

Tealk Services Limited

The Beeches (The Drive)

Inspection report

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Essex
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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

This inspection took place on 10 May 2018 and was announced. At the last inspection on 23 May 2017, the service was rated as requires improvement. We asked the provider to take action to make improvements regarding the environment, medicine management and risk of people, visitors and staff consuming contaminated water. This action has been completed.

The Beeches (The Drive) is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service provides accommodation and support to eight people with a learning disability. At the time of our visit, there were eight people using the service.

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

People were safeguarded from the risk of abuse as the provider had systems to identify the possibility of abuse and stop it occurring, and staff had appropriate information to report any concerns. Staff understood their responsibilities to protect people from the risk of abuse.

The risks associated with people's support were assessed, and measures put in place to ensure staff supported people safely.

Staffing levels were managed and planned to ensure consistency and staff who were familiar to people at the service. The provider had effective recruitment procedures in place. Staff had the knowledge and skills to care for people effectively and responded promptly to their needs.

People received their medicines as prescribed and they were supported to maintain their nutrition. Referrals were made to health care professionals for additional support or guidance if people's health changed.

Staff demonstrated a good understanding of the requirements of the Mental Capacity Act 2005. The consent of people was sought appropriately and where limitations on people's freedom were necessary these were properly discussed and authorised.

People undertook a wide range of activities, both individually and in groups. They were encouraged to do as much for themselves as possible. Staff were knowledgeable about their needs and how to meet them. People's privacy and dignity were respected.

There were assessments undertaken and care plans developed to identify people's health and support

needs.

The registered manager worked in partnership with other health professionals to ensure people received effective care and support. People were involved in the planning and reviewing of their care.

There were effective management systems to monitor and improve the quality of service provided. The views of people, relatives, professionals and staff had been sought and acted upon. There was a complaints policy and procedure in place.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. Staff understood their role in safeguarding people and how to raise concerns about people's safety.

The risks associated with people's care and support were assessed, and measures put in place to ensure staff supported people safely.

Sufficient staff were available to meet people's needs and a robust recruitment system was in place.

People received support with their medicine which was managed safely.

There were systems in place for the monitoring and prevention of infection.

Is the service effective?

Good ●

The service was effective. An initial assessment of people was carried out before they started using the service.

People received effective care from staff who had the knowledge and skills to carry out their job roles. Staff were supported by a system of induction, training and supervision.

Staff understood and acted in line with the principles of the Mental Capacity Act 2005.

People were supported to maintain good health and to access healthcare services when they needed them. Their dietary needs were considered and were monitored appropriately.

Is the service caring?

Good ●

The service was caring. Care was provided with kindness and compassion. Confidentiality of people's personal information was maintained.

People were treated with respect and their independence, privacy and dignity were protected and promoted.

People were supported to be involved in their care planning and making decisions about their care in a way that suited their needs.

Is the service responsive?

Good ●

The service was responsive. Care plans provided detailed information about each person's care and support needs.

People were supported to take part in activities within the service and in the community. People maintained relationships with friends and relatives.

People and relatives felt able to make a complaint and were confident that complaints would be listened to and acted on.

Is the service well-led?

Good ●

The service was well-led. People and their representatives felt the service was well managed and staff felt supported.

Staff were aware of their responsibilities in ensuring the quality of the service was maintained.

There was an effective quality monitoring system to check that the care met people's needs. Regular audits took place and any issue identified was acted on.

The Beeches (The Drive)

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 inspection took place on 10 May 2018 and was announced. It was carried out by one inspector. The registered manager was given one-hour notice because we needed to be sure that members of the management team were available to assist us with the inspection.

Prior to our inspection we reviewed the information we held about the service which included statutory notifications we had received since our last visit and information we had received from other professionals. Notifications are information the provider or registered manager sends us to inform us of significant events. We used this information to plan what areas we were going to focus on during our inspection. We also looked at the information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection visit we spoke with three people in the service, the registered manager and two members of staff. We also observed how the staff interacted with people and how people were supported. We also looked at three care plans, including people's risk assessments, and records relating to the management of the service such as staff training records, staff duty rosters, minutes of meetings and documents in relation to the monitoring of the service.

After the inspection, we spoke with two relatives over the phone to get their views on the service.

Is the service safe?

Our findings

People told us they felt safe living at the service. Relatives also commented that they felt the service was a safe place for their loved ones. One relative said, "Yes, it is a good home, I feel [person] is as safe as they can be."

During our inspection in May 2017, we noted that none of the fire doors in the service were closing fully against the frame. This put people, staff and visitors to the service at risk in the event of a fire. We also saw one fire door was propped open by a wedge and another was closing on top of the frame instead inside the frame. The same concern was identified during a visit carried out by the fire brigade in July 2016.

During this visit we found that the provider had taken action to ensure all the fire doors closed properly. They had also installed magnetic devices to hold some fire doors open. This helped to avoid the doors being propped open. We saw the staff carried out regular checks to ensure the fire doors functioned as they should. Checks were also done on firefighting equipment and there was regular fire alarm test. We also noted other health and safety maintenance checks such as electrical appliances and gas equipment were completed in a timely way. This helped to ensure people lived in a safe environment as far as possible.

At our last inspection in May 2017, we saw people had a personal emergency evacuation plan (PEEP) in place. These are documents which advise of the support people need in the event of an evacuation taking place. However, we noted the information contained in them needed to be more specific and elaborated upon. During this visit, we found the registered manager had added more information which would help to evacuate people safely in the event of an emergency.

During our inspection in May 2017, we noted the provider was failing to ensure people had access to clean drinking water as we found the shower heads in two shower rooms could drop below the water level when the showers were in use. This could create a backflow (an unwanted flow of water in the reverse direction) and could be a serious health risk for the contamination of drinking water, which people and staff consumed. During this inspection we found that the provider had acted upon our concerns and rectified the situation to ensure everyone had access to clean drinking water.

At our last inspection in May 2017, we found the system to manage medicines was not always safe. We looked at all the medicine administration records and found gaps in signatures on four occasions. We also noted one item of medicine was prescribed to be given three times a day and this was being administered only once a day. This could put people at risk as they were not receiving their medicines as prescribed. During this inspection, we looked at all the medicine administration records and found they had been completed correctly and people received their medicines as prescribed by their GPs.

People were happy with the way staff administered their medicines to them. We found the staff checked the medicine administration records daily to ensure people had received their medicines as prescribed and to identify any errors or missing signatures. Staff who were responsible for the administering medicines had received medicine training to ensure they were competent to do so. Medicines were kept locked when not in

use. The room temperature where medicines were kept, was checked daily to ensure it was within recommended level. We saw staff administered medicines to people in a safe manner.

People were safeguarded from the risk of abuse as the provider had systems to identify the possibility of abuse and stop it occurring. Staff had appropriate information to report any concerns. They had a good knowledge of how to recognise and respond to allegations or incidents of abuse. They were able to describe the different types of abuse and understood the process for reporting concerns and escalating them to external agencies if needed. There were clear procedures available for staff to refer to if needed. Records showed that all staff had completed training in safeguarding and received regular update training.

We saw that potential risks to people had been assessed and this helped to ensure they could be supported to stay safe by avoiding unnecessary hazards without being restricted. For example, one person required support around going out in the community. The care plan showed that risk assessment had taken place regarding this and there was guidance and actions for staff to follow. Staff were aware of identified risks to people had in relation to their care and support. The registered manager reviewed the risk assessments regularly to reflect any changes in people's care and support needs.

There was a record of all accidents and incidents involving people using the service and/or staff. We saw the registered manager reviewed them regularly to look for any trends and identify actions to reduce the risk of similar events happening again.

People and their relatives felt there were enough staff working in the service. One person told us, "Yes" when we asked them if they felt there were enough staff on duty. One relative told us, "Staff level is not an issue." One member of staff said, "Yes we do have enough staff on duty." The provider employed sufficient staff so that they did not have to use agency staff. We looked at the staff duty roster at random over the past four weeks and this indicated that there was the number of staff as mentioned to us by the registered manager.

The provider had an effective recruitment and selection processes in place. We checked three staff files and found the registered manager had requested information such as references and disclosure and barring service checks (DBS). A DBS check is an employer's check to ensure that prospective staff are not barred from working with vulnerable people or have a criminal conviction that would make them unsuitable for their job. This helped to ensure people were not exposed to staff who had been barred from working with people in need of support. The staff files also contained an application form which covered previous experience, qualifications, training and any gaps in employment. This showed the provider understood their legal responsibilities regarding safe staff recruitment.

We saw the service was clean and free of malodour. Staff had received training in infection control and were aware of their responsibilities in this area. They were provided with personal protective equipment such as disposable gloves and aprons. This helped to prevent any spread of bacteria or viruses. There were hand washing facilities throughout the service and hand gels were also available to staff.

Is the service effective?

Our findings

Relatives told us they were satisfied with the care and support and felt the staff knew how to meet the needs of people who used the service. A relative said, "They [staff] are brilliant."

There was a process in place to ensure the service was able to meet the needs of people. Before a person started to use the service, the registered manager carried out an initial assessment. Information was also gathered from relatives and from the commissioning team to ensure the service had all the relevant details on what the person's needs were and how to meet them.

We saw people were supported by staff who had received appropriate training. The provider had a programme of training for staff to undertake whilst working at the service. Training records showed staff had completed training in a number of areas to help them meet the needs of people. This included safeguarding, Mental Capacity Act 2005, infection control, and moving and handling. Staff told us they had benefitted from training as this was useful in helping them to meet people's needs. From records we saw staff had regular training updates and were supported to undertake further training if they wished.

The registered manager monitored staff training to make sure that all staff were up to date with their training. We noted that staff had a number of refresher training recently. All staff were in the process of completing the Care Certificate, which is an identified set of standards that staff adhere to in their daily working life.

When newly recruited staff started to work at the service, they received an induction and this included them getting to know the people who used the service as well as familiarised themselves with key policies and procedures.

Staff received supervision with the registered manager every six to eight weeks and an annual appraisal to monitor their progress and identify any training needs. One member of staff told us, "Yes, I have regular supervision with the manager." We sampled some copies of staff supervision records and noted a range of issues were discussed, including staff training needs. This helped to ensure that staff were supported to carry out their roles effectively.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and found that they were compliant. People were supported to make decisions about their care and provided consent. Where people

lacked the capacity to make a decision the registered manager followed the principles of the MCA. Staff and the registered manager had a good understanding of the MCA and had received training.

The registered manager and staff knew the processes and principles of the MCA and DoLS. They were aware of the process to apply for DoLS to the local authority when they believed people were being deprived of their liberty for their own safety. They told us if there were concerns about people's capacity, they would refer it to the appropriate professional for an assessment. Staff told us they always made sure they sought the consent of the person before providing any care and support to them. One member of staff said, "I always ask the service users for their permission before I do anything."

People were supported to eat and drink and maintain a balanced diet based on their needs and preferences. They commented, the food served was good. Staff were aware of people's dietary needs and their likes and dislikes. One member of staff told us, "[Person] likes chicken curry." We spoke to the person who confirmed and said, "I like curry." People's religious cultural dietary needs were respected and met.

Staff monitored what people ate and drank. If they had any concerns, they contacted the relevant professional such as the Speech and Language Therapy (SALT) team for advice. We saw nutritional risk assessments were in place and people's weight was monitored regularly. The staff regularly consulted with people to check that they were enjoying the food which was being provided. People were able to choose what they liked to eat. However, staff always encouraged them to eat healthily.

The registered manager worked closely with other health professionals to help ensure people had access to the services they required to maintain their health. We saw people had been referred for assessment and treatment to other health services for example the local GP. For example, we saw one person had two of their medicines discontinued by their GP recently during their medicines review. We saw people were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments. Each person had a detailed health action plans in place and had an annual health check carried out by their GP. This showed people were supported to maintain good health.

Is the service caring?

Our findings

During the inspection, we observed staff interacting with people in a calm and relaxed manner. Staff responded promptly to people's requests. They spoke with people in a respectful manner. One person told us "The staff are good." Relatives felt the staff treated people with respect and were kind and caring. One relative said, "The staff are very caring and they know [person] well."

Staff had developed a positive caring relationship with people who used the service. During our visit, we saw people were comfortable in approaching staff at any time. Staff had a good knowledge of people's individual needs. For example, they knew one person did not like crowded places and they made sure crowded areas were avoided when the person went out in the community.

People were supported to maintain as much independence as possible and make choices such as what they wanted to wear, eat, drink and how people wanted to spend their day. For example, staff told us that during personal care they encouraged people to wash parts of their body by themselves if they were able to do so. During our visit, we saw staff gave people their prescribed topical cream which applied by themselves. People were also encouraged to make their own drink. However, staff would be available for assistance if they needed. This demonstrated that staff encouraged people to maintain their independence.

People were encouraged to express themselves and make as many decisions as they could. They were involved in deciding how their needs should be met. If they were not able to do so, their relatives were involved. Relatives said the staff always informed them if there were any changes in their family member's needs. One relative told us, "The manager is very good at keeping me informed about [person]. They let me know when they have gone to the doctors or when they are going on holidays."

Relatives told us they visited the service regularly and were always made welcome. One relative said, "The staff always make me a cup of tea and give me biscuits." We noted some people went home regularly to visit their relatives and on special occasions such to celebrate religious festival. People were also encouraged to keep in contact with their family members on a regular basis.

People were treated with respect and their privacy was upheld. Staff told us they always checked before providing personal care and ensured people were happy to continue. One member of staff said, "I always close the doors." We saw staff knocking on the doors before entering people rooms.

One person who used the service had an advocate. Advocacy services are independent of the service and the local authority and can support people to make and communicate their wishes. Information about advocacy services was available to people. If a person requested an advocate, this would be made available to them.

The importance of confidentiality was understood and respected by staff. Confidential information was stored safely and was locked away when not in use. The provider had policies and procedures on this subject and staff had signed to say they had read and understood what were included in them. One member

of staff told us, "We should not talk about one service user with another service user. We divulge information only to people who are allowed to know." Staff were aware that people's private information should not be disclosed to a third party without their consent. This helped to ensure people's confidentiality was protected.

Staff knew what people's communication needs were. There was guidance in people's care plans which gave details staff had to follow when communicating with people. For example, staff used short sentences or pictures to communicate with some people.

Is the service responsive?

Our findings

People received the care and support they wanted in line with their needs. Relatives felt their family members were looked after well. One relative said, "The staff are very kind and caring." People we spoke with indicated that they were happy living at the service.

People received care and support that was personalised and responsive to their individual needs. We saw care plans provided staff with detailed guidance about the individual care and support needs of the person. There was also information about specific health conditions that detailed the actions staff needed to take to ensure the person were safe. The care plans also included information about the person likes, dislikes and preferences. They also clearly stated what people could do for themselves and what they needed help with for example help in taking their medicines.

People received support in their preferred way and staff were responsive to their needs. Staff were aware of people's current needs and they informed the registered manager when a person's needs had changed. When we asked staff for a summary of people's needs they were knowledgeable about these and explained to us how they met people's individual needs. We saw people and their relatives were given an opportunity to be involved in the delivery of care and support being offered.

People had an allocated member of staff known as a key-worker who coordinated their care. A keyworker is a member of staff who took responsibility for overseeing the care of an individual person and ensure all their care needs are met. We saw that the key worker met with their key person every month to discuss their care and support to ensure their needs were met.

We noted that people's care plans were reviewed on a regular basis. This meant that people's ongoing and changing needs were kept under review. People's needs were discussed during daily handovers and during staff meetings. This helped to ensure staff were kept up-to-date about the needs of people who used the service.

People's social and emotional needs were considered. This was because people were asked about social activities and hobbies they enjoyed. Each person had a personalised activity plan in place and people could see what activities they were doing each day. The staff arranged a wide range of activities both inside and outside the service to stimulate people and develop their independence. People were supported to maintain links with the community to help ensure they were not socially isolated. Relatives told us they could visit their family members at any time and were invited to social event. One relative told us, "I visit regularly and staff are always welcoming."

We saw that people who used the service were able to make choices about their lives and were part of the decision-making process. People had their own individual routines which were respected. For example, one person liked to go out in the community everyday and staff respected their wishes. People chose what they liked to wear, to eat, to drink and any activities they wanted to take part in.

People and their relatives had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint. Relatives knew how to make a complaint. One relative said, "I have raised some concerns before and they were dealt with promptly." Another relative told us, "If I am not happy about my family member, I will speak with the manager." No complaints had been received since our last visit in May 2017. Informal concerns raised by people were addressed through discussion with staff or the registered manager on a day to day basis. People, relatives and visitors could make comments or suggestions about the service anonymously in a comment box which was situated at the entrance of the service. The complaints policy was available for people to access in a format people could understand.

The registered manager informed us that they had received several verbal compliments about the service.

Is the service well-led?

Our findings

People and their relatives commented positively on the how the service was managed. A relative told us, "It is a good home, the manager is good as well as the staff." Another relative described the service as providing, "A very good level of care."

At our last inspection in May 2017, we noted that the registered manager had failed to notify the Care Quality Commission of three safeguarding alerts that they had raised with the local authority. A notification is information about important events which the registered manager is required to send us by law in a timely way. This is to ensure that we were aware of any incidents that had taken place and what action the provider had taken to address them.

Since the last inspection, the registered manager had notified us about certain events, so that we could see what actions they had taken or if we needed to follow up on any information they had sent us. The registered manager was aware of their responsibilities to inform us of any notifiable events.

We saw the registered manager undertook regular audits to monitor the quality of the service they provided. This included staff training, health and safety, and medicines management. There was evidence that where any improvement was identified, appropriate actions were taken and followed up. This meant people could be confident the quality of the service was being assessed and monitored. We positively noted that the provider had acted on the concerns we had identified during our last inspection in May 2017.

Staff told us they felt supported and the registered manager was approachable. They said they could speak to the registered manager at any time. One member of staff said, "The manager is good and interact with staff and service users well." A relative told us, "[Manager] is very approachable. They do contact me on a regular basis to let me know what is going on in the home." One person described the registered manager as "Good".

Staff told us that communication between them and the registered manager was good. They had regular meetings where they were able to contribute to the continued improvement of the service. They were informed of any changes occurring at the service and policy changes. This meant that staff were always kept informed. One member of staff told us, "Yes, it is a good place to work." Staff were aware of their role and responsibilities and who they were accountable to.

We looked at people's personal records and found they were accurate and were updated on a regular basis. Other records relevant to the management of the service were accurate and fit for purpose. Records were kept locked when not in use.

The provider had an effective quality assurance system in place to monitor the quality of the service and support provided to people. People, their representatives, other professionals and staff were asked for their views about their care and support being provided at the service and they were acted on. From the recent completed questionnaires, we looked at, we found people, staff, relatives and other professionals were

satisfied with the service and how it was managed.

We found that the registered manager team worked closely with other external organisations to ensure people needs were met. They also attended various workshops to keep themselves updated with the latest practices. For example, they attended the meetings which were organised by the local authority for all the providers within the area.