

Tealk Services Limited

# The Lodge

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

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

At the last inspection, the service was rated Good. At this inspection, we found the service remained Good.

People who used the service, and their relatives felt the service was good and they were happy the way staff provided care and support to them. Relevant checks had been undertaken before staff started working at the service.

People told us staff treated them with dignity and respect and felt there were enough staff around to meet their needs. Staff encouraged people to be as independent as possible. We saw the interactions between people and staff were positive.

People were able to access appropriate healthcare when needed. They were given a choice of healthy food and drink, to ensure their nutritional needs were met. Their medicines were stored and managed safely.

Staff respected the views of people on how they wanted their care delivered. People were involved in the planning of their care and support and were supported to take part in activities of their choice.

Staff received training and support to ensure people's needs were met. They felt the service was managed well and could discuss their concerns with the registered manager.

Staff supported people to have in the least restrictive way possible. They were aware of the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

The provider had systems in place to monitor and sought the views of relatives, staff and people on how to improve the quality of the services. They also ensured concerns or complaints were investigated and resolved in a timely manner.

There were systems in place to protect people from the risk of harm. Staff were knowledgeable on how to keep people safe. Risks to people were identified and there was guidance in place to ensure people's safety.

People's needs had been assessed before they started using the service. Their care plans provided information to staff on how to support them.

The provider had an effective system in place to monitor the quality of the service and to deliver improvements to the care and support people received.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good.	<b>Good</b> ●

# The Lodge

## **Detailed findings**

### Background to this inspection

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

This unannounced comprehensive inspection took place on 20 June 2017 and was carried out by one inspector.

As part of the inspection, we reviewed the information we held about the service, including notifications. A notification is information about events that by law the registered persons should tell us about.

During the inspection, we spoke with three people who use the service, three members of staff, the cook and the registered manager. We reviewed a range of records, which included the care records of three people and two staff files and staff training records. We also looked at other records relating to the management of the service including health and safety records, staff rotas, minutes of meeting, audits, and medicine administration records and satisfaction surveys.

After the inspection, we spoke with three relatives to seek their views about the service.

# Is the service safe?

## Our findings

People told us they felt safe at the service and around the staff. One person said, "Yes, I feel safe." Another person said, "I am happy here and don't have any concerns for my safety." A relative told us, "[Family member] is safe living in the home." We saw people were comfortable with staff.

The provider had policies and procedures in place to keep people safe from abuse and for reporting any concerns. Staff had received training in this subject and demonstrated a good understanding of how to keep people safe and how to report concerns if they had any.

They were able to describe the different types of abuse and confirmed they had received training in this area. We noted the topic was also discussed during staff meetings. The provider also had a whistleblowing policy which staff were aware of.

There were sufficient numbers of staff to meet people's needs and keep them safe. People and relatives told us there were enough staff working at the service. A person said, "There are always staff around if I need help." Staff felt the staffing level was good and extra staff were on duty during busy times or when people had to attend appointments in the community. The provider did not employ any agency staff as they used their own staff to cover sickness or annual leaves.

The provider carried out relevant checks before staff started working at the service. We looked at two staff files and saw the necessary checks had been completed, which included a Disclosure and Barring Service (DBS). The DBS carry out a criminal record and barring check on staff who apply to work with people who use services. This helped employers make safer recruitment decisions.

Care and support was planned and delivered in a way that promoted people's safety and welfare. People had individual risk assessments which provided staff with information as to how to manage their risks and how to keep them as safe as possible. Staff were aware of the risks to people, which included medicine management, behaviour management and risk of people absconding. Risk assessments were reviewed on a regular basis.

We saw the registered manager carried out regular checks regarding the environment and equipment to ensure the safety of people, staff and visitors to the service. There was a continuity plan in place in the event of an emergency, for example, a power failure. Each person had a personal evacuation plan in place in the event of a fire.

People told us they were happy with the way staff administered their medicines to them. One person said, "The staff give me my tablets when I am due to have them, I am happy with this." The provider had system in place to ensure medicines were administered, stored and disposed of safely. Medicines which needed to be kept in cold storage were stored in a fridge. We saw staff had received training on how to ensure people received their medicines safely. We looked at medicine administration records [MAR] and saw people had received their medicines as prescribed.

## Is the service effective?

### Our findings

People felt staff had the required skills to care and support them. They mentioned they were happy with how staff cared for them. One person said, "The staff are good, they know what they are doing." One relative told us, "The staff do a good job."

Staff had received training to ensure they had the skills to meet the needs of people who used the service. Records showed staff attended training in areas such as health and safety, moving and handling, medicine management, first aid and infection control. Staff told us the training courses were good and this helped them in their roles. One member of staff said, "The training is good." We saw staff received a comprehensive induction when they started working. This included topics such as health and safety and safeguarding people from abuse.

Staff received regular supervision sessions and a yearly appraisal. They told us the registered manager was available for support and advice.

We saw staff supported people to maintain good health. People had access to various healthcare services such as GP, dentists, psychiatrists and opticians. On the day of our visit, we saw one person was going to hospital to have their regular treatment due to their medical condition. People told us they could go to their GP if they did not feel well. People's healthcare needs were recorded in their care records and staff informed the registered manager of any changes so appropriate advice could be sought from relevant professionals. Records were kept of all external appointments people had attended and the outcomes of each visit. Relatives said they were kept informed of any changes in their family member's healthcare needs.

People were happy with the food served at the service. One person told us, "The food is good and I get a choice of what I would like to eat." Staff supported people to have sufficient amounts to eat and drink. Staff demonstrated a good knowledge of people's nutritional needs. For example, they were able to tell what people's likes and dislikes were. There was a four-week rolling programme which people had been involved in planning. There was a pictorial menu board in the kitchen to inform people of what food was on the menu for each day of the week.

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 in order to receive care and treatment when this is in their best interests and legally authorised under MCA. The authorisation procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met.

Staff were aware of MCA and had received the relevant training. They described how they sought people's

consent before providing them with support. Staff were clear of how to support people who lacked capacity to make decisions for themselves. We saw people and/or their relatives were involved in decision making about care needs. Some people were able to go out into the local community unaccompanied.

## Is the service caring?

### Our findings

People who used the service and their relatives were happy with the way staff provided care and support. One person said, "It is a good home, the staff are friendly and helpful."

During our visit, we saw the atmosphere in the service was homely. The interactions between people and staff were positive with friendly banter between them. People told us staff were kind and caring. One person said, "I am happy with the staff."

Relatives said they could visit without restriction. People were able to see their relatives or friends in private if they wished. They were encouraged to keep in regular contact with their relatives through phone calls or home visits.

Staff maintained people's privacy and dignity by closing doors when providing personal care and speaking to them quietly when discussing sensitive subjects. They explained how they asked people's permission to enter their rooms. They also ensured that confidential information was protected. This meant people using the service could be confident their personal information would be kept confidential.

Staff had built a good relationship with people and knew them well. They had a good knowledge of people's needs. They were aware of people's likes and dislikes, their preferences, their hobbies and interests and what was important to them.

People were able to make choices about the care and support they received. For example, they chose how they spent their day, what they ate and if they joined in any activities within the service. People were involved in decisions and staff respected them.

Staff encouraged people to be as independent as possible. People were encouraged to clean their rooms and washed themselves during personal care. They were also involved in household chores.

## Is the service responsive?

### Our findings

People were happy with the care and support they received. They felt their needs were met. One relative said, "The staff look after my family member well."

People received personalised care that was responsive to their needs. We looked at the care records of people and found they were written in a person-centred way. They included information about people's individual needs, likes and dislikes and how they preferred their care to be delivered. This gave staff all the information they needed to ensure they fully met the needs of people who used the service. We saw the care records were reviewed on a monthly basis or when needs changed. Staff were informed of any changes in people's needs during daily handovers between shifts when this topic was discussed. This helped to ensure staff were familiar with people's needs and how to meet them.

People were encouraged to be involved in the planning of their care. Staff ensured they understood the contents of their care records. Relatives and people confirmed they were involved in the process. However, some people were not willing to sign their care records. We recommend the registered manager make a note in their care records when this happens. A relative said, "The staff listen to my views about the care of my family member." One person told us, "The staff do discuss things with me."

People took part in a number of different activities, either within the service or in the community. Activities included a walk in the park, bingo, drawings, puzzles, football, bowling, bus ride and lawn tennis. One person told us they went out regularly. We saw a programme of activities displayed in the office which people had access to. People could see which activities happened each day of the week. During our visit, we saw staff went out with two people for a walk in the local park. If people did not want to take part in an activity, staff respected their wishes. However, they ensured people were not socially isolated. Staff were encouraged people to pursue their hobbies and interests.

The provider had a complaints procedure which was available to people and their representatives. A copy was also displayed in the entrance of the service. People and their relatives felt able to raise any concerns or complaints they had. They were confident the registered manager would take appropriate action and investigate any issues they raised. One person told us, "I will speak the manager if I am not happy about something." People and their relatives were happy with the service provided and had no complaints. There had been no complaints received by the registered manager since we last inspected the service. People were encouraged to discuss any issues they had with staff on a daily basis. This helped to resolve any concerns promptly.

# Is the service well-led?

## Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission. 'A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

People and their relatives told us the registered manager was approachable and they were able to discuss their views with them. They felt listened to and the registered manager took appropriate action to deal with the issues raised. One person said, "The manager is good, I can speak to them." One relative told us, "The manager is helpful and listen to what I have to say."

Staff mentioned the registered manager was supportive to them. They felt their views were listened to. There were regular staff meetings where staff were given an opportunity to share any concerns they had or discussed any ideas they had about how the service could be improved. Staff felt the service was run well and the registered manager was approachable. One member of staff said, "The manager is good and very supportive."

The registered manager told us it was a bit hard for them at the beginning when they took their post as manager, however, now things were much better. They felt supported by the provider and had learned a lot since they became the registered manager. They attended regular meetings with other registered managers within the company and shared ideas on any practice issues. They knew the people who used the service well and was aware of their needs. For example, they were able to tell how one person's needs had changed since our last inspection and also the needs of other people without referring to their care records. This was confirmed when we looked at people's records.

Staff were clear of their roles and responsibilities and who they were accountable to. They had access to a range of policies and procedures to guide them in their roles accordingly.

People, their relatives and staff were involved in the development of the service through yearly satisfaction surveys. The registered manager welcomed ideas on how the service could be improved. We looked at the recently completed surveys and the results were positive. We saw the registered took action where improvements were suggested.

The registered manager carried out daily, weekly, monthly and yearly audits to ensure people were receiving good care and support and also to ensure the environment within the service was safe for people to live in. Audits included, care records, finance audits, health and safety, medicine records and stocks, equipment and staff training. Where shortfalls were identified, the registered manager ensured an action plan was in place to address them.

The registered manager had notified of reportable incidents as required under the Health and Social Care

Act 2008 and associated Regulations. However, we reminded them that this should be done as soon as the event had happened.