

Tealk Services Limited

# The 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

### About the service:

The Lodge is a residential care home, registered to provide care for up to 15 people with mental health support needs and physical disabilities in one adapted building. Eleven people were using the service at the time of inspection.

### People's experience of using this service and what we found

People told us they felt safe using the service. Staff knew how to recognise and report signs of abuse. There were risk assessments in place for each person who used the service. Accidents and incidents were recorded and monitored. There were enough staff to meet people's needs and the provider ensured all new staff had the relevant checks carried out before they started working at the service. People were supported with their medicines in a safe way and were protected from the risks associated with the spread of infection.

Staff received an induction and on-going training to support them in their roles. People had access to services they required to maintain their health and staff supported them accordingly. 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. Staff encouraged people to eat and drink enough to help keep them healthy.

People were treated with dignity and respect and staff encouraged them to maintain their independence. They had equal opportunities, regardless of their abilities, their background or their lifestyle. People were able to make decisions about their care in a way that suited their needs and their views were taken into account. Staff were aware of the importance of maintaining people's confidentiality.

People received personalised care. Care plans were regularly reviewed and updated to ensure they contained accurate information about people's needs. People were encouraged and supported to maintain links with the community, to help ensure they were not socially isolated. There was a system in place to inform people how to make a complaint and how it would be managed.

People and their representatives felt the service was managed well and staff felt supported. People who used the service, their representatives, staff and other professionals were asked for their views about the service and they were acted on. Staff had access to policies and procedures to guide them in their roles. They were aware of the ethos of the service and understood their responsibilities and who they were accountable to.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection:

At the last inspection the service was rated good (published 5 July 2017).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

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

# The 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:

The inspection was carried out by one inspector.

#### Service and service type:

The 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 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 inspection took place on 6 January 2020 and was announced. We gave the service one hours' notice of the inspection. This was because we needed to be sure that the provider or manager would be in the office to support the inspection.

#### What we did before inspection:

We reviewed the information we held about the registered provider, including previous notifications. A notification is information about important events, which the registered provider is required to send to us by law. We used the information the provider sent us in the provider information return (PIR). 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.

#### During our inspection:

We spoke with three people who used the service, two members of staff and the registered manager. We

used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not speak with us.

We looked three care plans and risk assessments, three staff recruitment files, staff training records and a range of records about people's care and how the service was managed. These included medicine administration record (MAR) sheets, satisfaction surveys, policies and procedures and quality assurance audits.

After the inspection

We continued to seek clarification from the provider to corroborate evidence found. We spoke with three relatives and one professional by telephone, to obtain their views 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the service as there were systems in place to protect them against potential risks and safeguard them from harm. Staff knew how to recognise and report signs of abuse and had received training in the subject. One person said, "Yes I do feel safe here." One relative told us, "I feel [family member] is safe there [service]."
- There was information displayed around the service so that people and their relatives would know who to contact to raise any concerns. One member of staff told us, "I will report any concerns to the manager. If nothing is done, I will contact other external agencies."

Assessing risk, safety monitoring and management

- Risks associated with people's care and support had been assessed and there was guidance in place to keep people safe. Risk assessments were individual to each person and detailed the risks associated with their daily living, such as when they went out in the community. Staff knew the actions to take in relation to managing risks to people. This helped to ensure people remained as safe as possible.
- Each person who used the service had a Personal Emergency Evacuation Plans (PEEP) in place and this helped to ensure people were evacuated safely in the event of an emergency. There were regular fire safety checks undertaken. The provider also had a system to ensure all equipment was maintained and serviced such as the boilers and lifts.

Staffing and recruitment

- People and relatives felt there were enough staff working to meet the needs of the people who used the service. One relative told us, "Yes, there are enough staff in the home." People received care and support from staff who knew them well. The provider did not use any agency staff. This helped with consistency of care and support people were provided with.
- The provider had a robust recruitment system in place. We saw the provider carried out all relevant checks before new staff began work with people who used the service. These included checking if staff had any criminal records. This helped to ensure people received care and support from staff who were suitable to work with them. □ □

Using medicines safely

- People were supported with their medicines in a safe way by staff who had been appropriately trained. There was a clear medicines policy for staff to follow when supporting people to take their medicines safely. One person told us, "I have my medicines three times a day, the staff give them to me when I need to have them."
- People had medicines administration records (MAR) in place where staff documented when people had

taken their medicines. We saw the MAR were completed accurately when medicines were administered and there were no gaps in signatures.

#### Preventing and controlling infection

- There were policies and procedures regarding the prevention and control of infection. Staff had received training and were aware of their responsibilities in this area. They were provided with personal protective equipment (PPE) such as gloves and aprons to minimise the spread of infection.
- Relatives commented that the service was always clean when they visited. We noted all the flooring on the ground floor had been replaced. The registered manager informed us that the flooring on the first and second would also be replaced in the next two months.

#### Learning lessons when things go wrong

- We saw accidents and incidents were recorded. These were reviewed by the registered manager and actions taken to reduce the likelihood of them happening again. For example, following an incident, one person was moved to a room on the ground floor, so they could be supervised more closely.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Before people started using the service, an initial assessment was carried out of their needs. This helped to ensure the service would be able to meet the person's needs, wishes and expectations. The assessment looked at people's physical, social and psychological needs and was carried out with the involvement of the person and their relatives.

Staff support: induction, training, skills and experience

- When staff started working for the service they were provided with an induction programme which followed a set of standards that health and social care workers adhere to in their daily working life. The induction period also covered a number of areas, including training and staff familiarising themselves with some of the policies and procedures.
- People were supported by staff who had the knowledge and skills required to meet their needs. Staff received various training to help them in their roles. They were trained in areas such as health and safety, safe moving and handling, infection control, safeguarding and medicine management. A person told us, "Yes they [staff] know what to do." One relative said, "The staff know how to look after [family member], they can be challenging at times."
- There was a training plan in place, which detailed the training staff had undertaken and what they required. Staff confirmed they undertook regular training. One member of staff said, "We do have regular training, they are good and some of them are practical ones like moving and handling. They [trainers] show us what to do."
- Staff were supported to carry out their roles fully. They received regular supervision with the registered manager during which they had an opportunity to discuss any work-related issues, such as any training needs. A member of staff told us, "I have regular supervision." This helped to ensure staff work to the required standard and were provided with support as needed. Staff also received a yearly appraisal where their work performance was reviewed and any areas for development were identified.

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

- People were supported to have enough to eat and drink and at the times they wanted. One person told us, "The food is good." Another said, "Yes, I do get a choice of meal." There was a daily menu displayed so people could choose what they would like to eat. The menu was discussed during the monthly meeting with people who used service. In one of the meeting minutes, we saw one person suggested a certain dish on the menu and this was taken into account when the menu was planned.
- People's care records included detailed information about their dietary needs, for example, if they had any special dietary requirements due to their medical condition. Their likes and dislikes were also recorded and

staff were aware of them. One member of staff told us, "[Person] likes to have their cereals with cold milk."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to maintain good health and to access healthcare services when they needed. We saw records to show the registered manager worked closely with other professionals and sought healthcare advice and support for them.

- People were supported to access routine medical support from healthcare professionals such as general practitioners. One professional told us, "The home is very good at what they do. They do contact us to keep us informed of what is happening with the patients [ people using the service] and also to seek advice."

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- We found the registered manager as well as the staff were aware and understood their responsibilities under the MCA. Staff had received training on how to protect people's rights and were familiar with the processes and principles of the MCA. A member of staff said, "If a person needs help to make a complex decision, we will have a meeting with the people who are involved in their care to make a decision." None of the people had a DoLS in place at the time of our visit.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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; respecting equality and diversity

- People who used the service told us they had no concerns regarding how staff treated them. They said the staff were good and caring. One person said, "The staff are very good." Relatives also said the staff were caring. A relative told us, "The staff look after [family member] well and treat them well."
- During our visit we saw the interaction between staff and people was positive. Staff were kind to people and addressed them in a courteous way. People were comfortable in their presence.
- Staff knew people who used the service well and had built up good relationships with them. They were aware of people's routines and were familiar with the way people wanted to be supported.
- The provider had an equal opportunities policy and staff had received training in this subject. People had equal opportunities, regardless of their abilities, background or lifestyle. The registered manager told us, "We treat everyone [people] equally."

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

- People were given sufficient information by the service about their care and support. Staff encouraged them to make choices on how they wanted to be cared for. For example, we noted one person preferred to stay in than go out in the community and staff respected the person's wishes. Where people were able to, we saw they had been involved in planning the care and support staff provided to them.
- None of the people were using an advocacy service at the time of the inspection. An advocate helps people to express their views and wishes and makes sure their voice is heard. Information about advocacy services was made available to people.
- We found information about people was securely held when not in use. Staff were very aware of the importance of confidentiality and knew their responsibilities as far as confidentiality was concerned. One member of staff told us, "I make sure that I don't discuss about a client [people] with another person, unless they have the right to know the information."

Respecting and promoting people's privacy, dignity and independence

- Staff ensured that people's privacy and dignity were protected. People told us staff maintained their privacy and dignity. One person told us, "The staff always knock on the door before they come in." Staff described how they protected people's dignity on a daily basis, for example, by ensuring curtains were drawn when providing personal care. This showed people's dignity was maintained in a caring way.
- People were encouraged to be as independent as possible. For example, staff would supervise people to tidy their rooms if they were able to do so with staff support. We saw care plans included information regarding people's independence. One member of staff said, "I encourage [person] to be independent by

letting them do things that they can do by themselves."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 told us the care and support they received from staff was good. Their relatives also felt their family members were looked after well. One person said, "The staff are alright." A relative told us, "The staff look after [family member] well. They [family member] now look much better compare to where they were before."
- We saw care plans were individualised and focused on areas of care people needed. For example, one care plan stated, "I need staff to help me in administering my medications." In another care record, we saw staff had been provided with guidance on how to support one person when they displayed a certain behaviour. People told us they were aware of their care plans.
- Staff found the care plans were informative and this helped them to meet people's needs. They were knowledgeable about people's needs. We noted care plans were reviewed and updated regularly. Changes in people's needs were discussed with staff during handovers or meetings to ensure they continued to meet the needs of people who used the service accordingly.

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.

- We saw where people who had a disability or sensory loss, information was made available to them in a way they could understand. For example, we noted the menu was in a picture format. Information on how staff should communicate with people was recorded in people's care plans. Each person had a 'communication passport' in place and this gave details on how to communicate with them.
- 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's social and emotional needs were taken into account. People were encouraged to take part in activities of their choice and lived their lives how they wanted. People were able to take part in activities such as bingo, colouring, gardening, going shopping and watching their favourite TV programmes.
- Staff knew what people's preferred routines were. For example, one member of staff told us, "[Person] likes to watch television in their room, they prefer to stay there." We saw people went out in the community by themselves during our visit.
- Staff also encouraged people to stay in touch with their friends and relatives. A relative told us, "I visit every week." This helped to avoid people becoming socially isolated.

#### Improving care quality in response to complaints or concerns

- The provider had policies and procedures on how any concerns or complaints would be dealt with. Information about how to make a complaint was available to people as well as their representatives. One person told us, "I will talk to [registered manager]" when we asked them who they would speak with if they had a concern. A relative said, "If I have any complaints, I will speak with the manager, they are good at getting things sorted."
- People and their representatives did not raise any concerns with us. There had not been any complaints since our last inspection.

#### End of life care and support

- The registered manager informed us that none of the people using the service required end of life care at the time of our inspection. However, some staff had already been trained in this area. This would help to ensure people received the care and support needed when they were approaching the end of their lives.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People, staff, relatives and professionals spoke positively about the registered manager and said they were happy with the way the service was run and described the management team as approachable. One person told us, "The manager is alright." A relative said, "[Manager] is lovely, I can talk to them."
- The registered manager had an open culture that allowed people, relatives and staff to express their views in a safe and understanding environment. One member of staff told us, "[Manager] is very good, [Manager] is very approachable."

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

- The registered manager was aware of when the CQC should be made aware of events and the responsibilities of being a registered manager. They informed us about certain events, to ensure we were aware of them and the action they had taken to address them.
- Staff were clear about their roles and responsibilities and who they were accountable to. The provider had a number of policies and procedures in place to guide the staff in their roles. This helped to ensure people received care and support to the required standard. The provider used an external organisation for drafting their policies and procedures.
- The registered manager had systems in place to ensure the quality of service people received was monitored. Regular audits were carried out of care plans, staff training, MAR sheets and health and safety. Where any areas for improvements were identified, actions were taken to address them such as when staff needed refresher training.

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

- The registered manager encouraged people, relatives and staff to be involved in the running of the service. There were regular staff meetings where staff shared their views and any concerns they might have. One member of staff said, "It is a good team, we all work well together." Staff were encouraged and felt comfortable to voice their views.
- People who used the service, their relatives, staff and other professionals were asked to complete satisfaction questionnaires to ask for their views about the service. We saw comments from the recent completed satisfaction surveys were mainly positive.
- The questionnaires were analysed and appropriate actions were taken to resolve any issues that had been

raised. For example, the registered manager was looking into other activities people would like to take part in as suggested by feedback that they had received.

- There were also regular meetings held with people. Records showed people had an opportunity during these meetings, to discuss any concerns they might have or make suggestions.

#### Continuous learning and improving care

- The registered manager looked at all the information gathered from audits and surveys. They used the information to improve the quality of care and support people received.

- The registered manager kept themselves up to date with best practice and legislation by attending meetings run by the local councils and through networking events. This helped to ensure they were aware of what was happening within the health and social care sector.

#### Working in partnership with others

- The registered manager worked with other health and social care professionals and had good links with the local community. They were able to seek advice from them regarding people's needs thus ensuring they were fully met.