

Pretim Singh

Wortley Lodge

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

The inspection took place on 8 March 2018 and was an announced inspection. The service was last inspected on 29 July 2015, where we found the provider to be in breach of one regulation in relation to not protecting people who were unable to make decisions for themselves.

Wortley Lodge accommodates up to three adults with a learning disability and autistic spectrum disorder. The service is set in an adapted house providing accommodation to people over two floors. The ground floor communal areas comprise of an open plan kitchen and dining room and a living room. At the time of our inspection, three people were living at the service.

Wortley Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a registered manager in post. A registered manager is a person who has registered with the CQC 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.

At the inspection on 8 March 2018, we found that the provider had made sufficient improvements and were no longer in breach of a legal requirement.

The provider maintained systems to safeguard people from harm and abuse. People told us they felt safe living at the service. Staff knew types and signs of abuse and how to report abuse and poor care. People's risk assessments were specific to their needs. They provided sufficient information to staff on the risks associated to people's health and care, and measures on how to reduce those risks. The provider had sufficient numbers of staff to meet people's needs and recruited suitable staff to support people at risk. Staff followed appropriate infection control practices to avoid the spread of infection.

People told us their needs were met. Staff were appropriately inducted and received regular training and supervision to deliver effective care. People's nutrition and hydration needs were met and told us they were happy with the food. Staff supported people in accessing healthcare services and followed up on healthcare professionals recommendations. People liked their bedrooms and the premise's adaptations met their individual needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this

practice. People told us staff gave them choices and asked their permission before supporting them.

Staff were trained in equality and diversity and knew the importance of treating people equally, with dignity and respect. People told us staff were caring, friendly and listened to them. Staff supported people to remain independent by encouraging and assisting them to do things that they could.

People's care plans, health action plans and hospital passports were regularly reviewed and gave information to staff on how to provide personalised care. Staff worked with people to plan their weekly activities and the weekly activity plan showed people participated in a range of activities. People told us they knew who to speak to if they were not happy about something but had never made a complaint. Staff recorded people's end of life care wishes and preferences in their care plans.

The management conducted regular audits and monitoring checks to ensure people's care was delivered as per their care plan, staff received regular training, support and supervision, and premises met health and safety standards. The provider maintained effective systems and processes to ensure people's safety and quality of care delivery.

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 told us they felt safe with staff and staff knew the signs of abuse and how to report concerns. People's risk assessments were comprehensive and regularly reviewed.

Staff followed safe medicines management practices and people were happy with the support. The provider allocated sufficient numbers of staff to meet people's needs and carried out appropriate recruitment checks before hiring staff.

The provider followed infection control practices, and necessary health and safety checks were in date. The registered manager shared learning from accidents and incidents during staff meetings and maintained clear accident and incident records.

Is the service effective?

Good ●

The service was effective.

People's needs were assessed and they told us their needs were met. Staff received induction training and supervision to deliver effective care.

Staff were aware of people's individual dietary needs and supported them in maintaining nutritionally balanced diets. People were supported to access regular healthcare services.

Premises met people's individual mobility needs. Staff knew the importance of giving people choices and people told us their consent was sought.

Is the service caring?

Good ●

The service was caring.

People told us staff were friendly and caring and listened to their needs. Each person had a keyworker and staff asked people's views. People were involved in making decisions about their care and treatment.

Staff treated people with dignity and respect and were trained in equality and diversity. People were encouraged to remain as independent as they wished. Staff understood the importance of confidentiality and people's personal information was stored securely.

Is the service responsive?

Good ●

The service was responsive.

Staff knew people's likes and dislikes. People's care plans were comprehensive, regularly reviewed and informed staff on how to provide personalised care. People had an individual health action plan and a hospital passport.

People were involved in a range of activities that they enjoyed. They knew how to raise concerns or make complaints.

Staff supported people with their religious and cultural needs. People's end of life care wishes were recorded in their care plans.

Is the service well-led?

Good ●

The service was well-led.

People, staff and healthcare professionals found the management approachable. People were happy living at the service and staff enjoyed working with the provider.

There were records of regular audits and checks in place to ensure people's safety and quality of service. The provider asked people and staff's views and opinions for service improvement.

The provider worked with the local authority and healthcare professionals to improve the quality of care delivery.

Wortley 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 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 8 March 2018 and was announced. We gave the provider 48 hours' notice of inspection as the service is a small care home and people are often out during the day. We needed to be sure someone would be in. The inspection was carried out by one inspector.

Prior to our inspection, we reviewed information we held about the service, including notifications sent to us at the Care Quality Commission. A notification is information about important events which the service is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authorities and healthcare professionals about their views of the quality of care delivered by the service.

During the inspection, we met all three people living at the service. We spent time observing interactions between people and the staff who were supporting them. We spoke with the registered manager, the care manager and two care staff. We looked at two care plans and three staff personnel files including recruitment, training and supervision records, and staff rotas. We also reviewed the service's accidents and incidents, safeguarding and complaints records, care delivery records and medicines administration records for people using the service.

Following our inspection visit, we reviewed documents provided to us after the inspection. These included policies and procedures, service user guide, staff training matrix, one person's risk assessment and local authority's last monitoring visit report.

Is the service safe?

Our findings

People told us they felt safe with staff and at the service, "I feel safe here" and "Oh yes, I am safe." Healthcare professionals told us they had no concerns about people living at the service and felt they were safely supported by staff.

The provider's safeguarding and whistleblowing policies were in date and included information on how to contact the local safeguarding authority and Care Quality Commission. A 'Say no to abuse' leaflet was displayed on the display board in the living room for people, visitors and staff to have easy access. There had not been any safeguarding cases since the last inspection. Staff were trained in safeguarding and whistleblowing before they started working with people and thereafter every year. They demonstrated a good understanding of their role in identifying and reporting abuse and poor care. One staff member commented, "I make sure they [people using the service] are safe in the home and in the community, safeguard them from harm and abuse." Another staff member said, "Safeguarding is to protect vulnerable people from abuse." Staff told us they would report any signs of poor care and abuse to their line manager. A staff member said, "If I suspect concerns or abuse I have to report it to my manager." They were aware of the role of external authorities in investigating abuse and said they would contact them if the manager did not act promptly.

The provider identified, assessed and mitigated risks to people and risk assessments seen confirmed this. People's risk assessments were detailed and regularly reviewed. They included information for areas such as mobility, medication, personal care, accessing community, dietary needs, communication and behaviour. For example, one person had no road safety awareness and was at risk of getting lost. The risk assessment stated the person was to be supported by one staff member when accessing community. The risk assessment informed staff, "[Person using the service] has no awareness of road safety and she will wander off if not prompted where to go. To have 1:1 support when crossing the road and to check at all times that she is safe. Staff to give clear instructions of what to do." Staff were given sufficient information to safely support the person in the community. Staff told us people's risk assessments were detailed and enabled them to understand risks to people and how to support them in a safe way.

Staff assisted people in managing their finances. People's money was safely kept by the registered manager and staff recorded cash in and out on people's individual financial record and attached the transactions' receipts and vouchers. The financial records and cash were audited by the registered manager on a monthly basis. We reviewed people's money against the financial records and found them to be mostly accurate. On two occasions staff had incorrectly recorded the cash carried forward balance in the financial records. The care manager corrected this and the balance money matched the books. The registered manager told us they had not audited these records and hence, the errors had not been identified.

People told us there were enough staff at the service and found them reliable. A person said staff were always available when they needed help. During the inspection, we observed staff attended to people's needs in a prompt manner. Staff rotas showed people were supported by two staff during the day time and a waking staff at night. Staff told us there were enough staff on duty to meet people's individual needs and

when they needed extra help the registered manager arranged this. Staff recruitment files confirmed the provider followed safe recruitment practices. The provider carried out interviews, reference, identity and right to work checks, and Disclosure Barring Checks (DBS) to ensure staff had the required experience, skills and were of good character before hiring them. The DBS is a national agency that holds information about criminal records. This meant the service had sufficient numbers of suitable staff to support people at risk.

The provider maintained safe medicines storage, administration and disposal practices. Each person had a medicines profile detailing a list of medicines, allergies, doctor's details, and the support they required with medicines management. People told us they received medicines on time and were happy with the support. People's medicines administration record charts showed people were given medicines on time and no gaps were found. Staff were provided with clear guidelines on how to support people who required "pro re nata" (PRN) medicines. PRN medicines are those used as and when required for specific situations. Each person had individual PRN protocols that detailed information on what medicines were to be given and when, and this was signed by the doctor. Records confirmed PRN medicines had been administered and signed for as prescribed.

People's bedrooms, communal rooms and bathrooms were kept clean and there was no malodour. The provider was rebuilding the patio in the garden and updating the garden area so that it was ready for use in the summer time.

Staff had a good understanding of infection control practices and wore personal protective equipment such as gloves when supporting people. Staff used different colour coded mop brush and buckets to clean different parts of the service. Staff implemented required infection control practices to reduce the risk of spread of infection.

We reviewed various health and safety certificates including fire, electrical, water and gas checks and found them to be in date. Staff carried out monthly fire drills and were aware of how to support people in emergency situations. The provider was in the process of reviewing people's personal emergency evacuation plans.

The provider maintained clear and accurate accident and incident records. Since the last inspection there had been one incident where a person had a minor fall whilst getting out of a taxi. The person did not sustain any injury and staff carried out first aid checks following the accident. The accident records clearly stated details of the accident, the actions taken and the registered manager's notes and learning outcomes. The registered manager told us they discussed accidents and incidents during staff meetings and used the same forum to share the learning to prevent future occurrences.

Is the service effective?

Our findings

People had been living at the service for over 15 years and told us staff understood their needs and that their needs were met. A healthcare professional told us people were supported well and "speak well about the staff." The provider assessed people's needs before they moved to the service and records of assessment of needs confirmed this. People's needs and choices were reviewed monthly, and care and treatment planned to meet those needs.

Staff told us they felt confident in their roles and were provided with sufficient training to deliver effective care. Staff comments included, "I am given enough training" and "Oh yes, get e-training, medicines, health and safety and food hygiene. I have received training in Positive Behavioural Support and autism, too. I feel confident in my job." Staff induction records confirmed that all new staff received induction training that comprised of e-learning and face to face training. A new staff member commented, "I have just completed my induction training and it was very helpful." All new staff shadowed an established member of staff before they started supporting people on their own. Staff were provided with annual refresher training in areas such as safeguarding, health and safety, medication and fire safety. The provider trained staff in areas specific to people's needs such as autism, managing challenging behaviour and Positive Behavioural Support. Staff training plan gave details on training that staff had attended and were booked on.

The registered manager and the care manager provided staff with a four to six weekly one to one supervision session, records confirmed this. Staff told us they found supervisions helpful and they discussed various aspects of care delivery, safeguarding and training and development needs. Staff were also provided with a yearly appraisal, and records confirmed this. This showed staff were provided with sufficient training and regular supervision to meet people's individual needs effectively.

People told us they liked the food and were able to choose what they wanted to eat. During the inspection, we saw people had access to fresh fruits, hot and cold drinks. People were supported to maintain healthy balanced diets. Staff used weekly pictorial menus to ask people their food choices which enabled them to know what people liked to eat and drink. Staff were aware of people's dietary needs and these were recorded in people's care plans and copies were kept in the kitchen for staff's easy access. For example, a person at risk of choking had been seen by the speech and language therapist (SALT) and the SALT had developed specific diet guidelines to meet the person's needs. Staff were aware of these guidelines and we saw the person given the food meeting the SALT recommendations. The service's five star food and hygiene certificate showed they had recently been inspected by the environmental health agency and no concerns were recorded. People's daily care delivery was part of staff handover records and staff recorded how they were supported and the daily menu sheet record of what people had consumed. People's daily menu sheet showed people ate a balanced diet that included vegetables, fruits, meat, fish and seafood.

The registered manager told us staff worked well together and had been working at the service for over five years and hence knew people who used the service very well too. Staff said they worked well as a team to provide effective care. The care manager who had been working for a few weeks commented, "Staff working here are very good. Service users and staff know each other very well."

Staff supported people in accessing healthcare services and records confirmed this. People told us they had regular health checks with their doctors. Staff followed up on healthcare professionals' feedback and supported people by following healthcare professionals' recommendations. For example, a person with a mobility condition attended weekly physiotherapist sessions and staff supported them to regularly attend exercise groups to improve their walking. This person's activity plan showed the physiotherapy session and exercise groups were embedded in their weekly activity plan.

People told us they liked their bedrooms and were happy with the space. One person's mobility needs had changed since living at the service and was unable to continue to access the bathroom on the first floor. This meant they would have had to move to another service. However, the provider refurbished the person's bedroom and installed an ensuite so that the person could have access to toilet and shower facilities on the same level. This demonstrated people's individual needs were met by the adaptation of the premises.

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 whether any conditions on authorisations to deprive a person of their liberty were being met.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People's care files had copies of mental capacity and DoLS assessments and DoLS authorisation certificates, these were all in date. Staff were trained in the MCA and DoLS, and records seen confirmed this.

During the inspection, we observed staff giving people choices and asking their consent before supporting them. Staff demonstrated a good understanding of the MCA and DoLS and their role in encouraging people in making decisions. Their comments included, "If they need help in making decisions and deprive them of certain liberties due to lacking capacity to make certain decisions such as treatments, surgeries. If she says no to medicines, give her some time and then approach again, she is usually compliant with medicines. I never force her to do anything" and "Our service users have not got the capacity to make certain care and treatment decisions and are on DoLS so that they can be supported to make decisions. [Person using the service] has an independent advocate who visits her and attends best interest meetings when required." People told us staff asked their permission and gave them choices. One person said, "Oh yes, I am given choices. I choose what I want to wear, what I want to eat, what I want to do during the day, I have some favourite television shows that I watch."

Is the service caring?

Our findings

People told us staff were caring, friendly and helpful. One person said, "Staff are very nice and friendly. They help me a lot." The care manager who had recently started working at the service said, "Service users love staff. They are very close to them." Healthcare professionals told us staff were caring and kind towards people.

People told us it was their home. A person showed us around the service and told us staff were kind to them. They had formed friendships with each other and shared positive working relationship with staff and the registered manager. During the inspection, we observed positive and caring interactions between people, staff and management. Staff were sensitive towards people's requests, listened to their needs patiently and responded compassionately.

Staff rotas showed people were supported by a team of four staff to ensure continuity of care and people had keyworkers. A keyworker is a staff member who is responsible for overseeing the care a person received including liaising with relatives, representatives and healthcare professionals involved in a person's life. Staff told us they had been working with people for over two years and knew them very well. Staff engaged with people formally on a monthly basis during keyworker sessions where they asked people their views around their health and social care and involved them in making decisions regarding their health and social care plans. We saw records of monthly keyworker sessions that confirmed people were asked their views and were involved in making decisions around their care and treatment.

People told us staff listened to them and treated them with dignity and respect. Staff were trained in equality and diversity and person-centred care. Staff told us they treated people equally and with dignity, and respected their privacy. A staff member said, "I treat them [people using the service] with dignity and respect, give them choices, be patient for them to finish what they are saying and do not finish the sentence for them." Another staff member commented, "I knock on the bedroom door and if she says yes then go in." The staff member gave us an example of how they understood if a person wanted privacy but was unable to verbally communicate it. They said, "To know if she wants her space and privacy is when you step out of the bathroom or bedroom and she closes the door. If she wants a shower or bath, she would enter the bath tub but if she does not want to then she would not enter the bath tub." This showed staff understood people's preferences and respected their wishes.

Staff encouraged people to remain as independent as possible. For example, we saw a staff member encouraging a person to chop vegetables for dinner. We observed a person tidy their bedroom. Staff told us they encouraged people to maintain their independence. One staff member commented, "She takes her medicines, she puts her coat on before going out." Another member of staff said, "[Person using the service] she tidies her bedroom, makes her own bed."

People's sensitive and personal information was kept safely and securely in lockable drawers. Staff told us they only discussed and disclosed information about people with other staff members that supported people and the management. This showed staff understood the importance of confidentiality.

Is the service responsive?

Our findings

People told us staff knew their likes and dislikes, and that they received personalised care. Healthcare professionals told us the service was responsive to people's needs. One professional commented, "Yes, I do think the people living in Wortley Lodge receive personalised care."

Staff knew people's likes and dislikes and were able to give examples of their preferences and how they liked to be supported. For example, staff comments included, "She likes shepherd's pie and curries, likes to drink lager and enjoys going out with her friends" and "[Person using the service] does not like cupboard doors open, likes magazines, does not like crowds, she likes going for walks in the park."

People's care plans were comprehensive and regularly reviewed. They included information about their background and medical history, communication, behavioural, dietary and personal care needs, leisure, finances, relationships and night time routine. Each section provided what people's needs were and instructions for staff on how to meet those needs. For example, one person's communication section in their care plan stated "I am able to communicate effectively with staff and other service users using simple phrases and key words. I need extra time to process and respond to what is communicated to me. Sometimes staff to use objects of reference and pictures to communicate." Another person's care plan informed staff on which professionals to involve to support the person in making decisions "When I have to make big decisions about my life, my carer to involve my advocate to speak on my behalf and also involve other professionals to have best interest meeting."

People were supported with their religious and cultural needs and these were recorded in their care plans. For example, one person's care plan stated "attend [place of worship] on Sunday mornings and have communions. Enjoys singing hymns and shaking the priest's hands at the service. Likes listening to [cultural] music and celebrates religious festivals like Easter and Christmas."

The provider maintained people's individual health action plans where details of healthcare appointments and follow up actions were recorded. Records confirmed this. Each person had a hospital passport detailing their health, medical, dietary and communication needs. The hospital passport is a document designed to give hospital staff helpful information about people that is not only about their illness and health.

Staff discussed with people about their interests, hobbies and activities they wanted to participate in and created accessible weekly activity plans. These plans were displayed on the display board. People's weekly activity plans showed they participated in a range of activities including individual and group activities. For example, one person's activity plan included sensory sessions, music classes at the college, swimming, foot spa and beauty therapy. Another person's activity plan included activities such as going to art and craft classes, visiting friends, going to pubs for meals and drinks, personal shopping, attending a women's group and a day centre. The registered manager told us they had noticed a positive change in the person's confidence since attending the women's group which involved activities that empower women to pursue their aspirations and hobbies. The person told us they enjoyed attending this group and had made friends with other participants. People's birthdays were celebrated and we saw various photos of their birthday

parties. For example, the provider had recently celebrated a person's 60th birthday in a community centre hall, and hired outside catering to mark the big day. The registered manager invited the person's relatives, friends and staff as per the person's wish. We saw photos of this person's birthday party and showed it was a great celebration.

People told us they knew who to speak to if they were not happy about something or wanted to make a complaint but told us they had never made a complaint. There had been no complaints. The provider displayed the 'how to make a complaint' leaflet in the living room for people, visitors and staff to have easy access. The display board also had an advocacy service leaflet that people could use if they wished to request an advocate.

Staff discussed with people their wishes and preferences around end of life care and funeral plans. We saw these were recorded in people's care plans where they had voiced their wishes. The provider had an end of life care policy that detailed information around support they would provide to people on end of life care, staff's role in pain management and providing companionship and emotional support, people's wishes in relation to their religious and cultural needs.

Is the service well-led?

Our findings

People told us they loved living there and that it was their home. People who knew who the registered manager was and found them to be approachable. Healthcare professionals told us the service was well managed. One professional commented, "The management have always been friendly and helpful to me and my staff. Any dealings I have had with them have been positive and professional. Yes, I have been able to speak with the registered manager when I have called and if they are unable to take my call they have rang back."

The registered manager followed an open door policy and during the inspection, we saw people and staff approaching the registered manager in their office comfortably. Staff told us they felt well supported by the management and enjoyed working with the provider. Their comments included, "[Registered manager] is here every day. If I am not sure of anything I ask her. She is very supportive and involved with service users on a daily basis. She knows the service users activities on a weekly basis", "I am supported by my manager. She is approachable" and "[Registered manager's] very supportive, great management. No matter what time it is, call [registered manager] and she responds."

The provider sought staff's views and opinions on a regular basis. The registered manager organised monthly team meetings where they discussed various aspects of care delivery. The last three staff meetings reviewed showed staff and the management discussed people's needs, food menus, activities, cleaning, training needs, policies and procedures, care standards, staff rotas and staff quality assurance. Staff told us team meetings were helpful and they felt informed on matters relevant to their role. The care manager told us they chose policy of the month and discussed it at the team meetings. Staff told us the management was very responsive and took their views and suggestions on board. For example, a staff member told us they had noticed a person's duvet needed replacing. They informed the registered manager about it and they bought a new duvet at once.

There were records of internal audits and monitoring checks that showed the provider had effective systems and processes in place to ensure people's safety and quality of care. People's care plans, risk assessments, health action plans and hospital passports were regularly audited. Staff personnel files and training plans were in date. The registered manager and the care manager audited on a monthly basis people's financial records, medicines administration record charts, daily care records and no gaps were found. The registered manager worked with people and staff in developing people's care and support objectives, and shared learning with staff following accidents and incidents to prevent future recurrences.

The provider conducted monthly residents meetings to gain their feedback and views and opinions to improve care provision. Residents' monthly meeting minutes showed people were asked for their feedback and opinions on matters such as activities, food, festival celebrations and action points. For example, one of the residents' meeting minutes recorded a person's wish to visit [place of worship] twice a week. This was then actioned by the staff member and the minutes recorded the action taken and the date of the visits. This showed that the provider asked people for their views and took prompt actions to implement their requests.

People, relatives, staff and healthcare professionals were asked for their views via annual survey forms. We looked at the survey results that showed overall everyone was satisfied with the care and service. A staff member had raised concerns regarding staff rotas being done late. The provider had taken this concern on board and had changed the way staff rotas were developed. We asked the staff member who had raised the concern and they told us they were happy with the improvement.

The registered manager worked well with the local authority monitoring team, healthcare professionals and local organisations to improve the quality of the service and people's quality of life.