

First Care Lodge Limited

Nelson Street

Inspection report

49 Nelson Street
East Ham
London
E6 2QA

Tel: 02085867895

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10 August 2017

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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

The service is registered to provide accommodation and support with personal care for a maximum of three adults with mental health needs. One person was using the service at the time of our inspection.

The service was last inspected in November 2015 and was rated as Good overall with a recommendation made for the safe management of medicines. At this inspection, we found that the provider had addressed the issues and medicines were now being managed safely. We found that the service continued to be rated Good.

There was a registered manager at the service 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 was safe and had practices in place to protect people from harm. Staff were knowledgeable about safeguarding and what to do if they had any concerns and how to report them. People who used the service told us they felt safe and protected from harm.

Risk assessments were personalised and thorough. Staff knew how to support people in line with their risk assessments and to minimise risks.

Recruitment practices were safe and records confirmed this.

Newly recruited care staff received an induction and training for staff was provided on a regular basis and updated regularly. Staff spoke positively about the training they were provided.

Staff demonstrated a good understanding of the Mental Capacity Act (2005) and how they obtained consent on a daily basis.

People were supported to have access to healthcare services and receive on-going support and records confirmed this.

Staff demonstrated a caring and supportive approach towards people who used the service.

The service promoted the independence of the people who used the service and people felt respected and treated with dignity.

Care plans were person centred and focused on people's individual needs. Care plans were reviewed regularly and any changes were documented accordingly.

Concerns and complaints were encouraged and listened to and records confirmed this. People who used the service told us they knew how to make a complaint.

Staff spoke positively about the registered manager and their management style.

The service had quality assurance methods in place and carried out regular audits. The service monitored the feedback from people who used the service by way of an annual questionnaire and a monthly residents meeting.

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. People were protected from harm.

Risk assessments were thorough and personalised .

Staffing levels were meeting the needs of people who used the service.

Medicines were managed safely.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Nelson Street

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 August 2017 and was announced. The provider was given 24 hours' notice because the location was a small care home for adults who are often out during the day.

The inspection team consisted of one inspector. Before the inspection we looked at information we already held about this service. This included details of its registration, previous inspection report, notifications, safeguarding alerts and monitoring information from the local authority.

During the inspection we spoke with one person who used the service. We spoke with three staff members; this included the registered manager, the deputy manager and a member of care staff. We looked at one care plan and associated risk assessments. We examined medicines records and audits. We looked at staff recruitment, training and supervision records for two staff. We saw minutes of various meetings including residents meetings and staff meetings.

Is the service safe?

Our findings

At our last inspection we made a recommendation about medicines. This was because medicine administration record (MAR) charts were not always maintained accurately. At this inspection we found action had been taken to address these issues and medicines were now being managed safely.

Medicines were safely stored in a locked cabinet in the office. MAR's were being correctly used and quantities of loose medicines were counted on a daily basis and recorded. The registered manager told us that when the person who used the service went out on social leave, their MAR chart was marked to reflect that accordingly and records confirmed that this was happening. The person who used the service told us, "I don't need prompting, I ask for my medicines when it is time. They never miss it [giving medicines]."

The service completed monthly medicines audits to ensure that medicines were being correctly managed. Records confirmed this was happening and any discrepancies were recorded and relevant actions were taken.

One person who used the service told us they felt safe, "I feel safe. I am happy." They also told us, "They [staff] have protected me from harm."

The provider had a safeguarding adults procedure in place which made clear their responsibility for reporting any safeguarding allegations to the host local authority and the Care Quality Commission. The registered manager told us there had not been any safeguarding allegations since our previous inspection. The provider also had a whistle blowing procedure in place which made clear staff had the right to whistle blow to outside agencies as appropriate. One member of staff told us, "If I needed to raise an issue I'd speak to my manager. I feel supported to do so and we have a whistleblowing policy."

Risk assessments were in place for people who used the service. These identified the risks people faced and included information about how to mitigate and reduce the risks. For example, one person was at risk from substance and alcohol misuse and the risk assessment included information about what support was required around this, including attending alcohol misuse support groups. Another risk assessment set out how to support a person who experienced panic attacks which included information about situations that were likely to increase the risk of a panic attack. This meant the service was able to take action to reduce the risk. One member of staff told us, "We will also inform the person's care coordinator and social worker. It's team work." Risk assessments were reviewed every three months and updated in accordance with any changing levels of need.

The registered manager told us that they did not use restraint and this was also reflected in the service's restraint policy. The registered manager told us, "We don't use restraint at all. We leave the person to calm down and we will report anything to the GP, care coordinator and have a meeting to see if the person needs a medical review."

Staffing levels were meeting the needs of the person who used the service and records confirmed this. The

service had an out of hour's on-call system which meant senior staff were always available if required.

The service had robust staff recruitment procedures in place. Staff told us and records confirmed that various checks were carried out on prospective staff before they began working at the service. These included checking proof of identification, obtaining references from previous employers and carrying out Disclosure and Barring Service (DBS) criminal records checks. This ensured that staff were of good character and were suitable to be working at the service.

Is the service effective?

Our findings

Records showed that staff completed an induction training programme when they started in their role. The registered manager told us, "For our induction, staff go through a checklist, they read through the policies and procedures, go through care plans. Plus shadowing, I am always around to support with shadowing and learning." Examples of training provided included infection control, safeguarding, Mental Capacity Act (2005) and challenging behaviour. Learning and development included face to face training sessions and eLearning. The registered manager told us, "We use Social Care TV and we do training with the pharmacy for medicines and the local authority welcomes us to their training." The deputy manager told us, "Last year we had safeguarding training. When our training is due we have a training matrix and we check it to keep up to date. The registered manager reminds us when training is due and the system flags it." Records showed that staff were up to date with training and this was reflected in the service's training matrix. Records showed that care staff had a minimum of an NVQ two qualification in health and social care, ranging up to level five. NVQ's are a national vocational qualification. One member of staff told us, "I have recently completed my level five NVQ in health and social care and during my induction here I did things like manual handling and food safety. During my induction I had training and it was well structured. The manager introduced me to the service."

Staff met with their relevant line manager for supervision every two months and records confirmed this. Discussions included duties, guidelines, audits, annual leave and use of phones. The deputy manager told us, "Supervision is good. It's supportive." A member of staff told us, "My manager has done my probation three months after I started and after a year of being here I will have my appraisal. My manager is very supportive in supervision, very caring. We talk every day, he'll phone or come in and we communicate all the time." Records showed the service completed annual appraisals with staff to monitor their progress in the role and set goals.

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

Care plans were signed by people which indicated their involvement with them and that they consented to their care and support.

Staff had a good understanding of the Mental Capacity Act 2005 and were able to explain how they supported people to make choices for themselves. The deputy manager told us, "Mental capacity is the ability to make decisions to do things for yourself, an informed decision. When people can't make decisions the care team will work with that person."

One person who used the service told us they were independent with eating and drinking and they ate most of their meals away from the service whilst on social leave. "I like eating at home. I have breakfast here." The kitchen contained basic's such as milk and cereal and one person who used the service told us they only consumed breakfast at the service.

People's health care needs were documented in their care plans and the service supported people to access healthcare professionals as needed. Records showed people had access to various healthcare professionals including GP's, dentists, opticians, consultants and mental health practitioners. The deputy manager told us, "We are very up to date with the care teams that we work with, we get together with all professionals involved in a person's care and work together." They also told us, "We support people to attend hospital appointments." This was reflected in people's care plans.

Is the service caring?

Our findings

One person who used the service told us they felt cared for by staff and that staff were caring towards them, "They're very good. They talk to me, anything I need, and everybody is very good."

Staff told us about the positive and caring relationships they had formed with people who used the service. One member of staff said, "In the morning [person] will make their breakfast and coffee independently. Even though they are independent I am still around and we have conversations, [person] tells me about their family, what they like and don't like." The deputy manager also told us about the positive relationships that had been formed with the person who used the service, "We talk to [person] about their family, it's like a friendship. We have good conversations."

The registered manager told us how they implemented dignity and respect towards people who used the service, "We give privacy. We always knock on doors before entering." A member of staff explained, "[Person] has a bath independently in the morning and always closes and locks the door and we respect that. [Person] can maintain their privacy and I respect that."

Care staff recognised the importance of treating people as individuals, for example people who identified as LGBT (lesbian, gay, bisexual or transgender). The deputy manager told us, "We have an equality policy and we work with that. There is no discrimination whatsoever."

People's cultural needs were supported at the service and one member of staff told us, "There is a cultural familiarity between me and [person], we have common ground with cultural background and language."

Is the service responsive?

Our findings

Care plans were personalised and contained information specific to people's individual needs and provided information about how to support people to achieve their goals and objectives and how to help them with their mental health needs. A member of staff told us, "I'd gone through care plans and risk assessments to get to know people before I started working with them." One person's care plan stated. "[Person] to remain well and to maintain a stable mental state and live independently as possible and have control of mental health needs." Records showed that this person was achieving their goals and discussions were taking place with a multi-disciplinary team in helping the person back into the community. The deputy manager told us, "The care plans are very thorough. I respect the care plan."

Care plans were reviewed every three months and records confirmed this. Any changes to people's needs were documented and care plans were adjusted accordingly. The registered manager told us, "We've seen a lot of progress with the people that use the service. For example, [person] was initially a very difficult client and we have supported [them] with a multi-disciplinary team, we provide a holistic approach."

Daily records of care were recorded and linked to care plans so that the service was able to monitor progress made against people's goals in care plans. For example one person had a goal in relation to tidying their bedroom and this was recorded to reflect the person's achievement.

The service had one to one sessions with people who used the service and discussions took place around people's mental health, medication, personal hygiene and activities. This meant that that people were actively involved in their care and could contribute to discussions and reflect on their achievements whilst using the service.

The provider had a complaints procedure in place. This included timescales for responding to any complaints received. The registered manager told us there had not been any complaints received since the last inspection. One person who used the service told us they knew how to make a complaint and that they would speak to the manager. They said, "I'd speak to manager. I have no complaints."

Is the service well-led?

Our findings

The registered manager told us about their management style and the culture at the service, "My approach is I teach my staff. It's about being calm and respectful and setting an example. I am a qualified mental health nurse." The deputy manager told us, "The registered manager treats us like equals. He's always around and I like that, it's a good thing for him to be around. He is supportive with personal things as well."

The service held regular staff team meetings, the most recent being in June 2017. Discussions took place around the cleaning rota, medicines and holiday plans for people who used the service. One staff member explained, "Our team meetings are good. We discuss the pros and cons of any situation, what we need to improve on. We are a very communicative team."

The registered manager told us the service held residents meetings every month, but that people were able to discuss things at any time. Records confirmed meetings took place for people using the service as well as one to one meetings with people who used the service. One staff member told us, "The [people who used the service's] meeting is a good way for residents to give us opinions on things, it's an opportunity for them to give us feedback."

The registered manager told us and records showed the service issued an annual survey to people that used the service, staff and other stakeholders such as health and social care professionals. The survey consisted of a questionnaire designed to enable relevant people to express their views about what the service was doing well and any areas where it could be improved upon.

The service carried out various safety checks and audits. For example, hot water temperature and fridge and freezer temperatures were checked daily and recorded to ensure they were at safe levels. These records were then audited by senior staff to make sure they were kept up to date. People's care files were also audited on a quarterly basis to make sure they contained accurate and up to date information, such as details of meetings and correct contact details for relevant persons such as GP's. The registered manager told us, "We carry out quality assurance audits and I am here every day."