

London Borough of Redbridge

George Davis Lodge

Inspection report

Veronique Gardens
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27 February 2018

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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

George Davis Lodge provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service. People using the service lived in individual flats within George Davis Lodge. Not everyone living at the complex receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. 27 people were using the service when we visited.

At our last inspection on 22 December 2014, we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

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

People continued to receive safe care. Risks were identified and action taken to minimise risk and to support people as safely as possible. Systems were in place to ensure medicines were administered safely and when needed. There were enough staff on duty to support people.

People were supported by experienced staff who received training and support to enable them to continue to provide an effective service. The staff team worked closely with other professionals to ensure that people remained as healthy as possible and received the healthcare they needed.

People continued to be supported by kind, caring staff who treated them with respect. Their privacy and dignity were maintained.

People continued to receive individualised care and support that was responsive to their needs. They were encouraged to make choices about their daily lives and to continue to do things they enjoyed.

Management systems ensured the service continued to be well led and that people were involved in decisions about their care and about what happened in the service. People told us that any complaints or concerns were dealt with by the registered manager.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Further information is in the detailed findings below.

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 remains good.

Good ●

Is the service effective?

The service remains good.

Good ●

Is the service caring?

The service remains good.

Good ●

Is the service responsive?

The service remains good.

Good ●

Is the service well-led?

The service remains good.

Good ●

George Davis 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 announced comprehensive inspection took place on 23 and 27 February 2018 and was carried out by one inspector. The provider was given 48 hours' notice because the location provides a domiciliary care service in people's own homes and we needed to be sure that someone would be available to assist with the inspection.

Prior to the inspection, the provider completed a Provider Information Return (PIR). This 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. Before our inspection we reviewed the information we held about the service. This included any concerns or notifications of incidents the provider had sent us since the last inspection.

During our inspection we spent time observing care and support provided to people in the communal areas. We spoke with seven people who used the service, three relatives, four care workers the registered manager and a social care practitioner. We looked at four people's care records and other records relating to the management of the service. This included duty rosters, accident and incidents, complaints, quality monitoring and medicines records.



Our findings

Systems were in place to minimise risk and safeguard people. Staff were aware of their responsibilities to ensure people were safe and what to do if they had any concerns. They had received safeguarding training. A health and social care practitioner told us, "[Registered manager] is very good at managing safeguarding." Accidents and incidents were recorded and monitored by the registered manager to look at why and how they happened and what could be done to prevent reoccurrence. Any necessary action was then taken. For example, liaising with other professionals, updating risk assessments or changing how support was provided.

People and their relatives felt George Davis Lodge was a safe place to be and that staff provided safe support. One person said of staff, "I feel safe with them." A relative told us, "I am confident that I can leave [family member] in their hands."

Staffing levels were sufficient to ensure people were supported safely. People told us they never had any missed visits. Regular agency staff covered any gaps in the rota and this ensured people received support from staff they knew and who were aware of their needs and how to safely meet them. A member of staff told us, "We have some agency staff. [Registered manager] makes sure there are enough staff on duty."

People received their prescribed medicines safely and when they needed them. Staff had received medicines training and their competence to administer medicines was assessed by verbally checking knowledge and observations during spot checks. A medicines competency template had been developed and the registered manager told us that they would use this more formal method of assessment in the future.

The provider's recruitment process ensured that staff were suitable to work with people who need support and the necessary checks were carried out before they started to work with people.

Appropriate infection control systems were in place. Protective equipment such as gloves were available and used when necessary.



Our findings

People and relatives told us staff were competent and knowledgeable. One person said, "Staff are very good. They understand and know what is necessary and do it." People were supported by staff who received relevant training, which enabled them to provide an effective service. This included safeguarding, moving and handling and end of life care. Staff told us that it was the right training for them to carry out their duties and to meet people's needs. One member of staff said, "We have internet training. [Registered manager] approves training and reminds us to check emails for training. It's the right training." Another member of staff said, "Lots of training, dementia, moving and handling, medicines." If a hoist was needed to move people, the occupational therapist came and showed staff how best to do this for the individual and what slings were required.

Training needs had been identified and included on the services training plan. However, staff training was not always up to date. The registered manager told us this was partly due to a move from the local authority providing face-to-face training to online training. The provider's training team had visited to go through e learning with staff and staff had started to complete these courses. The training team were working with the registered manager to tailor training to the service's needs.

People were supported by staff who received effective support and guidance to enable them to meet their assessed needs. Staff told us they received good support from the registered manager and the management team. This was in terms of both day-to-day guidance and individual supervision (one-to-one meetings with their line manager to discuss work practice and any issues affecting people who used the service). One member of staff said, "[Registered manager] is a fantastic manager. They have empathy for staff and service users. You can raise issues with them"

People were supported to maintain good health and the staff team worked closely with other professionals to ensure they were supported to receive the healthcare they needed. One person told us, "They [staff] get the doctor if needed." A relative said, "If they were concerned about [family member's] health they would ring me and get the doctor in." A social care practitioner commented, "They [staff] manage health and wellbeing." A member of staff explained how they monitored people and what they did if they were concerned. They said, "When we visit we ask how they are. We observe them and note if they are not cheerful but usually are or if they are unsteady on their feet. We let [registered manager] know and they take it from there."

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 by the Court of Protection. We checked whether the service was working within the principles of the MCA. Staff were aware of people's rights to make decisions about their lives and systems were in place to ensure that people's legal rights were protected.

Our findings

People were supported by a consistent staff team who knew them very well. They told us staff were kind and helpful. One person said, "The carers are gentle and ask you how you are." Another person said, "Staff are friendly and helpful." A relative commented, "Staff are friendly and lovely. The right sort of people."

Throughout the inspection we saw staff speaking to people in a polite and professional manner. They took time to reassure people and explain things so they knew what was happening. People were treated with respect and their privacy and dignity maintained. One relative told us, "Staff definitely treated [Family member] with dignity and respect." Another relative said, "Staff provide support in a discreet way." A social care practitioner told us, "Staff have a lot of respect for residents."

People were encouraged to remain as independent as possible and to do as much as they could for themselves. One person told us, "[Staff] are very good. They do things the way I want. They give me time to do things for myself and I do." A relative said, "When [family member] is unwell they give more help but let [person] do as much as possible for themselves."

People's cultural and religious needs were identified, respected and celebrated. For example, Easter, St Patricks Day, Diwali and the Chinese New Year. A member of staff told us, "Everyone is treated as an equal and we respect different walks of life. We have people here who are Hindu, Jewish and Christian. It's indicated in their care plan." A social care practitioner told us, "They [staff] meet different cultural and religious needs."

People were provided with information and were involved in decisions about what was happening at George Davis Lodge. For example, there had been a meeting the previous day to discuss changes to the management of the building. A social care practitioner told us, "People have a voice."

Our findings

People received care and support that was responsive to their individual and changing needs. A social care practitioner told us, "They [staff] are good at looking at people as individuals." One relative said, "The last couple of years [family member] has needed more support and they [staff] give it." A member of staff told us, "When we notice people's needs change we tell [registered manager]. They arrange a reassessment to ensure people get the time they need."

Before people started to use the service initial assessment information was gathered from them and their social worker. Their care and support needs were discussed with them and if the service was able to meet their needs they were given the option to use the service.

Each person had an individual care plan which contained information about the care and support they needed. Care plans were developed and discussed with the person and, if they wished, their relatives. Yearly care plan reviews took place. Care plans were up-to-date and gave staff current information about people's needs and wishes. Changes were communicated to staff at team meetings, handovers and a communications book. A member of staff told us, "We are kept well informed about people." Another member of staff said, "We look in the communication book or at handover we ask other carers or [registered manager] for information and updates. Staff let you know what's happening."

People were encouraged to make choices and to have as much control as possible over what they did and how they were supported. One person told us, "They do things in a way I want." In addition to their own accommodation people were free to use the communal lounge and dining areas if they chose to.

People were supported and encouraged to raise any issues they were not happy about and the complaints procedure was displayed in a communal area. One person said, "If I was not happy I would just come out and say it." A relative told us, "I did see [registered manager] about a problem. They got it sorted out and it's better now."

Staff provided caring support to people at the end of their life and to their families. A recently bereaved relative told us, "Blinding care. They stepped up the care in the last six months. [Family member] was very comfortable with staff and loved them. They supported us at the end."

Our findings

There was a registered manager in post. 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.

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People and staff were positive about the management of the service. One relative said, "I am more than happy with the service. [Registered manager] is brilliant." A social care practitioner told us, "[Registered manager] is very good and manages well. They work well with families to support clients to be happy." Staff said the registered manager provided good advice and support and were confident they would always take action in response to any concerns or issues. One member of staff said, "[Registered manager] advises and supports and is there for you. A good manager."

The registered manager monitored the quality of the service provided to ensure people received the care and support they needed and wanted. This included direct and indirect observation and discussions with people who used the service and staff. One member of staff told us, "[Registered manager] asks us how we provide care and checks folders. They ask service users about how they are treated."

Systems were in place to get feedback about the service provided. The registered manager had regular contact with health and social care practitioners and with people's relatives. People were asked for their opinions and feedback at meetings, during spot checks and at reviews. The registered manager told us responses to surveys was limited and they were looking at different formats to try to make them more user friendly and increase the responses received.

The staff team worked in partnership with relevant health and social care practitioners to develop effective outcomes for people. This included GP's, occupational therapist and district nurses.