

Tealk Services Limited

The Beeches (The Drive)

Inspection report

48 The Drive, Ilford, IG1 3JF
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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 

Overall summary

This inspection took place on 28 April 2015 and was unannounced. At our last inspection in August 2014 we found the provider was meeting the regulations we inspected.

The Beeches (The Drive) provides accommodation and support to eight people with a learning disability.

There was 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.

People and their relatives expressed their satisfaction with the care and support provided by the service and said they felt safe. Safeguarding procedures were robust and staff understood how to safeguard people they supported. Systems were in place to make sure that staff learnt from events such as accidents and incidents.

Staff knew people's support needs and we observed positive interactions between people and staff. We saw staff being kind and involving people in conversations and also treating them with dignity and respect.

Staff continually monitored people's condition and where necessary sought the assistance of other health and social care professionals. We saw people were supported to eat and drink sufficient amounts of nutritionally well-balanced food and drink that met their needs.

Summary of findings

People were supported in promoting their independence and community involvement. People were also given opportunities to express their choices and to make decisions in their daily lives. Records confirmed people's preferences, interests and diverse needs had been recorded and care and support had been provided in accordance with their wishes.

The management team welcomed suggestions on how they can develop the services and make improvements. Where shortfalls or concerns were raised these were addressed. Everyone we spoke with said they were happy with the care they received in the service.

Systems were in place to monitor the quality of the service and to encourage people to express any concerns, so these could be addressed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. The provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Risk assessments had been carried out to identify and manage risks. There was appropriate guidance for staff on how to manage these risks and keep people safe.

There were enough staff on duty to meet people's needs and relevant checks were undertaken before staff started employment at the service.

There were systems to manage people's medicines so that they received them when they needed.

Good



Is the service effective?

The service was effective. People experienced care and support that met their needs. Staff attended training courses on a regular basis.

The registered manager understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). There were no people subject to a DoLS at the time of our inspection.

People were supported to eat and drink sufficient amounts of nutritionally well-balanced food and drink that met their needs.

People were supported to receive the healthcare that they needed.

Good



Is the service caring?

The service was caring. People told us staff treated them with respect and dignity.

People expressed their views and were involved in making decisions about their care.

We found people's diverse needs had been recorded and care and support was provided in accordance with people's wishes.

Good



Is the service responsive?

The service was responsive. People's needs were assessed and care and support was planned and delivered in line with their individual care plan. We found care plans to be comprehensive and provided staff with the information they needed to support people.

The registered manager took account of complaints and comments to improve the service. Informal concerns raised by people were addressed through discussion with staff and registered manager on a day to day basis.

Good



Is the service well-led?

The service was well led. Staff told us they felt supported by the registered manager. People and relatives we spoke with said that the service was run well.

The registered manager and staff had a good understanding of the ethos of the service.

Good



Summary of findings

Quality assurance surveys were sent out yearly which invited people to make comments about the service. Regular audits took place and any Issues identified were acted upon.

The Beeches (The Drive)

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 checked 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 was an unannounced inspection carried out on 28 April 2015 by one inspector.

Before our inspection we reviewed the information we held about the service which included statutory notifications we have received in the last 12 months and the Provider Information Return (PIR). The PIR is a form we asked the

provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what they could do better and improvements they plan to make.

During our inspection we observed how the staff interacted with people who used the service and how people were supported. We looked at three care records, including people's risk assessments, staff training records and other records relating to the management of the service, such as staff duty rosters, policies and procedures and risk assessments. We also contacted the local commissioning team to get their feedback on the service.

We spoke with four people who used the service and two staff working at the service and the registered manager. After the inspection we contacted and two relatives to obtain their views of the service.

Is the service safe?

Our findings

People and relatives we spoke with told us that they felt safe living at the service. One person said, "I feel safe here." Staff we spoke with told us they had received safeguarding training which had included preventing, recognising and reporting vulnerable adult abuse and/or neglect. It was evident from discussions we had with these staff that they understood what constituted abuse and neglect, and knew how they could raise any concerns that they might have. They understood what their safeguarding reporting responsibilities were and knew who to report to. We saw from records that safeguarding matters were always discussed during team meetings and supervision. There were policies and procedures for safeguarding people which people and staff had quick access to and a flow chart for them to follow for reporting of safeguarding issues. The registered manager and their deputy attended regular safeguarding conferences and forums and cascaded the information to the staff working at the service. People who used the service were kept safe because staff understood what constituted abuse and knew what they must do if they witness or suspect it. The service also had a whistle blowing policy and encouraged staff to raise concerns in the confidence that they would deal with them in an open and professional manner.

Care and support was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw that risks assessments were in place in the care records we sampled. The risks assessed included nutrition, medicines, personal hygiene and going out in the community. Staff were aware of the potential risks people may face and the actions required to manage those risks. Staff we spoke with were able to explain how they cared for people, and how any risks were assessed and managed to protect people's safety. We saw that risks assessments were updated regularly.

The provider ensured equipment was maintained and serviced as appropriate. We saw a regular programme of safety checks was carried out within the home. For example, a gas safety check was being carried out on appliances on a yearly basis and the fire alarms were tested on a weekly basis.

There was a system for recording accidents and incidents. We reviewed a sample of these and found recordings included the nature of the incident or accident, details of what happened and any injuries sustained.

The provider undertook appropriate checks before new staff began work. We looked at two staff files, one of which was a recently recruited staff. The files contained an application form which covered previous experience, qualifications and a criminal record check. This ensured people were not care for by staff who had been barred from working with vulnerable people. Staff had also completed a health declaration to show they were physically and mentally fit for their role and the provider had received two written references.

People told us that they thought that there was enough staff. The registered manager told us they had a flexible approach to planning the staff duty rosters, which ensured there was always enough staff available to support people who used the service. This was reviewed when people had to attend an appointment or wanted to go out in the evenings and at weekends. Staff duty rosters we sampled at random indicated that there was the number of staff as mentioned to us by the registered manager who always worked as an extra member of staff on duty.

People told us they received their medicine on time and that staff helped them. One person said, "I get my medication on time, normally the staff give them to me." There were appropriate arrangements in place in relation to the recording and management of medicines. We checked the medication administration records and found that the medicines had been recorded upon receipt and the records were dated. The deputy manager told us that they conducted daily audits to identify any errors or gaps in administration. We looked at some of the audits and saw that no errors had occurred. Medicines were stored securely in the office using a fixed storage cabinet. The safe storage facilities meant that people using the service could be assured that medicines that had been prescribed for them were handled appropriately. Staff records indicated they had received training in medicine administration. These arrangements helped protect people from the risks associated with medicines mismanagement because the staff had been assessed as competent to administer medicines safely. We saw that people were monitored regularly for effectiveness of treatment or evidence of any potential side effects or adverse reactions. We noted where

Is the service safe?

a person had their medicine changed by their GP this was recorded in their care file. Every person that required medicines had an individual Medication Administration Record chart (MAR chart) which clearly stated the person's name, photograph, date of birth and allergy status.

Is the service effective?

Our findings

People said they were well supported by staff in their daily lives. Staff received appropriate professional development. All staff completed training in a number of key areas to ensure they were competent to do their job. We saw records of training that staff had attended which included that which the provider considered to be mandatory. We noted some gaps on the training records, however the registered manager informed us that training courses had been arranged for staff to attend. We saw confirmation of this. The registered manager sent evidence that staff had attended training in safeguarding within a week of our inspection. The provider had ensured that all staff received relevant training that was focussed on delivering improved outcomes for people using the service. When staff started working in the service they received induction training, which gave them the essential knowledge of the role and training around health and safety issues.

Staff were appropriately supported in their roles by the registered manager and the deputy manager through regular supervision meetings and annual appraisals, in which their work for the previous year was reviewed, their competency and values assessed and objectives set for the coming year. Supervision records we looked at were comprehensive and covered any issues or concerns about the support provided to people, training and development needs. Staff confirmed that they had received supervision from their supervisor. One staff member said, "I receive regular supervision and the last one was last month."

The registered manager demonstrated a clear understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 legislation provides a legal framework that sets out how to act to support people who do not have capacity to make a specific decision. DoLS provide a lawful way to deprive someone of their liberty, provided it is in their own best interests or is necessary to keep them from harm. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. The arrangements to support people to make important decisions were based on legislation and best practice. This helped to ensure people were supported when they needed to consent or decide about care. The registered

manager explained how capacity was assessed when people moved into the service and reviewed regularly. We saw evidence of this in the files we reviewed. Where the staff identified limitations in people's ability to make specific decisions, they worked with them, their relatives and relevant advocates in making decisions for them in their 'best interests' in line with the Mental Capacity Act 2005. The registered manager explained that there were no current DoLS in place but knew how to lawfully apply to restrict a person's liberty by completing the appropriate form and sending to the supervising body for authorisations.

People were supported to be able to eat and drink sufficient amounts to meet their needs and were provided with a choice of suitable and nutritious food and drink. People told us that food was overall good and tasty. A weekly menu was displayed in the dining room for people to see. Each day staff let people know what was the main meal planned and asked people if they would prefer an alternative. One person told us, "The food is good." When we looked at people's records we saw that their dietary intake was monitored. This meant staff could promptly identify if they were any concerns and take the appropriate action to deal with the issue. We saw that people living at the service were weighed regularly and staff told us that they could access specialist health care services if they had any concern about someone weight. The staff were familiar with people's individual dietary needs, such as these in relation to their religious or cultural needs.

Records showed what support people needed to maintain their health. We saw people had access to health professionals, including the optician, dentist, and doctor. There was evidence in people's records which showed they had been referred for assessment and treatment to other health services. For example, records showed that where the registered manager had a concern about a person's health and wellbeing, they took appropriate action to involve other professionals. This meant people were supported to attend health care checks and community health professionals were involved to provide advice and intervention when needed. When people had a medical condition there was clear guidance in place for staff to follow to make sure people's conditions remained as stable as possible.

Is the service caring?

Our findings

Throughout our inspection we saw staff interacting with people in a caring and professional way. People told us the staff were caring and kind. One person said, “The staff are good.” Staff called people by their preferred name and had clearly built rapport with them. We saw people could enjoy spending time in their rooms and the communal areas.

People’s privacy and dignity was respected. Staff described how they maintained people’s privacy and dignity. One staff member told us, “I always knock before going into people’s rooms.” They also gave examples such as supporting people to dress and act appropriately in the community and respecting people’s views on how they should be assisted with their chosen lifestyle.

People’s diversity, values and human rights were respected. For example, people’s spiritual choices and preferences were taken into account when staff were providing care or support.

People were encouraged to maintain their independence and staff understood the principles of supporting people to be as independent as possible. One staff told us, “I always encourage people to do as much for themselves as possible.” One person went out in the community regularly without staff support.

Records showed that people were consulted about the care and support they received and what they wanted to

do. People’s individuality was respected and people were assisted to express their particular preferences, as safely as possible. We also noted people’s preferences and life choices were clearly recorded on their plans. Staff were provided with detailed information to enable them to support people to follow their preferred lifestyles. Staff were knowledgeable about people’s needs. .

We saw evidence that people were able to participate in, and make decisions about, their own care, support or treatment. Each person’s care plans detailed how they communicated and how they should be supported to make decisions. This ensured staff could help people be as involved as possible in decisions about their own support. One relative said, “The staff always contact me if I need to be involved in any decision on behalf on my relative.”

People were helped to maintain relationships with people who were important to them. Relatives and friends were welcomed to the service and there were no restrictions on times they could visit. Support was provided for people to visit their family if relatives were unable to visit them. One relative told us, “I am always made welcome when I visit the home.”

Staff told us that they worked well as a team and cared about providing a good quality service to people. One staff member said, “We work as a team and I get on fine with my colleagues.”

Is the service responsive?

Our findings

People spoke positively about the staff and the way they were cared for. Staff assessed people's needs when they first moved into the service and developed care plans to meet those needs. Records showed these were reassessed monthly to ensure that staff continued to meet people's needs and take account of any changes. Each section of the plan covered a different aspect of the person's life, for example personal care, mobility and mental health needs. The care plans were personalised to the person using the service and information was readily available on how the person preferred to be supported. Each care plan contained a profile which included personalised information on the person and what was important to them. Staff were kept aware of any changes in people's needs on a daily basis. This was supported by systems of daily records and during handovers between staff shifts. Each person had a keyworker who took responsibility for overseeing their care and developing a special relationship with them. Another staff member was allocated to take the role in the absence of the key worker.

People were involved in planning their own care where possible and could tell staff if they wanted anything on their plan changed. People's views were noted on their care plans. Care plans were reviewed formally every year and people were invited to attend along with family members or friends if they wished. There were records of when people's reviews had been held and saw evidence of people's needs assessment being updated on a regular basis or as and when their needs changed. This indicated staff were responsive to changes in people's needs.

People had opportunities for activities and social engagements every day. Staff recognised the importance of meaningful activities. People were supported to attend social clubs and other community activities in the evenings. The registered manager ensured that there were enough staff to accompany people to attend activities in the evenings. Each person had their own activity plan which took account of their ability, preferences and interests. Staff made sure that they took every opportunity to involve those people in external activities when they could. People could make decisions about to try new activities. We saw that the registered manager had organised for people to visit Hampton Court Palace in May 2015.

People told us they were aware of how to make a complaint and were confident they could express any concerns. One person said, "I will talk to the manager if I am not happy." People were supported by staff, family or friends to make complaints if they needed to. The way people could make a complaint was displayed on a pictorial poster in the lounge of the service. The complaints procedure was produced in an easy read version. The policy included acknowledging and investigating complaints and producing a response to the complainant. The procedure mentioned what action a person could take if they were not satisfied with how the service had handled their complaint. This ensured that people had access to all the information about their rights to make a complaint about the service. The service kept a complaints log and recorded the complaint, action taken and outcome of the complaint. The service had not received any formal complaints since the last inspection. The registered manager encouraged people to discuss their concerns or worries with them.

Is the service well-led?

Our findings

People and their relatives spoke positively of the registered manager and staff and the way the service was run. One person said, “I like it here.” Another person said, “The manager is good.” The registered manager operated a culture of openness. Staff spoke positively about the leadership and management style of the registered manager. They said the registered manager was approachable and supportive. One staff member said, “I can talk to the manager at any time for advice or anything to do with the home.” We saw people were relaxed and comfortable in the presence of the registered manager and deputy manager.

Staff meetings were held regularly. Staff told us these were an opportunity to discuss any issues relating to people using the service as well as general working practices and training requirements. We saw minutes for the previous three staff meetings which confirmed this. Staff told us that they felt valued and were able to contribute in the running of the service. The registered manager also held monthly meetings which were attended by people who lived at the service. Any changes to the service were discussed with people and their comments noted.

Staff were aware of the line of accountability and who to contact in the event of any emergency or concerns. There was a manager on call 24 hours a day.

The provider had a code of values which governed the philosophy of the service. The values included, ‘To provide

the care and support required for each individual to optimise their level of functioning, to continually assess and constantly try to improve the quality of care, support and the facilities we provide’ and ‘We will support and encourage residents with regard to choice, dignity, respect, privacy, independence, rights and individuality’. Staff we spoke with were aware of those values.

The registered manager had a variety of methods of assessing and monitoring systems to ensure the quality of care they offered was maintained and improved. The provider organisation's operations manager visited the service every month and wrote a report. Any recommendations made were actioned. People who used the service, their friends and family, staff and other professionals were sent questionnaires every year. We looked at a sample of returned surveys and saw that overall the comments were complimentary. At the time of this inspection the registered manager was still waiting for some of the most recent surveys to be returned. They were due to analyse all the surveys and prepare a report for the provider and also act on any improvements needed. One relative told us they had received the survey which they had completed and returned to the service. Another relative told us, “I am very happy with the service and my relative is very happy there.”

Records related to people's care and aspects of the running of the service such as audit records and health and safety maintenance records were accurate and up-to-date. Records were kept securely in the office when not in use.