healthcare needs were monitored and addressed to ensure that they remained as healthy as possible.

Is the service caring?

Our findings

The service was caring. People told us they were supported by kind and caring staff. Comments included, "It's all right, it is nice. The carers are nice. I have got no worries. I would tell the staff if I had any." "I have never needed help at night but I know they would come if I called."

We observed positive interactions between staff and people who used the service. This included a staff member using appropriate techniques to deal with a situation in which a person who used the service became distressed. They did so by singing to the person because that is what they enjoyed.

There was a relaxed atmosphere in the home and people were free to spend time in communal areas or in their rooms. Staff told us they aimed to create a homely environment for people. A relative said, "It is always nice here. The food is good. Whenever she needs help the girls come to her." We saw staff checking on people throughout the day, making sure they were comfortable and asking if they needed anything.

Staff demonstrated a good knowledge of each individual. They were able to describe how they developed relationships with the people which included talking to them to gather information about their lives and their likes

and dislikes. One staff member told us, "I always go in her room and chat for a while. It's nice to see them happy here. We do activities with them that's how you get to know them."

People received care and support in a manner that respected their dignity and independence. We saw staff discreetly assisting someone to their room when they required support. We also saw staff encouraging people with mobility by reassuring them and walking with them.

People were able to keep in contact with families and friends. Visitors were always made welcome in the home and people were able to see personal and professional visitors in communal areas or their rooms. Visitors told us they were always made to feel welcome. There were various ways for people to express their views including one to one chats with staff and residents meetings. Minutes of residents meetings showed these were used to seek people's views and share information. People were encouraged to make their room personal to them and were able to bring in furniture, pictures and ornaments to make the room their own.

The care needs assessments we saw included information about people's wishes regarding their end of life care. One person was receiving end of life care and was monitored by the GP and a specialist nursing team. This meant that people's end of life care wishes were respected and staff worked with other agencies to provide appropriate support.

Is the service responsive?

Our findings

The service was not always responsive. Care records we read did not give up to date details about people's current needs. The care plans we looked at did not cover all aspects of a person's individual care needs, the specific support they needed and how these were to be met. However, we saw and people told us that they received care that they needed. We saw that staff assisted one person to get up from a chair to receive personal care. They used appropriate equipment and supported the person in a way that was reassuring and promoted their independence. However, this person's care records had not been reviewed or up dated to give staff details of the specific equipment to be used or the number of staff required to effectively support them. This meant records did not sufficiently guide staff about people's changing care and support needs. This could potentially place them at risk of receiving inappropriate care. The manager advised us that this was currently being addressed with the introduction of the new care planning system and the auditing process. The care plans we looked at had not been updated on a monthly basis and in line with any changing needs. Relatives were unable to confirm they were involved in reviews of care plans. Records we looked at did not show that regular one to one discussions took place with the people who used the service to encourage them to express their views about their individual needs. This is a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that prior to people moving into Faringdon Lodge a pre-admission assessment was undertaken that involved

the person and their family if possible. This gave people an opportunity to see if Faringdon Lodge was the right place for them, including whether it would meet their needs and expectations.

Staff had a good knowledge of people's likes and dislikes and were able to tell us how they tailored care and support for each person. For example, they told us about one person who liked to spend the morning in their room and then come down mid-morning. We also heard about a person who liked to go to bed at around 11 pm and staff respected their wish. Staff told us "They all go to bed at different times, it is their choice." Staff took account of people's changing needs and wishes and adjusted their practices in response to changes.

An activities coordinator was employed to provide people with activities. We found the activity co-ordinator was very sociable, friendly and enthusiastic about their role. We saw that people were supported to participate in group activities and also individual activities. This included providing activities for people who preferred to stay in their rooms also, to prevent them from becoming socially isolated. We observed that activities took place on each unit alternately in the morning and afternoon. This offered stimulation and an opportunity for people to interact with each other and the activities co-ordinator. We saw photographs of trips out and the entertainment provided in the home.

Everyone told us they knew how to make a complaint and said they would be comfortable to raise any worries or concerns with the manager or a member of staff. One person said, "I would tell the manager if I had any concerns." Another person said, "I have got no worries. I would tell the staff if I had any."

Is the service well-led?

Our findings

The service was not well led. There was no registered manager in post at the time of the inspection. They had applied to the Care Quality Commission (CQC) to be the registered manager. They are now registered with the CQC.

The provider did not always have adequate systems in place for assessing and monitoring the quality of service provision, or the service that people received. Effective medicines audits were not carried out to check if people received their medicines appropriately and in a timely manner. Care plans and risk assessments were not individualised. They were not updated when people's needs changed. When accidents and incidents occurred these were recorded by staff in people's care files and the accident file. At the time of inspection, we found that these had not been regularly reviewed. This meant the provider would not be made aware of any patterns or trends that appeared and therefore could not respond to reduce the risk of potential re-occurrence. The policies and procedures at the home were dated from 2011, had not been reviewed and were not up to date. Although the provider carried out regular visits to the home to assess the quality of the service, these checks had not sufficiently identified the issues and causes for concern that we found during our inspection. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All the people we spoke with felt the manager was approachable. All staff told us they felt supported by the management. Staff were given opportunities to contribute to the running of the home through regular staff meetings and formal supervision sessions with their manager.

On the second day of the inspection, we were informed that the manager and the provider had completed a health and safety audit of the home and had an action plan to address issues such as clearing unwanted furniture from the rooms and updating the decoration. However, we were concerned about loose light fittings in two of the bathrooms we saw, as well as unsafe use of extension leads in people's rooms which had not been identified by the provider. These matters were dealt with on the same day that we raised them.

We saw there were plans in place for emergency situations, such as an outbreak of fire. Staff understood their roles and responsibilities should an emergency occur. We saw records of checks for maintenance and safety of the building, for example fire alarm tests and water temperature checks. Therefore people were protected from risks associated with unsafe or unsuitable premises.

We saw that the manager worked in partnership with other professionals to ensure people received appropriate care and support. This included the local authority contracts team and the district nurse team and other health professionals.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person did not have effective systems in place to monitor the quality of the service delivery.

Regulated activity

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place for the safe administration, recording and disposal of medicines.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person had not ensured accurate records were maintained in respect of each service user to make sure they were protected from the risks of unsafe or inappropriate care.