

Oval Care Homes Ltd

Manor Lodge

Inspection report

55 Manor Road
Dagenham
RM10 8AX

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Requires Improvement ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Manor Lodge is a residential care home providing the regulated activities of accommodation for persons who require nursing or personal care and treatment of disease, disorder or injury to up to four people. The service provides support to older people. At the time of our inspection there were four people using the service, although one person was in hospital. The premises is an ordinary home in a residential area.

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

Medicines were not always managed in a safe way. Risk assessments did not always include sufficient information about how to mitigate the risks people faced. Quality assurance and monitoring systems were not always effective.

There were enough staff working at the service and robust staff recruitment practices were in place. Systems had been established to help safeguard people from the risk of abuse. Measures had been taken to promote infection prevention and control.

Initial assessments were carried out of people's needs before they started using the service to see if the provider could meet them. Staff received training and supervision to support them in their role. People were able to make choices about what they ate and drank. People were supported to access health care professionals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us that staff were kind and caring and treated people well. People were supported to have control and choice over their daily lives. People's privacy was respected, and staff understood how to support people in a way that promoted privacy, dignity and independence.

Care plans were in place, which set out how to meet the individual needs of people. People were involved in developing these plans, which meant they were able to reflect people's needs and preferences. People's communication needs were met. People told us they had confidence that any complaints raised would be addressed. People were able to maintain relationships with family and friends, and to have access to community facilities.

There was an open and positive culture at the service, which meant people and staff could express their views. The provider worked with other agencies to develop best practice and share knowledge.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 9 April 2019 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We have identified breaches in relation to the way medicines were managed, risk assessments and quality assurance practices at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Manor 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Manor Lodge is a 'care home'. People in care homes receive accommodation and nursing and personal care as a single package under one contractual agreement dependent on their registration with us. Manor Lodge is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection, we reviewed information we already held about this service. We sought feedback from the local authority who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

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 care coordinator, a support worker and the registered manager. The registered manager was also the provider of the service. We reviewed a range of records. This included two people's care records and three people's medicines records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated Requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Robust risk assessments were not in place to ensure people received safe care at all times.
- Risk assessments were in place for people which set out the individual risks people faced. These covered risks including those related to falls, medicine and managing finances.
- However, risk assessments did not always contain sufficient information about how to mitigate the risks. For example, the risk assessment for one person stated that on occasions they tried to attack and bite staff. To mitigate this, the assessment stated, "Staff to be aware of triggers and how to respond." Yet there was no information given about what the triggers were, and the only guidance on how to respond stated that when this happened, the person should be given 'time to calm down' and that there should always be two staff to assist 'when (person) become agitated'.
- Another person had type 2 diabetes. The risk assessment for this set out the safe range for blood sugar levels but did not provide information about how to mitigate risks related to diabetes. After the inspection, the provider sent us a revised risk assessment. However, this was not adequate, as it did not set out what action to take if blood sugar levels were too high or too low.
- The provider had not taken steps to ensure that the premises were safe. For example, a fire risk assessment was carried out on 11 April 2022. This found that portable appliance testing (PAT) had not been carried out and set a timescale of one month for this to be done. This had not been completed by the time of our inspection. We discussed this with the provider, they made arrangements for PAT testing to be done in the week following our inspection.

The provider had failed to robustly assess the risks relating to the health, safety and welfare of people using the service and had failed to ensure that the premises were safe. Although we found no evidence that people had been harmed, they were put at risk by this. This was a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Medicines were not always managed in a safe way. Medicines were stored in a lockable and designated medicines cabinet. However, when we checked it during the inspection, we found it had been left unlocked. This meant people could potentially access medicines in a way that was not safe. The provider told us, "Normally we will lock it every time, but this time I didn't lock it."
- The provider recorded when medicines were obtained and when they were administered. They told us in this way they were able to tell how many of each medicine were in stock. They said they did not check medicines stock balances at all. We found discrepancies in the amounts of medicines in stock and the recorded amounts for two medicines. As the provider had not carried out balance checks, they had not

identified these discrepancies themselves. The provider told us, "We are not doing the stock records, we fall short in that aspect." This meant it was not always possible to tell if medicines had been administered as prescribed.

- Some people were prescribed medicines on a PRN (as required) basis. The provider had a 'Medication Management' policy and procedure. This stated, "When P.R.N. medication is prescribed, it is essential that clear instructions are received from the GP or authorised person describing the circumstances in which P.R.N medication should be given (i.e. signs, symptoms, behaviours), the amount to be given, and how often the dose may be repeated." The same policy then states, "Staff must only administer the (PRN) medication in line with the GP Authorised Persons instructions that must be clearly recorded in the relevant section of the Medication Administration Record." However, we found no PRN guidelines in place for any of the three PRN medicines that were prescribed at the time of inspection. This meant there was a risk they might be incorrectly administered.

The provider had failed to ensure that medicines were managed in a safe way. Although we found no evidence that people had been harmed, they were put at risk by this. This was a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to help safeguard people from the risk of abuse. The provider had a safeguarding policy in place which made clear their responsibility to report allegations of abuse to the local authority and the Care Quality Commission. The provider told us there had not been any allegations of abuse since the service became operational.
- Staff had undertaken training about safeguarding adults and understood their responsibility to report any allegations of abuse. One member of staff told us, "I would write a report straight away and contact the manager (if they suspected abuse)."
- People told us they felt safe using the service. One person said, "I feel safe."

Staffing and recruitment

- There were enough staff working at the service to keep people safe. Staff told us they had enough time to carry out their duties. We observed staff were able to respond to people in a prompt and timely manner. One member of staff said, "Yeah, of course (there are enough staff). This place is never that busy."
- People we spoke with told us there were enough staff and that they did not have to wait long when they required support from staff. One person told us, "I like it here, it's not big like other care homes. The staff can attend to us here more than in a big one." They added, "Oh yeah, staff come quickly when I call."
- The provider had taken steps to ensure only suitable staff were employed. Various checks were carried out on prospective staff, including obtaining employment references, proof of identification and a criminal record check.
- Confidential staff records, that included details of bank accounts, criminal record checks and other personal details were stored in a lockable filing cabinet located in the sitting room of the home. However, we found this was left unlocked on the day of inspection, which meant any staff or person using the service was able to access confidential records. We discussed this with the provider who gave us assurances they would ensure the cabinet was kept locked in the future.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider's approach to visiting aligned to government guidance that was in place at the time of inspection.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong. Accidents and incidents were recorded and investigated. Measures were put in place to reduce the likelihood of similar accidents and incidents re-occurring.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- People's needs and choices were assessed before they moved into the service. This was to determine what their needs were and if the service was able to meet those needs. People were involved in the assessment process, which meant assessments reflected their preferences.
- Assessments were in line with the law and covered needs related to personal care, medicines, and equality and diversity characteristics.

Staff support: induction, training, skills and experience

- Staff undertook training to provide them with knowledge and skills to help them in their role. Staff training included food hygiene, dignity in care, first aid, fire safety and diabetes care. New staff had an induction which included shadowing experienced members of staff.
- Staff had regular one to one supervision meetings with a senior member of staff. This gave both parties the opportunity to discuss issues of relevance to them, including training, teamwork and issues related to people who used the service.

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

- People were supported to eat and drink enough to maintain a balanced diet. People were able to choose what they ate. We saw that menus had different meals recorded for the different people, so they were able to make individual choices.
- Food reflected peoples' culture and ethnic backgrounds. People told us they liked the food. One person said, "The food is good here, nice food." Another person said, "They (staff) ask us what we want to eat."

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

- The service worked with other agencies to provide effective care and to support people to access healthcare services.
- People were supported to access various healthcare professionals. This included occupational therapists, speech and language therapists and GPs. The service arranged health checks for people such as breast screening to be proactive in promoting people's health.
- People told us they had access to healthcare professionals. One person said, "The specialist came about two months ago and checked our eyes." They also said, "If I am feeling unwell I tell (registered manager) and the doctor comes."
- People's oral health care needs were met. This was covered in care plans and people had access to dental care.

Adapting service, design, decoration to meet people's needs

- The home was an ordinary bungalow in an area surrounded by other domestic dwellings. The premises were well maintained and decorated to a good standard. As all rooms were on the ground floor, this helped to make the whole home accessible to people who used the service.
- People had their own bedrooms, which they were able to decorate to their personal tastes. People told us they were happy with the way their rooms were decorated. One person said, "I am happy with the room the way it is."

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Where people had the capacity to do so, they were able to make choices and decisions for themselves. Where people lacked capacity, mental capacity assessments and best interests decisions had been carried out, for example, in relation to taking medicines.
- At the time of inspection, no one using the service was subject to a DoLS authorisation. However, the provider told us they had made a DoLS application for one person and were awaiting the outcome of this application. They were aware of their legal responsibility to notify CQC if the application was approved.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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 were treated well and the provider respected equality and diversity. Staff spoke in a dignified and respectful way when discussing people who used the service and we observed positive interactions between staff and people.
- Care plans covered needs related to equality and diversity, including sexuality, ethnicity and religion. People's needs were met in these areas. For example, people were supported to attend various places of worship and food at the service reflected people's culture.
- People told us they were treated well by staff. One person told us, "Staff are friendly and polite." Another person said, "They are good staff, they are nice people. They make me laugh."

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

- People were supported to express their views and be involved in decision making about their care. People told us they were able to make choices about their daily lives. One person told us, "I select my clothes and tell them (staff), this is what I want to wear."
- Staff understood the importance of supporting people to make choices, and told us how they did this, for example, in relation to what people ate or the clothes they wore.
- People were involved in developing their care plans. Plans included information about people's likes and preferences. This meant they reflected what was important to the person and enabled them to be involved in making decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and dignity and their independence was promoted. We observed staff interacting with people in a friendly and respectful manner. People were seen to be relaxed with staff and enjoying their company.
- Staff were knowledgeable about how to support people in a way that promoted their privacy, dignity and independence. A member of staff said, "When I give (person) a wash, I make sure the doors are closed. I ask (person) for permission." The same staff member added, "They are quite independent, they can do a lot for themselves." Another staff member told us, "You try to see what (people) can do for themselves. You support and encourage them to do those things."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- Care plans were in place for people. These were person-centred, based around the needs of the individual. People were involved in developing plans. One person said, "They (staff) write the care plan and give it to me to read to see if it is what I want."
- Plans covered needs including personal care, physical and mental health, relationships and equality and diversity. Care plans were subject to regular reviews. This meant they were able to reflect people's needs as they changed over time.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was able to meet people's communication needs and information was provided to people in an accessible format. Most people were able to communicate their needs verbally and could read English.
- One person understood what was said to them, but had only limited verbal capacity to express themselves. Their communication needs were covered in their care plans and staff had a good understanding of how the person communicated. For example, through gestures, body language and verbalisations.

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 were supported to maintain and develop relationships. At the time of our inspection, there were no restrictions on visitors to the service. People told us they were able to see visitors at the service as they wished. One person told us, "I have family. They do come to visit."
- People were supported to access and participate in the local community and its facilities. For example, people were supported to go to shops, cafes, pubs and places of worship. One person told us, "They staff take me to (place of worship) anytime I want to go." The same person said, "They take me in my wheelchair to a nearby park." People were also supported to take part in activities within the home, such as playing cards and doing puzzles.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. 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 provider.
- The provider told us they had not received any complaints since the service became operational, and we found no evidence to contradict this. People told us they knew who they could complain to if required, but that they had not needed to. One person said, "Yes, I could talk to (provider) if anything was wrong."

End of life care and support

- The provider told us no one was at the end of life stage of care at the time of inspection. However, care plans covered this need, and Do Not Attempt Resuscitation forms were in place for people where appropriate.

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.

This is the first inspection for this newly registered service. This key question has been rated Requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- Quality assurance and monitoring systems were in place. However, these were not always effective, and had failed to identify issues we found during our inspection.
- For example, risk assessments were subject to review, however, these reviews had failed to identify the shortfalls we found in relation to risk assessments. Medicines were audited, but these audits did not identify the absence of PRN guidance or that medicine balance checks were not carried out. A fire risk assessment had identified that PAT testing was required, but despite this, the testing had not been done.

The provider had failed to implement effective quality assurance and monitoring systems. Although we found no evidence that people had been harmed, they were put at risk or receiving unsafe care by this. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider promoted a positive, open and inclusive culture to achieve good outcomes for people. Staff spoke positively about the provider and the working environment.
- One member of staff told us, "I really like working here, all the staff are very supportive." The same member of staff said of the provider, "They are really supportive, really helpful. They help me a lot." Another member of staff told us, "It's a good place to work. I have learnt a lot from (provider)." People were positive about the provider. One person said, "The landlord (provider) is a nice person."
- There was a person-centred approach to care which helped to achieve good outcomes for people. For example, care plans were person-centred, developed with the input of people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware of their legal responsibilities and had systems in place to address when something went wrong. For example, accidents and incidents were reviewed to see how the risk could be reduced of similar incidents re-occurring. There was also a complaints procedure in place setting out how to respond to concerns raised.

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

- There was a registered manager in place who was supported in the running of the service by a care

coordinator. Staff were clear about their roles and lines of accountability. They were provided with a copy of their job description to help provide them with clarity about their role.

- The provider was aware of regulatory requirements. For example, they had employer's liability insurance cover in place. The provider was knowledgeable about their responsibility to notify the Care Quality Commission of significant events.

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

- The provider engaged with relevant people to seek their views. For example, surveys were carried out with people. We saw positive feedback from the most recent survey. For example, one person had written, "I am extremely happy about the care I get." Another person wrote, "Staff are very approachable and listen." Staff meetings were held, which gave staff the opportunity to express their views about the service.
- People's and staff's equality characteristics were considered. There were policies in place to guide staff on this and equality and diversity was covered in people's care plans. Staff recruitment was carried out in line with good practice in relation to equality and diversity.
- People told us they were happy living at the service. One person said, "At the moment it is all right here. I am happy where I am."

Working in partnership with others

- The provider worked with other agencies to develop best practice and share knowledge. For example, they worked with Skills for Care who provided training and guidance on care sector topics. The provider attended a provider forum run by the local authority.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The registered person had failed to effectively assess the risks to the health and safety of service users receiving care or treatment and had failed to implement effective systems for the proper and safe management of medicines. 12 (1) (2) (a) (g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The registered person had failed to implement effective systems to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. 17 (1) (2) (a)