

Tomswood Lodge Ltd

Tomswood Lodge Limited

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

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

We inspected Tomswood Lodge on 27 April 2016. This was an announced inspection which meant that the provider knew we were visiting. This was because the location was a small care home for adults who are out during the day and we needed to be sure that someone would be in. The provider was given 24 hours' notice.

Tomswood Lodge is a care home that is registered to provide accommodation and support with personal care for eight people with learning disabilities and/or mental health needs. The service also offers respite care which enables carers who look after relatives in their own home, to have some time off while their loved one is placed temporarily in a care service. There were no people in respite care at the time of our inspection.

The service was split between a ground floor and a first floor with three bedrooms on the ground floor and five bedrooms on the first floor. At the time of the inspection, four people were using the service. During our last inspection on 23 April 2014, we found that the service was not fully compliant with all regulations we checked. We asked the provider what actions they would take to meet legal requirements in relation to safeguarding people from abuse and they wrote to us with an action plan. We checked that these actions were completed in September 2014.

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

The service provided care and support to people to enable them to become more independent. We found that people were cared for by sufficient numbers of qualified and skilled staff. Staff also received one to one supervision and received regular training. People were supported to consent to care and the service operated in line with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were given choices over what they wanted to eat and drink and they were supported to access healthcare professionals. People's finances were managed and audited regularly by staff so that people's money was kept securely.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs. The care plans contained a good level of information setting out exactly how each person should be supported to ensure their needs were met.

Staff had very good relationships with people living in the service and we observed positive and caring interactions. Staff respected people's privacy and supported people to express their views. People pursued

their own individual activities and interests, with the support of staff. The environment was safe and clear of any health and safety hazards; however the service did not always label or record the dates when jars of perishable food were opened.

There was a structure in place for the management of the service. People, relatives and visitors could identify who the registered manager was. People felt comfortable sharing their views and speaking with the registered manager if they had any concerns. The registered manager demonstrated an understanding of their role and responsibilities. Staff and people told us the registered manager was supportive. There were systems to routinely monitor the safety and quality of the service provided.

We found one area where we have made a recommendation to the service, which is detailed in the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was mostly safe. Perishable food that was kept in the fridge was not always labelled with the date they were opened, which risked the food going out of date and becoming contaminated.

The service had whistleblowing and safeguarding procedures in place. Staff understood how to identify and report abuse. People felt safe and staff were recruited appropriately.

There was sufficient numbers of staff to meet people's needs. The service had a system to check medicine and finance recording.

Is the service effective?

Good 

The service was effective. Staff were supported in their roles and received regular supervision and training.

The provider met the requirements of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards which helps to protect people's rights. People were supported to eat and drink healthy and nutritious meals that met their dietary needs.

Is the service caring?

Good 

The service was caring. People were happy at the service and staff treated them with respect and dignity. Relatives were satisfied with the level of care and with the quality of the staff.

Care and support was centred on people's individual needs and wishes. Staff knew about people's interests and preferences. People were supported to maintain their independence.

Is the service responsive?

Good 

The service was responsive. People's individual choices and preferences were discussed with them. People's health, care and support needs were assessed and were reflected in their care records.

People had a programme of activity in accordance with their needs and preferences. People using the service were encouraged to express their views.

Is the service well-led?

Good ●

The service was well led. The service had a registered manager and was supported by senior staff. Staff and people found the registered manager to be approachable and helpful.

Quality assurance and monitoring systems were in place and included seeking the views of people.

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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 took place on 27 April 2016 and was planned to check whether the provider was 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 under the Care Act 2014.

As part of the inspection we reviewed the information we held about the service. This included the provider information return (PIR) and the notifications that the provider had sent us. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR also provides data about the organisation and service. A notification is information about important events which the provider is required to tell us about by law, such as safeguarding alerts. We also contacted a local authority that had placed people in the service and the local borough safeguarding team.

The inspection was carried out by one inspector. During our inspection we observed how the staff interacted with people and how they were supported. We viewed people's bedrooms with their permission. We spoke with three people, the registered manager, a training consultant and three members of staff. After the inspection, we spoke by telephone with three relatives. We looked at four care files, staff duty rosters, four staff files, a range of audits, minutes for various meetings, medicine records, accidents and incidents records, training information, safeguarding information, health and safety folder and policies and procedures for the service.

Is the service safe?

Our findings

People and their relatives told us that they felt safe living in the service. We did not receive any concerns about people's safety and one person told us, "Yes I feel safe." Another person told us that, "It is really safe, we know what to do in emergencies as well." One relative said, "It's very safe, there has never been an issue."

The service was clean, tidy and clear of any obstructions which would breach health and safety regulations. There was a storage facility in the garden for COSHH (Control of Substances Hazardous to Health) materials and the laundry. Fire regulations were displayed in the hallway. We also saw that fridge and freezer temperature checks were carried out to ensure that food was kept fresh. However, we noted that the fridge in the kitchen contained jars of food that were not labelled with the date they were opened in order to notify staff when food needed to be disposed of, before it was unsafe to eat. We discussed this with a member of staff who immediately took action to label the jars. They told us, "I roughly know when they were opened. Food is consumed quite quickly so they wouldn't have been open for long. We normally label everything." We were concerned that this was not addressed sooner.

We recommend the provider reviews staff training and food hygiene standards within the service to ensure people are protected from the risk of cross-contamination.

The staff supported people with their finances. The service held money on behalf of all the people securely in a locked container and kept an audit trail of how much was being spent. We saw that monies were counted during the day in order to match them with records of each person's balance to confirm that the amounts were correct. Records and receipts were kept when the staff spent monies on behalf of people. The registered manager told us that they were the appointee of two people living in the service. We spoke to a relative of a person whose finances were looked after by the registered manager and they told us, "Yes, they have managed [my relative's] money well for years and they follow all the guidelines."

Care and support were planned and delivered in a way that ensured people were safe. Risks were minimised and continuously monitored. The care plans had risk assessments which identified any risk associated with people's care as some people could present behaviour that put themselves and other people at risk. The service had appropriate guides and practices in place to ensure people were safeguarded from the risk of abuse. The service had safeguarding policies and procedures in place which included contact details for the relevant local authority and the Care Quality Commission. Staff were able to explain to us what constituted abuse and the action they would take to escalate concerns. Staff said they felt they were able to raise any concerns and would be provided with support from the registered manager. One new member of staff member told us, "I would instantly inform my manager and inform the police if needed. I would also notify the council safeguarding team." Another staff member said, "I would tell my manager, the local council and it would be investigated. We have posters around the home which show what the steps are." We saw that safeguarding training had been delivered to staff. The registered manager and staff knew how to report safeguarding concerns appropriately so that the local authority and the CQC were able to monitor safeguarding issues.

The service had a whistleblowing procedure and staff were aware of their rights and responsibilities with regard to whistleblowing. Staff were able to describe the process they would follow and that they understood how to report concerns about the practice of the service. One staff member said, "I understand whistleblowing and if I had concerns I would report it to other departments."

The provider ensured people lived in a safe environment and a regular programme of safety checks was carried out. For example, there were current records of gas and electric safety tests and certificates. There was a fire risk assessment completed by the registered manager and weekly fire alarm tests were carried out. We saw copies of health and safety assessments and insurance certificates. We noted that the kitchen displayed safety posters and colour coded information that assisted people when they were preparing food or cleaning.

There were effective recruitment processes in place. We looked at staff recruitment files and saw evidence of the necessary checks, such as references and Disclosure and Barring Service certification (DBS), to ensure that staff were safe and suitable to work with people. The Disclosure and Barring Service helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. This demonstrated that there was a system in place to ensure that staff were only employed if they were qualified and safe to work with people who lived in the service. We saw that staff were present in the morning and afternoon. The service was managed by having the day split into three shifts, including a waking night shift. There were two staff on duty during each shift, plus the registered manager. A training consultant, who had been working in the service for a few months, also arrived during the day to offer any assistance to people and staff. The service had one waking night staff at night. Records we reviewed showed there were enough staff on duty to meet people's needs safely and in a timely manner.

The service had arrangements to store medicines. We saw that medicines were stored in a secure cabinet in an office in clearly labelled blister packs and boxes. The registered manager told us, "The residents come to the office for their medicine and we check medicine records to make sure they are correct and no mistakes have been made." The dates of when medicines were received, opened and taken were recorded on Medicine Administration Record (MAR) sheets for each person. They were checked for accuracy as part of the registered manager's quality and safety checks and we saw that the records were up to date and correct. Each month, any unused or out of date medicines were returned to the pharmacy that supplied the service with people's medicines.

Is the service effective?

Our findings

People said they were well supported by staff in their daily lives. One person told us, "The staff are nice, they really help me." A relative told us, "They are really nice people. They have been looking after my relative for many years." We found that staff were knowledgeable about people's individual support and care needs.

Staff demonstrated a good understanding of the principles of the Mental Capacity Act 2005 (MCA). The 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. 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).

The registered manager informed us that two people were subject to DoLS and we saw that there was the appropriate documentation from the local authority confirming that this was the case. This assured us that people would only be deprived of their liberty where it was lawful. The provider had suitable arrangements in place for obtaining consent, assessing mental capacity and recording decisions made in people's best interests. We saw that people made choices about their daily lives such as where they spent their time and the activities they did. Staff sought people's consent and agreement before providing support to them. This consent was recorded in people's care files. One person said, "The staff knock before coming into my room and they always ask me first before doing anything."

Staff received opportunities to develop their skills and to provide effective care and support. We noted that all staff completed training in a number of key areas to ensure they were competent to do their job. Staff told us the training they received was relevant to their role and equipped them to care for people and meet their needs. For example, staff had received training in fire safety, medicines, safeguarding adults, the MCA and DoLS, infection control, health and safety and first aid. We also saw that staff received a schedule of Care Certificate courses, which were a set of standards that health and social care workers adhere to in their day to day work. Staff were required to complete the Care Certificate workbook which was divided into sections and once completed, they would receive a certificate. The training consultant who worked in the service told us, "We have just started this and it is in progress. We also monitor their progress in supervisions." Staff confirmed that they had started the training and one staff member said, "I have done the first two modules and I looking forward to doing the rest. I am also doing other qualifications." Some staff were also encouraged to enrol on to diplomas in health and social care. This showed staff received opportunities to improve their knowledge and refresh or develop their skills.

All new staff received an induction when they started working at the service. We saw new staff were supported with a thorough induction process which included training and 'shadowing' a more experienced member of staff, which helped them settle into their role. We spoke with a new member of staff who worked in the service as a support worker. They told us, "I have only been here a few months and the manager was a big help in the process. My induction was very helpful. After a week of shadowing I felt confident to do the

job. I like spending time with the service users and staff."

Staff told us they received regular supervision and an annual appraisal. They told us the supervision they received enabled them to talk about anything which was concerning them and any area of their practise they needed to develop. We noted that the training consultant was currently responsible for carrying out staff supervision. One staff member told us, "The training consultant is really nice and helpful for us here. He has a lot of knowledge. Supervision is every two months and we talk about our work, the people, and any problems." Topics covered in supervisions included timekeeping and attendance, working with colleagues, feedback from people living in the service, personal development, issues, concerns and general workplace discussions. Staff were comfortable asking The training consultant or the registered manager for advice or guidance. A staff member said, "They are very supportive. We can approach them about anything."

A person told us they were happy with the meals provided. They said, "I get plenty of food, the staff make us nice meals." We noted people were provided with a balanced or nutritious diet which was of their choosing. People's preferences had been recorded in their care plans as to what they enjoyed eating. Staff were aware of people's likes and dislikes and made an effort to accommodate these within the menu. We saw that a copy of the menu was displayed in the kitchen. A member of staff told us, "We prepare meals and we give people the option of choosing what they like to eat. If they don't fancy eating something on the menu on the day, we will make them something else."

People's dietary intake was monitored and recorded. People were weighed on a regular basis which was evidenced in their files. Staff monitored people's health and care needs, and consulted with professionals involved in their care to support them to maintain good health. Care plans showed that people had access to health care professionals when they needed, for example, their social worker or GP. There was evidence in people's files that each person had a "Hospital Passport", which contained information about people's medical, social and support needs. They provided information for healthcare professionals so that they would provide appropriate and effective care if they were required to attend the service.

Staff supported people to attend healthcare appointments. The registered manager and staff confirmed that people attended appointments with support from staff and there was evidence of correspondence from health professionals filed in people's records.

Is the service caring?

Our findings

People told us they thought that the staff were caring and they were treated with dignity and respect. One person told us, "The staff are nice and I get on well with them." Another person said, "This is a nice home, I have lived here a long time and I like it." A relative told us, "They are very caring, it's a lovely place for [my relative]."

We found that people and their relatives were comfortable around the staff employed in the service and knew the registered manager. During our inspection we saw positive and caring interactions between staff and people. The staff were friendly towards people and gave them their time and attention. Staff also treated people as individuals, respected their human rights and allowed them to make decisions. We observed a calm atmosphere during the day.

Staff were observed treating people with kindness and were respectful and patient when providing support to them. Staff knew the people well and had a good understanding of their personal preferences, cultural beliefs and backgrounds. People who wished to communicate engaged in friendly conversations with staff. Staff had a good understanding of how to treat people with dignity and respect. They told us they encouraged people to do as much for themselves to promote their independence. People told us their privacy was respected by all staff and told us how staff respected their personal space. One person told us, "I get my own space and time for myself." We spoke with a relative who said the staff were "caring and compassionate. I am very happy with them." A staff member told us, "I assist a person to walk to the bathroom when needed but I wait outside to give them privacy."

Staff described how they ensured that people's privacy and dignity was maintained. One staff member told us, "The manager ensures that there is a good environment that is caring, calm and friendly. The residents are always very chatty and we get on really well with them. It is like a family here." We observed that the service supported people to become more independent in their day to day lives, involve themselves in the community and develop their interests. The registered manager told us, "We value people who live here and treat them with respect and compassion."

We saw people had the ability to express their views and were involved in making decisions about their care and support. They were able to say how they wanted to spend their day and what care and support they needed. People were able to carry out personal daily tasks and errands and they were supported to be independent. For example, people tidied their rooms and made their beds in the mornings with the support of staff.

Is the service responsive?

Our findings

People and their relatives told us the service responded to their needs. One person told us, "The staff are good, they work hard and listen to me and help me." A relative said, "They are responsive and listen. I have been invited to lunches and get to see all the things they do." Another relative told us, "The service always contacts me if anything changes or anything happens."

People's needs were assessed and care and support was planned and delivered in line with their individual care plan. People had their own detailed and descriptive plan of care. The care plans were written in an individual way, which included health care needs, any nutritional requirements, likes, dislikes, what activities they liked to do and what was important to them. The information covered aspects of people's needs and clear guidance for staff on how to meet their needs. In addition to the care plans, there were outcome based support plans to show how their needs would be supported.

The service received referrals from the local authority or from community mental health teams. Care records showed that people's needs were assessed before they moved in. Care plans were reviewed every three months and people had been involved. The care plans identified actions for staff to support people. One person said, "Yes I have seen my care plan and they show it to me so I understand it." Staff knew people's likes and dislikes and personal history. Staff were able to handover any significant information to each other when taking over the next shift and also recorded any significant information in a communication book. They completed daily logs and for each person, which noted how they were getting on with their day to day lives.

The service enabled people to feel a part of the local community. During our inspection, we noted that people did not go out. However, staff told us that as we had announced our inspection, people had chosen to stay in and talk to us. Staff told us people were offered a range of social activities "on a normal day." A person said that they were given "lots of things to do" and we saw that people were supported to engage in activities inside and outside of the service, such as going to the gym, tending to the garden, going for walks, going to the cinema, visiting places of worship, using public transport, playing ball games, completing puzzles, eating out, going to the pub plus day trips and holidays.

We saw that there were photographs of people and staff on a large wall within the lounge and noted that they were taken during outings or when people took part in various activities, such as birthday parties, day trips and holidays. We noted that people looked happy in their photos which helped to foster a pleasant and caring atmosphere in the service. We also saw an activity plan on the wall of the dining area which contained details of activities that took place on certain days. We noted that some of the activities were not tailored to the people currently living in the service. The registered manager said, "We only have males living here so they are not interested in some of these activities but we just leave it up on the wall." We suggested that if an activity plan was to be on display, it would be beneficial to have a more personalised activity plan for people living in the service.

However, we looked at people's care plans and saw more detailed evidence that people had opportunities

to be involved in hobbies and interests of their choice. We saw that they had personal activity plans, which contained details of their routines for each day. For example, we saw that one person's care plan contained information which included how they liked to "exercise my leg weights, write my shopping list and help staff to make tea in the afternoon." Another person told us, "I get to do things I like to do like watch my favourite football team on TV and they take us on trips. I have been on a ferry and stayed in hotels. We have had some nice trips to the Isle of Wight and to Spain. We had a good laugh." Within the service, we saw that there was a games room in the conservatory, a dining area and lounge with a television for leisure time. We noted that three people were taken on a holiday abroad in the summer and were accompanied by staff.

Staff asked people about their individual choices and were responsive to that choice. People and their relatives told us individual choices were respected. One person said, "They are very kind and thoughtful. They listen to what I have to say." Meetings were held with each person individually in key work sessions. The training consultant told us that, "These are being refreshed and we are going to start doing these more regularly." Key working with each person in the service was used as part of care plan reviews to monitor how well a person was doing. They were an effective way for people to communicate how they would like their needs, preferences and choices for care treatment and support to be met.

The service responded to people's daily needs and preferences. We looked in care plans and saw that individual needs were responded to. During our inspection we observed how one person wanted to spend time doing puzzles and wanted help. We saw that staff spent time with the person and assisted them to complete the puzzles.

An easy to read service user guide was given to all people when they moved in to the service. The guide contained information about how to make a complaint. One person said, "I would tell the manager or my social worker." A relative told us, "Yes I know how to complain and would speak to the registered manager but I have never felt the need. They are very good." Staff knew how to respond to complaints and understood the complaints procedure. We looked at the complaints policy and we saw there was a clear procedure for staff to follow should a concern be raised, including who they should contact. We saw that the service had not received any complaints.

Is the service well-led?

Our findings

The service had a registered manager in place. There was also a senior support worker but they were on leave at the time of the inspection. Relatives, staff and people who used the service told us that the registered manager was responsible for a good care home. The registered manager was also the proprietor of the service and they had recently enlisted the services of a training consultant who helped them with providing support to both staff and people living in the service. One person told us, "The manager is the best person, they sort out any problems. They know us well and they get help from good staff because it can get stressful."

People benefitted from an open culture within the service. Staff were able to raise any issues or put forward ideas with the management team and felt they were listened to. Staff worked well together which created a calm atmosphere and in turn was reflected in people's care. Staff enjoyed working at the service and felt confident in meeting the challenges of their day to day work. One staff member told us, "It's very good here, we have improved a lot and the manager has worked hard to get us where we are."

The training consultant told us, "I work well with the registered manager; they recruited me to help out as there was some things they needed to do better, such as updating the policies and improving the training." The registered manager said, "The training consultant has been very helpful and I have learnt many lessons. We have resolved any previous issues and everyone is very happy here. There is an open environment; staff can feel confident in raising any concerns." Staff confirmed that they found the registered manager to be helpful and supportive. One staff member said, "We work well as a team, the manager has always been supportive and I love my job."

The registered manager confirmed that they discussed important topics with staff such as complaints, training, supporting people and keeping relatives informed. One relative told us, "The registered manager is helpful, they always update me about things." Staff told us that the service had regular staff meetings. One staff member said, "We have staff meetings quite regularly. We talk about the service users and any issues." We saw records of meetings and agenda items included training, activity plans, housekeeping, personal care, any DoLS developments, communication and record keeping. We saw that there were meetings for people who lived there and the agenda included community activities, domestic matters, food, issues and health. Meetings were an effective way for the registered manager to respond to feedback. For example, people were enjoying community and indoor activities but were also interested in going on holiday. The service informed them that they would be arranging a holiday for later in the year.

We saw that various quality assurance and monitoring systems were in place, which included seeking the views of people, their relatives and the staff. We saw people were asked their views and this was recorded. For example, the service issued a survey to people annually. Topics included on the survey covered staff, choices, and complaints. We saw the results of the survey were positive.

The registered manager understood their role and responsibilities. We found that people's records were kept securely which showed that the service recognised the importance of people's personal details being

kept securely to preserve confidentiality. Records showed that the registered manager carried out regular audits to assess whether the service was running as it should be, with the assistance of the training consultant. The registered manager notified the CQC of incidents or changes to the service that they were legally obliged to inform us about. The service also took steps to ensure that it was meeting CQC standards and was keeping up to date with any new guidance and procedures.