

Tealk Services Limited

Manor Lodge

Inspection report

26-28 Manor Road
Romford
Essex
RM1 2RA

Date of inspection visit:
31 January 2019

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28 February 2019

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

About the service:

Manor Lodge provides personal care and accommodation for up to 15 people with mental health support needs and physical disabilities. At the time of our visit nine people were using the service.

People's experience of using this service:

People who used the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Risks associated with people's care and support had been assessed.

There was a policy and procedure about safe administration of medicines. People were supported to take their medicines in the way they wanted. Systems were in place for the monitoring and prevention of infection.

The provider had effective recruitment and selection processes in place. There were enough staff to meet people's needs. Staff received appropriate professional development and were knowledgeable about their roles and responsibilities.

People's needs were assessed and care and support were planned and delivered in line with their individual care needs. People were supported to maintain good health and to access health care services and professionals when they needed them. They had a programme of activities in accordance with their needs and preferences.

Staff understood their responsibilities in relation to consent and supporting people to make decisions. People were able to make choices about their care and their views were taken into account. Staff knew people well and interacted with them in a professional manner. They treated people with kindness and encouraged them to do as much for themselves as possible.

People and their relatives were comfortable raising any concerns with the management team or with a member of staff if something was wrong. The management team had good links with a number of health and social care professionals and this helped to ensure people's needs were fully met.

The provider had systems in place to check and monitor the quality of the service provided. The registered manager demonstrated a good understanding of their role and responsibilities. Appropriate notifications were always made to us when required. People, relatives and staff spoke positively about the management of the service.

Rating at last inspection:

Requires Improvement (report published 17 March 2018).

Why we inspected:

This was a planned inspection based on the rating at the last inspection. At the last inspection 12 February 2018, the service was rated as requires improvement. We asked the provider to take action to make improvements regarding the administration of medicines to people. Staff were not following the prescribed administration time or reading the instructions on the medicine charts before they administered medicines to people and this could put people at risk. We also asked them to improve the system for monitoring how people received their medicines. During this inspection we found the actions have been completed.

Follow up:

We will monitor all intelligence received about the service to inform the assessment of the risk profile of the service and to ensure the next planned inspection is scheduled accordingly.

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

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.

Manor Lodge

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

There was one inspector.

Service and service type:

Manor Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 personal care and accommodation for 15 people with mental health support needs and physical disabilities. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The registered manager was given 24 hours' notice because we needed to be sure that members of the management team were available to assist us with the inspection.

What we did:

Before the inspection we reviewed the information we held about the service and the service provider. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We spoke with the local authority commissioners. Providers are required to send us key information about their service, what they do well, and improvements plan to make. This information helps support our inspections. The provider had completed a Provider Information Return.

During our inspection we spoke with three people who used the service, two members of care staff and the

registered manager. We reviewed three people's personal care records, three staff records, staff duty rotas, medicine administration records and other records relating to the management of the service such as meeting minutes, health and safety records, recruitment and training records.

After the inspection we spoke with three relatives by telephone to gather their views about the service.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely

- At the last inspection in February 2018, we found staff were not following the prescribed administration time or reading the instructions on the medicine charts before they administered medicines to people and this could put people at risk. During this visit people told us staff gave them their medicines at the correct time and as prescribed. One person said, "Yes, the staff always give me my medications when I am supposed to have them." We looked at the administration of medicines and found they were managed safely and people received the medicines prescribed to them at the right time. We saw the registered manager carried out regular audit of medicines, including people's medicines administration records.

Staffing and recruitment

- There were enough staff to meet people's needs and to provide personalised care and support. One person told us, "Yes, there are enough staff, they take good care of me and the other residents." Relatives also mentioned that they felt the service had enough staff when they visited their loved ones. We saw staff responded quickly to people when they called for assistance or needed support.
- The provider had an effective recruitment practices were followed to ensure staff did not start work until satisfactory employment checks had been completed. Checks included previous employment history, proof of identity, written references and criminal records checks.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us that the service was a safe place to live. One person told us, "I do feel safe here, it is a nice home." A relative said, "[Person] is happy, they like it there. If they were not safe, they would tell me." It was clear from discussions we had with staff and the management team that they understood their safeguarding reporting responsibilities.

Assessing risk, safety monitoring and management

- There were systems to assess and monitor potential risks to people who used the service to ensure they were safe. The assessments identified what the risks might be to people, such as with their mobility, risk of falls and pressure sores. Relatives told us that the staff were aware of the risks to their loved ones, for example when people visited the community. There was guidance and procedures for staff on what actions to take in relation to manage these risks.

Learning lessons when things go wrong

- We saw accidents and incidents were recorded in detail and were investigated by the registered manager to prevent them from happening again. There was evidence that learning from incidents/investigations took place. For example, following one incident, a meeting was held where staff were advised on how to deal with the situation if it happened again. There was an on-call system in place so there was always a member of the

management team to support staff.

Preventing and controlling infection

- People and their relatives told us the service was cleaned. One person said, "It is clean here." A relative told us, "We visit regularly, the home is always clean and there is no smell." There was personal protective equipment such as aprons and gloves available to staff who had received training in infection control.

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

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

- Before people started using the service, the registered manager carried out an initial assessment of their needs. We saw people and their relatives were involved in the process. This covered a number of areas such as their care and support needs, wishes, preferences, routines and medical and past histories.

Staff support: induction, training, skills and experience

- People received support from trained staff who were skilled and knowledgeable in meeting their needs. One person told us, "The staff are very good at what they do." A relative said, "[Person] can be very challenging, the staff are well trained on how to manage them." Staff received on-going training whilst working for the provider. Staff had regular one to one meetings with the registered manager where a range of issues were discussed. New staff received an induction, which covered their familiarisation with the service, the people and the policies and procedures of the organisation. This included training and 'shadowing' a more experienced member of staff.

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

- People spoke positively about the food choices available and the food served was good. One person told us, "The food is good, I can ask for something else if I don't fancy what's on the menu." Where people needed encouragement to eat or drink, a record of their daily intake was kept ensuring they ate and drank enough.

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

- People's needs were kept under review and advice was sought from external care professionals, when appropriate. One person told us, "The doctor comes and see when I am not well." Staff ensured people were in regular contact with community-based health care professionals such as GP's, district nurses, hospital staff, opticians and dietician.

Adapting service, design, decoration to meet people's needs

- There was a range of equipment to help ensure people's needs were met fully. For example, we saw walking frames, assisted baths and a passenger lift available to people in the service. All these aids helped people who had difficulties with their mobility.

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. We checked whether the service was working within the principles of the MCA and found them to be compliant.

- Staff ensured they gained consent from people before carrying out any tasks for example when assisting them with personal care. They were aware people could refuse for them to carry out a task and they respected their wishes. One person said, "Yes, they [staff] do check with me before they do things, I can do some stuff by myself." People were able to make day to day decisions about their lives.

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

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

- During our visit, we saw people were treated with dignity. For example, we saw the tone of voice staff used was reassuring and supportive. One person told us, "The staff are brilliant, very professional." Staff had a good understanding of people's care needs, preferences, their religious beliefs and cultural backgrounds. Everybody who used the service were treated equally and none were discriminated against. Relatives told us that the quality of care provided by staff was good and staff were kind and caring.

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

- People were involved in making choices and decisions about their care. For example, how they wanted to be supported, what activities they wanted to take part in or what they would like to wear. One person said, "Sometimes I choose to go out on my own and sometimes I like staff to come with me."

Respecting and promoting people's privacy, dignity and independence

- Staff ensured people's privacy and dignity were protected. People told us staff ensured their privacy and dignity was maintained at all times. One person told us, "Staff always let me know before they come in my room." People were encouraged to maintain their independence and undertake their own personal care where possible. One staff member said, "[person] can wash their face, I encourage them to do it." One person told us, "I clean my own room."
- Staff had a good understanding around confidentiality. They were aware of the need to keep people's information private and only to share information to people who had the right to see them. People and relatives told us they were happy with the way the management team dealt with their confidential information.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People said the service responded to their needs. One person said, "The staff do a good job, they help me with things, I am very happy here, they know what needs doing." People and relatives felt the staff were very supportive in meeting their needs. One relative told us, "The staff are very good and always very helpful." Care plans contained information on how each person must be supported as well as included people's preferences. They were reviewed and updated when people's needs changed. This helped staff to be responsive to changes in people's needs.

- People's social and emotional needs were taken into account. People were supported to pursue their interests and maintain links with the community. One person told us, "I like going out, I go to church on Sundays." Relatives also mentioned that the staff encouraged people to go out, they said that people had been on day trip to the seaside recently. One person regularly kept in contact with their family member in another country through an application on an iPad. During our visit, they told us they were looking forward to this which they normally did on Saturdays.

Improving care quality in response to complaints or concerns

- The service had a policy and procedure for dealing with any concerns or complaints. People and relatives were aware of how to make a complaint and felt they would have no problem raising any issues and they would be dealt with accordingly. One person said, "I will talk to the manager if I am not happy, yes I will talk to them." No complaints had been received since our last inspection.

End of life care and support

- We saw the wishes of people had been recorded regarding how they would like to be cared for in the final months of their life. Staff had received training in this area and they had the knowledge and skills on to care for people who were approaching the end of their life.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- At our last inspection in February 2018, we found that although the medicines charts were checked on a weekly, the registered manager had failed to identify that three medicines were not being given to people as prescribed by their doctors. The medicines were being administered to people with food instead of without as prescribed by their GP. This showed the system for monitoring medicine management was not working effectively and this could put people at risk. During this visit, we saw thorough checks were being carried out on a daily basis with regards to medicine management to ensure people received their medicines safely.
- People and their relatives told us the service was run well. One relative said, "It is a very nice small home, the manager makes sure everything run smoothly." The registered manager also undertook other audits to monitor the quality of the service they provided. This included regular care plan reviews, health and safety checks, staff training, and people's monies. People could be confident the quality of the service was being assessed and monitored.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager had informed us of reportable incidents as required under the Health and Social Care Act 2008. Relatives told us the registered manager kept them informed of what was going on at the service. One relative told us, "I am delighted with the management."

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

- Staff were aware of their responsibilities in ensuring the quality of the service was maintained. They had access to a range of policies and procedures which gave them guidance about how to carry out in a caring and safe manner. Staff had a clear understanding of what was expected of them.
- The registered manager encouraged people, relatives and staff to contact them if they had any issues or queries. They operated an open-door policy and staff felt they could talk to them about any issues they might have. One person told us, "The manager is brilliant, I can talk to them, sometimes they are busy but they make time for me."

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

- There were processes were in place to seek views and gather feedback from people using the service and their relatives. Comments from the last surveys done were positive about the service which indicated that people and their relatives were happy with the service.

