

Tomswood Lodge Ltd

Tomswood Lodge Limited

Inspection report

154 Tomswood Hill
Ilford
Essex
IG6 2QP

Tel: 02085007554

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30 August 2018

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

This inspection took place on the 30 August 2018 and was unannounced. At the previous inspection of this service in April 2016 we rated them as Good overall, but Requires Improvement for the Safe question. This was because food was not always stored in a safe manner and we made a recommendation about this. During this inspection we found this issue had been addressed.

Tomswood 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 is registered to provide accommodation and personal care to a maximum of eight people with learning disabilities or on the autistic spectrum. Three people were using the service at the time of our 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 place. 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.

Appropriate safeguarding procedures were in place. There were enough staff working at the service to meet people's needs and robust staff recruitment procedures were in place. Risk assessments provided information about how to support people in a safe manner. Procedures were in place to reduce the risk of the spread of infection. Medicines were managed safely. Steps had been taken to help ensure the premises were safe.

Systems were in place to assess people's needs before they started using the service to determine if those needs could be met. Staff received on-going training to support them in their role and new staff undertook an induction training programme. People were able to make choices for themselves and the service operated within the principles of the Mental Capacity Act 2005. People told us they enjoyed the food. People were supported to access relevant health care professionals.

People told us they were treated with respect and that staff were caring. Staff had a good understanding of how to promote people's privacy, independence and dignity. The service protected people's right to confidentiality and sought to meet equality and diversity needs.

Care plans were in place which set out how to meet people's individual needs. Care plans were subject to regular review. People were supported to engage in various activities. The service had a complaints

procedure in place and people knew how to make a complaint.

Staff and people spoke positively about the registered manager and the working culture at the service. Quality assurance and monitoring systems were in place which included seeking the views of people who used the service.

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. Appropriate safeguarding procedures were in place and staff understood their responsibility for reporting any safeguarding allegations.

Risk assessments were in place which provided information about how to support people in a safe manner.

The service had enough staff to support people in a safe manner and robust staff recruitment procedures were in place.

Medicines were managed in a safe way and the service had taken steps to ensure the premises were clean with a reduced risk of the spread of infection.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remains well-led.

Tomswood Lodge Limited

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 the 30 August 2018 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we already held about the service. This included details of its registration, previous inspection reports and any notifications of significant events the provider had sent us. 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 authority with responsibility for commissioning care from the service to seek their views.

During the inspection we spoke with two people who used the service and observed how staff interacted with people. We spoke with three staff, the registered manager and two support workers. We also spoke with the newly appointed deputy manager who was at the service, although officially their employment was not due to commence until the week following our inspection. We reviewed two sets of records relating to people including care plans and risk assessments and we looked at medicines records for all three people. We checked the staff recruitment, training and supervision records of four staff. Quality assurance and monitoring systems were examined during the inspection, as were health and safety records.

Is the service safe?

Our findings

People told us they felt safe using the service. When asked if they felt safe, one person replied, "Yeah."

The service had systems in place to help keep people safe and protect them from abuse. There was a safeguarding adult's policy in place which made clear their responsibility for reporting any allegations of abuse to the local authority and the Care Quality Commission (CQC). There was also a whistle blowing policy which made clear staff had the right to whistle blow to outside agencies if appropriate. Staff had undertaken training about safeguarding adults and had a good understanding of their responsibility to report any abuse allegations. One member of staff said, "I would go to my manager and if they did nothing I would go to the local borough or CQC." The registered manager told us there had not been any allegations of abuse since the last inspection and we found no evidence to contradict this.

The service held money on behalf of people where they lacked the capacity to manage their own money. This was stored securely in locked containers. When money was spent receipts were kept and records maintained of what the money was spent on and how much money the person had at the service. We checked these records and found they tallied with the actual amounts held. This meant the service had taken steps to reduce the risk of financial abuse.

Risk assessments were in place for people. These included details of the risks people faced and information about how to mitigate those risks. They covered on-going issues, for example, in relation to medicines, finances, risk of abuse and using the kitchen. Risk assessments were also developed for specific events, such as going on a particular holiday. Assessments were personalised around the risks that individuals faced.

There was guidance in place about how to support people who exhibited behaviours that challenged the service. The registered manager said they did not use any form of physical restraint in supporting people and staff confirmed this. They explained how they supported people who were anxious by providing them with re-assurance and time and space to calm down.

To help ensure the premises were safe various checks were carried out in line with legislation. Safety certificates for gas safety, electoral installation and electrical appliances were all in date. Fire alarms had been serviced by a qualified engineer within the past 12 months and were routinely tested by staff. Fire extinguishers were situated around the premises and these had also been tested by a qualified engineer.

There were enough staff working at the service to support people safely. People said there were always staff around if they needed any assistance. One person said, when asked if there enough staff to respond to their needs, "Anything I've got to say, I tell them. They are always here." Another person said, "Yeah, there is always someone around to help." Staff corroborated what people told us and said they had enough time to carry out all their duties. One staff member explained, "We don't have problems with staffing levels." We observed during our inspection that staff were able to respond to people in a prompt manner.

Robust staff recruitment practices were implemented by the service. Staff told us and records confirmed

that various checks were carried out on prospective staff before they were able to commence working. One staff member said, "I had my DBS done, previous work, references." DBS stands for Disclosure and Barring Service and is a check to see if staff have any criminal convictions or are on any list that bars them from working with vulnerable adults. Records showed checks carried out included DBS checks, employment references, proof of identification and a record of the staff's previous employment history. This meant the service sought to employ suitable staff.

Medicines were stored securely in a locked and designated medicines cabinet located in the office. There was a separate cabinet for the storage of controlled drugs, although no one was prescribed any of these at the time of inspection. Staff undertook training about the safe administration of medicines and were knowledgeable about what action to take if they made a mistake about medicines. Medicine administration record charts were maintained. These included the name, strength, dose and time of each medicine to be given and staff signed these charts after each administration which meant there was a clear audit trail of medicines that had been given. We checked a sample of these charts and found they were completed correctly and up to date.

To help reduce the spread of infection staff wore protective clothing including gloves and aprons when providing support to people with personal care. Cleaning schedules were in place which detailed what cleaning tasks had to be performed and at what frequency. The premises were visibly clean on the day of inspection and free from offensive odours.

Records were maintained of accidents and incidents. The service sought to make improvements where there were concerns. For example, one person had exhibited a behaviour that was inappropriate. Staff had worked with this person about this and got input from a counselling service. As a result, the incidents of the behaviour were greatly reduced.

Is the service effective?

Our findings

There had not been any new admissions to the service since the previous inspection. The service did however have vacancies and the registered manager explained what the process would be for future admissions. They said they would meet with the person to carry out an assessment of their needs and where appropriate with their family also.

Staff were supported to develop skills and knowledge to help them in their work. New staff undertook an induction programme which included training and shadowing experienced staff. Records showed on-going training was provided including about autism, challenging behaviour, communication, dignity in care, equality and diversity, health and safety, food hygiene, first aid and fire safety. Staff told us and records confirmed they had regular one to one supervision meetings with the registered manager and said they found these to be helpful.

People told us they enjoyed the food, one person said, "I like the food, we have fish and chips and peas on a Friday." Another person told us, "The food is nice." People were supported to make choices about what they ate, we observed one person requesting baked beans and this was then provided. The service had a menu which reflected people's culture.

People told us they were supported to access healthcare professionals. One person said, "The staff help me if I go to the dentist. Sometimes the optician comes." Records confirmed this and showed people saw health professionals including GP's, psychiatrists, speech and language therapists, dentists, opticians and counsellors. One person had a Health Action Plan setting out how to support them to be healthy. These were not in place for the other two people. We discussed this with the registered manager who developed Health Action Plans for the other two people and sent them to us four days after our inspection.

The premises were undergoing some refurbishment work at the time of our inspection. Each bedroom had been converted to include ensuite toilet, sink and shower facilities. These were adapted so they could be used by people with mobility issues. A new ramp had been built leading into the rear garden to help make that more accessible. The home was homely in appearance and decoration.

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). The service had applied for DoLS authorisations for people in line with legislation and notified the Care Quality Commission of any such authorisations. People were supported to make decisions as much as possible and told us they had choice and control over their

daily lives. One person said, "I choose my own clothes to wear" and "I go to bed when I feel like sleeping."

Is the service caring?

Our findings

People told us staff were caring and treated them with respect. One person said, "The staff are friendly, [named member of staff] is nice, treats me well." Another person said, "I get on well with everybody, staff and everyone. No problems with the staff."

We observed staff interacting with people in a caring way. People were seen to be at ease and relaxed in the company of staff. We saw them engaging in various conversations with staff about their interests such as music and geography. Staff encouraged and supported people to engage in various activities they enjoyed doing.

Staff understood how to support people in a way that promoted their privacy, dignity and independence. One staff member said, "I take [person] to the toilet, I pull the door too, when they are finished they will shout out and I go back in." This meant they were supported in a way that respected their privacy.

People were supported to develop independent living skills. For example, they were involved with various tasks around the home including washing up, laundry, keeping their rooms tidy and developing skills around preparing drinks and snacks. One person told us, "I help Hoover and sweep the floor." Another person said they were involved with, "Cleaning the house, Hoovering, keeping my bedroom tidy."

People's privacy and confidentiality was respected. Confidential records were stored securely in locked cabinets and on password protected computers. Staff understood the importance of confidentiality and were aware they were not permitted to share information about people to unauthorised personnel. One staff member said, "If a service user wants to talk to me privately we respect that, we go in to a private room." They added, "We have to respect their private information about their life. We are not allowed to give this information to anyone who is a stranger."

The service sought to support people with regard to equality and diversity issues. People were able to maintain contact with their family. One person had stated they wished to find a partner and the service was supporting them with this. Care plans included information about people's religion, although no-one using the service was a regular attendee at a place of worship, they were supported to attend on occasions if they wished.

Is the service responsive?

Our findings

People told us they were happy with the service. One person said, "I like living here. I am fine, I am all right." Another person told us, "I like the home and everything."

Care plans were in place for people which set out how to meet their needs in a personalised manner. They covered needs associated with personal care, likes and interests, mobility, nutrition and eating, religion, family and relationships, communication, decision making, managing money and domestic/housekeeping.

The registered manager told us people were involved in developing their care plans as were keyworkers. One person told us they met with their keyworker each month who read their care plan to them and discussed if they were happy with it. The registered manager said that care plans were subject to review, saying, "I review the care plan with the resident and their keyworker. I review it every six months, or in-between if something happens." Records confirmed this which meant care plans were able to reflect people's needs as they changed over time.

People were supported to engage in various activities, both in house and in the community. People told us they enjoyed the activities. One person said, "I do puzzles, noughts and crosses, hangman, we go out for a walk in the park." They added, "We went to Clapton on holiday, I had a good time, I went fishing." Another person told us, "I go out with staff to the gym, bowling, the city farm. I stroked the goats." We saw staff supporting people to engage in various puzzles and word games which they clearly enjoyed. Two people were supported to go to an open-air gym in a nearby park on the day of inspection. The third person was asked if they wanted to go but said they wished to stay at home, which was respected. People showed us photographs of a recent holiday they had been on and told us how much they enjoyed it. Records showed people went to various places, such as markets, restaurants, bowling and the cinema.

People knew how to make a complaint. One person said, "I would tell the staff and they would help me with any problem I had." Another person told us, "If I am a bit upset I talk to my keyworker or the manager." The service had a complaints procedure. This included timescales for responding to complaints and details of who people could complain to if they were not satisfied with the response from the service. A copy of the procedure was on display within the service. This was in written and pictorial format to help make it accessible to people. The registered manager told us there had not been any complaints received since our previous inspection and we found no evidence to contradict this.

None of the people using the service at the time of inspection were in the end of life care stages. However, care plans were in place about this for people.

Is the service well-led?

Our findings

People spoke positively about the registered manager, one person said, "I get on well with the manager."

The service had a registered manager in place. They had recruited a deputy manager to support them in the running of the service who was due to commence working the week after our inspection. Staff praised the registered manager and said they fostered an open and inclusive culture at the service. One member of staff said, "[Registered manager] is fine, they are approachable, I can go to them with anything. They have an open-door policy, you can go to them with ideas and they will try them." The same member of staff also said, "It's a really nice small care home. It's warm here, everybody is involved." Another staff member told us, "I can tell they are a good manager because of the time they are ready to help and explain." They also told us, "I like working here, I don't have any problems. I consider we are a good team, if something is not right we can communicate with each other."

The service had various quality assurance and monitoring processes in place, some of which included seeking the views of people who used the service. These included resident's meetings. One person said of them, "We have resident's meetings, we talk about holidays and outings." Minutes confirmed resident's meetings took place and included discussions about the menu, refurbishment of the premises and activities.

Staff meetings were also held. One member of staff said, "Every two months we have staff meetings. We talk about the refurbishment, if there are any new staff or staff leaving, any activities coming up. We all have an input, if we want to raise anything." Another staff member confirmed that all staff were able to contribute to staff meetings, telling us, "We have the agenda for the staff meeting and we write all the things we want to talk about." Records showed staff meetings included discussions about key-working, CQC, record keeping and refurbishment of the premises.

The registered manager told us they carried out surveys, saying, "The survey we do is with staff, service users, relatives and professionals, although not many of them [professionals] return the form." The survey for people to complete was in written and pictorial format to help make it more accessible to people. Completed surveys we looked at contained positive feedback. One relative had written, "My [relative] is very well looked after by the staff at Tomswood Lodge."

The registered manager told us they worked with and networked with other agencies including the local authority, Skills for Care and the National Care Association which is a trade body that represents small and medium sized care providers. The registered manager said they found these networks helpful in providing advice, guidance and training.