

# Independant Community Support Limited

# Heaton Lodge

## Inspection report

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10 July 2019

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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

Heaton Lodge provides care and support to people living in a supported living setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. At the time of our visit, they were providing personal care to three people. Not everyone who used the service received personal care.

People's experience of using this service and what we found

People using the service told us they felt safe. People were protected from the risk of abuse because staff had appropriate training and guidance had been followed. People's risks had been identified and managed appropriately. Staff had been recruited safely and there were sufficient numbers of skilled and experienced staff to meet people's needs. People's medicines were managed safely. Infection control procedures were followed.

Staff working in the service had received training and support to make sure they were competent. Care records demonstrated that when there had been changes in people's needs outside agencies had been involved to make sure they received the correct care and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service did support this practice. People were supported to maintain a healthy diet.

People were supported by staff that promoted independence, respected their dignity and maintained their privacy. Staff acted on people's needs and in accordance with their wishes. Where people needed specific support or care, this was delivered in accordance with people's needs. Staff demonstrated a good knowledge about people they were supporting. People were involved in decisions relating to the care they received.

People's needs were assessed, and care and treatment were planned and delivered in line with their care plan. People received care that was tailored to their individual needs, taking into account their preferences. Care plans contained information about each person's condition and were reviewed regularly. People were encouraged to pursue their hobbies and interests. People and their relatives felt confident their concerns would be taken seriously and would be addressed.

People, relatives and staff felt the service was managed well. There was an open and transparent culture. Quality assurance systems were in place to monitor the running of the service and the effectiveness of systems in place. Feedback was welcomed to drive continuous improvement within the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

This service was registered with us on 4 July 2016 and this is the first inspection.

Why we inspected:

This was a planned inspection based on when the service started operating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

## 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.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Heaton Lodge

## Detailed findings

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one inspector.

#### Service and service type:

This service provides care and support to people living in a supported living setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out and we wanted to be sure there would be people at home to speak with us.

The inspection took place on 10 July 2019.

#### What we did before inspection:

Before the inspection, we reviewed the information we held about the registered provider, including previous notifications. A notification is information about important events, which the registered provider is required to send to us by law.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections.

During our inspection:

We spoke with two people who used the service, the registered manager, deputy manager and one member of staff. We reviewed a range of records. This included two people's care records and two staff files in relation to recruitment, training and staff supervision records. We checked records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider were reviewed during and after the inspection.

After the inspection:

We continued to seek clarification from the provider to corroborate evidence found. We looked at training data and quality assurance records. We spoke with two relatives by telephone to obtain their views of the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were policies and procedures for safeguarding people who used the service. People and their relatives commented that the service was a safe place and they did not have any concerns. One person said, "Yes, I am safe here."
- Staff were able to recognise possible signs of abuse and knew who to report any concerns to. One member of staff told us, "I will report them[concerns] to the manager." Staff understood their responsibilities to protect people from the risk of harm. We saw that staff had training in this area.
- The service had a whistle blowing policy. Staff were aware of the whistle blowing procedure and told us that they would not hesitate to report any concerns. One member of staff said, "I know about whistle blowing."

Assessing risk, safety monitoring and management

- People were supported to take positive risks. Risks were assessed and managed to keep people safe. Where risks had been identified, there was guidance and procedures for staff on what actions to take in relation to manage these risks.
- We found that risk assessments were reviewed and updated to reflect any changes in people's needs.

Staffing and recruitment

- The provider had effective recruitment and selection processes in place. There were enough staff to meet people's needs.
- We saw the registered manager carried out a number of checks before staff started working at the service. These included obtaining references, checking if they had a criminal record and checking their identification and immigration status to see if they were legally allowed to work in the United Kingdom.
- People told us they felt there were enough staff to meet their needs. The staffing levels were flexible, and these were determined by what level of care and support people needed.
- One person told us, "There are enough staff, if I need to go somewhere, they [staff] come with me."

Using medicines safely

- People received support from staff with their medicines to ensure they were managed safely. One person told us, "The staff make sure I take medicines."
- The provider had policies and procedures in place for staff to follow to ensure people received their medicines safely. There were daily checks carried out to ensure people had received their medicines as prescribed.
- We saw that medicine administration records included: photos of the person who used the service, their

date of birth, their GP contact details and any allergies that people had.

#### Preventing and controlling infection

- The provider had systems in place to prevent the spread of infection and ensure people as well as staff were safe.
- There was personal protective equipment such as aprons and gloves available to staff who had received training in infection control.
- Staff knew what their responsibilities were in this area. People were encouraged to keep their rooms clean.

#### Learning lessons when things go wrong

- The provider had a system in place to record and monitor accidents and incidents. Records of accidents and incidents were reviewed by the registered manager, to prevent them from happening again.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's health, care and support needs were assessed to ensure staff could meet them.
- Before people started using the service, the registered manager carried out an initial assessment of their needs. This covered a number of areas such as people's care and support needs, wishes, preferences, routines and medical and past histories. We saw people and their relatives were involved in the process.

Staff support: induction, training, skills and experience

- People received support from trained staff who were skilled and knowledgeable in meeting their needs. People told us they felt the staff had the right skills to carry out their roles. One person said, "Yes they [staff] do a good job, they know what they are doing."
- Staff received training, supervision and support to give them the necessary skills and knowledge to help them provide care and support to people who used the service.
- The provider had a training programme for all staff to complete to ensure they had the skills to meet people's needs. Staff had completed training in areas, such as on safeguarding adults, medicine management, infection control and first aid. Staff commented the training courses were useful to them in their roles.
- New staff received a comprehensive induction programme when they started working at the service.
- Staff received regular one to one meetings with the registered manager to discuss their work and any issues they might have. We saw a range of issues were discussed, including staff training and people's needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have sufficient amounts to eat and drink. They went out with staff to do their own food shopping. Staff encouraged people to cook their meals by themselves. One person said, "I do my own cooking."
- Staff were aware of people's likes and dislikes and if they had any special dietary requirements. They encouraged people to have a healthy diet.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager worked closely with other health professionals to help ensure people had access to the services they required to maintain their health. One person said, "They [staff] take me to my appointments."
- Information about the involvement of healthcare professionals in people's care was available in their care plans so that staff had the necessary information to support people to meet their healthcare needs.

## Ensuring consent to care and treatment in line with law and guidance

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Before people received any care or support they were asked for their consent and the staff acted in accordance with their wishes. One person told us, "The staff always asked me first when they do something."
- The registered manager and staff told us the actions they would take if they felt a person lacked capacity to make certain decisions about their care and support. They were familiar with the processes and principles of the MCA.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were not treated differently based on their specific protected characteristic, including areas of nationality, gender, disability, religion or belief, sexual orientation and age. One person told us, "I get treated with respect here. I treat everyone the same as I would like to be treated, it does not matter who you are."
- Where people had culturally diverse needs identified, those needs were planned for in their care plans.
- Comments from people using the service were positive, indicating that staff were kind and helpful in meeting their care needs. One person said, "The staff are very good." Relatives told us that staff knew their loved ones very well and did their best for them.

Supporting people to express their views and be involved in making decisions about their care

- Staff encouraged people to exercise their choice in areas such as how they wanted to be supported, or what activities they wanted to take part in.
- Staff had a good understanding of the care needs for people they supported and were able to tell us what people did and didn't like and what support they needed. One member of staff told us, "[Person] likes their cups of coffee."

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and their privacy was upheld. For example, staff told us how they made sure doors and curtains were closed before providing personal care to people.
- Staff encouraged people to maintain their independence as much as possible. This helped to ensure people maintained their abilities in some areas of their care which they used to manage independently. For example, people were encouraged to cook their own meals and to do their food shopping.
- We found that people's records were kept securely in order to protect people's confidentiality. Staff were aware information provided in confidence should not be used or disclosed except to another authorised person and they had to seek the person's consent first.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care that was tailored to their individual needs and preferences. People told us the service was responsive to their needs and they were happy with the way staff supported them. One person said, "I like it here, the staff look after me well."
- Staff felt care plans gave them sufficient information to deliver the care and support to people who used the service.
- Care plans were reviewed and updated when people's needs changed. This helped staff to be responsive to changes in people's needs.

Meeting people's communication needs

- Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
- We saw care plans had information about people's communication needs. People were given information in a format they understood.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to pursue their interests and maintain links with the community. They could choose how they spent their time.
- Relatives told us they visited their loved ones on a regular basis. People also went and spent time with their relatives during the weekend.
- On the day of the inspection, one person told us they were going to the local café with staff to have a coffee. Another person went go-karting which they enjoyed doing.

Improving care quality in response to complaints or concerns

- There was a system in place to receive and handle complaints or concerns raised. People told us they would talk to staff or the managers if they had any concerns. They were confident they would be listened to and action would be taken to address any concerns they may have. One person told us, "I will talk to the manager if I am happy about something."
- Information on how to make complaints was displayed in the service. We saw complaints had been dealt with appropriately.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us that the service was well managed and that they could speak with staff or the registered manager as and when they wanted. One person said, "The manager is good."
- There was an open and transparent culture within the service. Staff told us that the registered manager was very supportive. One staff member told us "[Manager] is good." A relative said, "[Registered manager] is doing a wonderful job, they always do their best for people."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager knew when the CQC should be made aware of events and the responsibilities of being a registered manager. They were aware of the notifications that were required to be sent to the Commission and these had been sent in a timely manner.
- Staff were clear about their roles and responsibilities and who they were accountable to. They had access to a range of policies and procedures which gave them guidance about how to carry out in a caring and safe manner.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were regular staff meetings. Staff were encouraged to discuss any issues they might have during those meetings and they felt listened to. This demonstrated staff were able to communicate with each other and keep informed about all aspects of their work as well as contributing in the running of the service.
- Meetings also took place for people who used the service. This gave people an opportunity to share any ideas for the development of the service.

Continuous learning and improving care

- Systems were in place to monitor the quality of the service and action was taken when it was identified that improvements were required.
- People who used the service and their representatives were asked for their views and they were acted on. We looked at some of the surveys that had been completed recently and found people were happy with the service they received.
- The registered manager carried out regular audits to ensure the service was operating to their expected standards. They regularly reviewed care plans, medicines charts and daily records.

#### Working in partnership with others

- The management team had good links with a number of social care professionals within the local area and in other local authorities and this helped to ensure people's needs were fully met.
- They also attended regular meetings which were organised by the local authority to discuss latest guidance or practices.