

First Care Lodge Limited

First Care Lodge Limited (Supported Living)

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, Right care, Right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

About the service

First Care Lodge Ltd (supported Living) is a domiciliary care service that 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. Four people were receiving personal care at the time of our visit.

People's experience of using this service

Right Support

Staff supported people to have the maximum possible choice, control and independence and they had control over their own lives. People could choose what to eat and when to eat. Risk assessments were completed and staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. People were supported by staff to pursue their interests. A range of activities were available to people, which they were able to participate in. Changes in people's needs were regularly reviewed and care plans updated so people received the right support that met their needs. People's communication needs were assessed, and staff knew how to communicate with them effectively. Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.

Right Care

Relatives told us staff knew people well. Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. Relatives commented staff were kind, caring and they protected and respected people's privacy and dignity. They understood and responded to their individual needs. People who had individual ways of communicating, using body language, sounds, Makaton (a form of sign language), objects, pictures and symbols could interact comfortably with staff and others involved in their care and support because staff had the necessary skills to understand them.

Right Culture

People received person-centred care because care was tailored to their needs. Relatives felt that staff were friendly and easy to talk with. People received good quality care and support because staff were trained and supported. The provider worked with other professionals, so people were able to receive specialist care when they needed it. Staff understood equality and diversity and knew people should always be treated with

respect and not discriminated against because of any differences. The provider sought feedback and audited various aspects of the service to drive lessons and to ensure continuous improvement.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 1 November 2021 and this was the first inspection.

Why we inspected

This was a planned inspection based on when the service registered with us.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

First Care Lodge Limited (Supported Living)

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 Health and Social Care Act 2008.

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 number of supported living settings, 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. However, the provider had employed a manager who would apply and register with the CQC.

Notice of inspection

We announced the inspection 72 hours prior to the inspection. This was because we wanted to make sure someone would be available to support us with the inspection.

What we did before the inspection

We reviewed information we had received about the service since registration with CQC. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. 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. We used all of this information to plan our inspection.

During the inspection.

We spoke with 2 relatives, 1 member of staff, a deputy manager and a manager.

We reviewed a range of records. This included 2 people's care files, 2 staff files, and a variety of records relating to the management of the service, including training, policies and procedures 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

- People were safe in the service. A relative told us, "I have no concerns at all. I feel [person] is safe in the service."
- There were processes in place to ensure people were protected from abuse. The provider had a safeguarding and whistleblowing policy.
- Staff knew how to protect people from abuse and how to report abuse. One member of staff told us, "I had training in safeguarding. I will report incidents of abuse to my manager. I also know how to whistle blow."

Assessing risk, safety monitoring and management

- Sufficient risk assessments were in place to ensure people received safe care.
- Risk assessments included various areas including people's physical health, psychological needs, social activities and self-neglect. The risk assessment provided guidance for staff how to manage the identified risks.
- Staff had a good understanding of people's needs and were aware of risks to people. The provider made sure arrangements were in place to mitigate risks to people. For example, a care plan showed one person using the service had 1:1 care whilst in the community to ensure they were safe.

Staffing and recruitment

- The provider had enough staff to support people safely at the supported living site. A relative told us, "There are always staff around [person]." A staff member told us, "There are enough staff." The manager told us they rarely used agency staff during the pandemic or when some staff were off sick, they did not experience staff shortages.
- Relevant pre-employment checks, such as criminal record checks, employment references and proof of the person's identity had been carried out when staff were employed. Staff also had completed induction programmes as part of their employment.

Using medicines safely

- Medicines were being managed safely. They were stored safely in locked cabinets.
- Staff used electronic medicine administration recording system. The system was helpful in that it was designed to show if medicines were administered on time as prescribed.
- Staff had been trained in medicines management and had received a competency assessment to check their understanding of medicines.
- There was an auditing system, which was used to identify any shortfalls in medicine administration.

Learning lessons when things go wrong

- There was a system to learn lessons following incidents. Records had been kept of incidents and relevant action was taken to ensure people were safe.
- The manager was aware of how to manage accidents and incidents. They told us they would record and investigate all reported accidents and incidents and take appropriate action to minimise the risk of reoccurrence.

Preventing and controlling infection

- Systems were in place to reduce the risk and spread of infections. Staff had received training on infection prevention and control.
- Staff competency was checked on using Personal Protective Equipment (PPE) safely and a COVID-19 risk assessment had been completed to ensure staff were safe when supporting people.
- Staff confirmed they had access to PPE such as gloves and aprons and used this when supporting people with personal care.

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 needs were assessed before they began using the service. People and their relatives were encouraged and supported to visit the service to check if it was suitable to their needs. This also enabled staff to determine if the service could meet people's needs.
- Assessment of people's needs were reviewed regularly to ensure people received support in accordance with their current circumstances. People and relatives were included in the reviews to ensure the care provided reflected their needs.

Staff support: induction, training, skills and experience

- Staff had been trained and supported to perform their roles effectively. Records showed staff received training in various areas such as medicine administration, moving and handling and infection prevention and control. A member of staff told us, "I have received lots of training."
- Regular supervision and annual appraisals had taken place. A member of staff said, "I have supervision from my manager. Supervision is helpful, I can talk about work and training at my supervision." Staff files showed staff had received supervision and annual appraisal.

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

- People were supported to eat and drink and supported to maintain a balanced diet.
- Staff supported people to choose their food. Some people planned and prepared their own meals independently, and staff supported others with planning and preparing meals. We noted relatives supported people with shopping food.
- Care plans included people's preferences of meals, cultural background and the level of support they required with meals or drinks. This ensured people's staff knew people's diet preferences and the support they needed with food and drinks.

Supporting people to live healthier lives, access healthcare services and support

- People had access to health services to ensure they were in the best of health.
- Care records included people's past medical history and their current health situation. Contact details of people's health care professionals such as GPs, were included in care plans so staff could contact them if needed.
- Relatives were satisfied with the way staff supported people with their health care needs. One relative commented, "Staff looked after [person] well."
- People had a 'Hospital Passport' which provided useful information such as the person's medical, social, physical and communication needs. This was useful health professionals such as GPs and nurses to

understand people and provide them with appropriate care.

- People had oral health care plan so that they maintained good oral health. For example, one person's care plan stated, "Staff to encourage [person] to maintain a good oral hygiene and to brush [their] teeth at least once a day."

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

- Systems were in place to obtain consent from people to provide care and support.
- Staff had received training on the MCA and were aware of the principles of the act. DoLS applications to the court of protection had been made for people whose liberty was being deprived to ensure their safety.

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; equality and diversity

- People were well matched with their designated support worker and as a result, people were at ease, happy, engaged and stimulated. A relative said, "Staff support [person] with what [person] likes to do. [Person] is happy with staff."
- Staff treated people with kindness and respect. A relative told us, "Staff are kind, respectful."
- Staff knew racism, homophobia, transphobia or ageism were forms of abuse. A member of staff told us that people's human rights should be respected at all times and people should not be discriminated against because of their equality characteristics such as race, gender, age or sexual orientation.

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

- People were involved in decisions about their care. For example, one person's care plan described how they made decisions about their care and stated that if changes were required "[staff] have to discuss with me first and I will decide if this will work in my best interest".
- Staff told us they encouraged and supported people to make decisions about their care.
- Staff supported people to maintain links with those that are important to them. Records showed people had their relatives or independent advocates who supported them with making decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff had training on privacy and dignity and knew when people needed their space and privacy and respected this.
- Staff promoted people's independence. One relative told us, "[Person] is happy, is independent. Staff support [person to be independent]."
- Care plans provided guidance for staff to promote independence by encouraging people to do as much as possible by themselves.

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 personalised support, which was in accordance with their preferences and choices.
- Care plans were person-centred and included information on how to support people. People and their relatives were involved with planning their care.
- Support focused on people's quality of life outcomes and people's outcomes were regularly monitored and adapted as a person went through their life.
- Care plans included information on people's background history. People's daily routines were also included to ensure staff were aware of how people liked to live their life.

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 enjoyed various activities. A relative told us, "[Person] went out in the community with staff for long walks and car rides." Another relative said, "[Person] goes to college." Records showed people enjoyed going out to swimming, leisure centre, libraries, farm, park, cycling and community centres.
- Staff supported people to develop and maintain relationships. Some people were supported to visit and spend weekends with families.
- Care plans included people's interests and what they enjoyed doing. The service ensured people's preferences were recorded and appropriate arrangements were made to meet them.

Meeting people's communication needs

Since 2016 onwards 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.

- People's ability to communicate was recorded in their communication care plan, to help ensure their communication needs were met. The plan included information on how to communicate with people effectively. For example, one person's care plan stated that the person had limited verbal communication but understood [certain names of objects]. It also gave detailed guidance for staff on how to support the person with communication in the service and whilst in the community.
- Staff had training in best ways of communicating with staff. This included a training called 'Picture Exchange Communication System' [PECS]. In PECS, people use cards with pictures, symbols, words or photographs to ask for things, comment on things or answer questions.

Improving care quality in response to complaints or concerns

- There was a complaints procedure. The manager told us 1 complaint was received, investigated and responded to.
- The manager told us people were made aware of the complaints procedure and were aware of how to make complaints. A relative told us, "I have no complaints about the service." Staff knew how to record and report complaints.

End of Life care and support

- The service did not support people with end of life care. Records showed staff had online training and were aware of the procedures to follow and how to provide good end of life care.

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.

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

- Managers promoted equality and diversity in all aspects of the running of the service. People's equality characteristics (such as age, race and religion) were assessed and included in care plans so that staff knew people well and provide person centred care.
- Quality assurance systems were in place to ensure people and those important to them were able to give feedback and influence the quality of the service, which achieved good outcomes for them.
- Staff felt able to raise concerns with managers without fear of what might happen as a result.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Staff meetings were held to share information. The meetings kept staff updated with any changes in the service and allowed them to share information about various matters including their training needs and best care practices.
- Staff were trained in equality and diversity and had a good understanding of equality characteristics.
- The provider sought feedback from people, staff and relatives about their views of the service. Feedback directly sought from people, staff, relatives and information received through the recording of incidents, accidents and complaints were used to draw lessons and drive improvement.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware of their legal responsibility to notify the Care Quality Commission of any allegations of abuse, serious injuries or any serious events that may stop the running of the service and be open and transparent to people should something go wrong.

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

- The provider was clear about their role and understood risks and regulatory requirements. They had employed a manager, who would apply to and register with CQC. The provider had a staff induction and training programme, and this ensured staff were clear about their roles of managing and providing safe care.
- Relatives and staff were positive about the management of the service. A relative commented, "Management is always available to talk to. The service is lovely." A member of staff told us, "I can talk to the manager; I am happy working for the service."

Working in partnership with others:

- The provider worked in partnership with professionals to ensure people were in good health.
 - The manager told us they worked with a number of professionals to ensure people were in good health.
- They gave examples of professionals they worked in partnership with such as speech and language therapists and psychologists.