

First Care Lodge Limited Nelson Street

Inspection report

49 Nelson Street
East Ham
London
E6 2QA
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Ratings

Overall rating for this service

Good



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?

Good



Overall summary

This inspection took place on 26 November 2015 and was announced. The service was last inspected in June 2014 and was found to be meeting all the standards that we looked at during that inspection.

The service was registered to provide accommodation and support with personal care for a maximum of three adults with mental health issues. Two people were using the service at the time of our inspection. 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.

The service did not always keep accurate records in relation to people's medicines.

Medicines were stored securely and staff had undertaken training about the safe administration of medicines. There were enough staff at the service to meet people's needs. Staff had a good understanding of their responsibility with regard to safeguarding adults. Risk

Summary of findings

assessments were in place which included information about how to support people in a way that minimised risks. Checks were carried out on prospective staff before they were able to begin working at the service.

Staff received appropriate support and supervision from the service. People were able to make choices about their daily lives including what they ate and drank. The service supported people to access health care professionals as appropriate.

People told us that staff were polite and respectful towards them. We found the service promoted people's independence and privacy.

Care plans were in place which set out how to meet people's individual needs in a personalised manner. People said they were happy with their care plans and the goals and objectives within them. The service supported people to access a variety of social and leisure activities. The provider had a complaints procedure in place and people told us they knew how to make a complaint if required.

The service had a clear management structure in place. People that used the service and staff told us they found senior staff to be supportive and approachable. Various quality assurance and monitoring systems were in place, some of which included seeking the views of people that used the service.

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 not always safe. Medicine administration record charts were not always maintained accurately. Medicines were stored securely.

The service had procedures in place about safeguarding adults and staff had a good understanding of their responsibility in this area.

Risk assessments were in place which set out how to support people in a safe manner. The service did not use any form of physical restraint when working with people.

There were enough staff working at the service to meet people's needs. Checks were carried out on staff before they began working at the service including criminal records checks and employment references.

Requires improvement



Is the service effective?

The service was effective. Staff were supported by the service through training and supervision.

There were no restrictions placed on people's liberty and people were able to make choices about their daily lives. This included choosing what they ate and drank.

The service supported people to access health care professionals and promoted them to lead healthy lifestyles.

Good



Is the service caring?

The service was caring. People told us that staff interacted with them in a caring and respectful manner.

Staff had a good understanding of how to promote people's privacy and independence.

Good



Is the service responsive?

The service was responsive. Care plans were in place which set out how to meet people's individual needs. These were regularly reviewed so that they reflected people's needs as they changed over time.

The service supported people to access a variety of community based social and leisure activities.

The provider had a complaints procedure in place and people told us they knew how to make a complaint if required.

Good



Is the service well-led?

The service was well-led. There was a registered manager in place and clear management structure.

Good



Summary of findings

People that used the service and staff told us they found senior staff to be supportive and approachable.

Various quality assurance and monitoring systems were in place, some of which included seeking the views of people that used the service.

Nelson Street

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 26 November 2015 and was announced. The provider was given 48 hours' notice because the location was a small care home for younger adults who are often out during the day and we needed to be sure that someone would be in.

The inspection team consisted of two inspectors. Before the inspection we reviewed the information we already

held about this service. This included details of its registration, previous inspection reports and notifications the provider had sent us. We contacted the local authority with responsibility for commissioning care from the service to gain their views.

During the inspection we spoke with both people that used the service. We spoke with three staff members, this included the registered manager, the deputy manager and a support worker. We looked at the care plans for both people using the service and the associated risk assessments. We examined medicines records and audits. We looked at the staff recruitment, training and supervision records for four staff. We saw minutes of various meetings including residents meetings, staff meetings and Care Programme Approach meetings. We observed how staff interacted with people that used the service.

Is the service safe?

Our findings

We found two issues of concern with the recording of medicines. The service used two different pro-formas for medicine administration record (MAR) charts. One was supplied by the pharmacist that supplied the medicines to the service and the other was devised by staff working at the service. We saw on the MAR chart designed by the service where people did not have any allergies this was clearly noted. However, on the MAR charts supplied by the pharmacist the space to record details of allergies had been left blank.

Both sets of MAR charts had a key code so that staff were able to make an entry on MAR charts when the medicine had not been administered and the key code gave an explanation of the reason why. However, we noted that on 18 occasions on a MAR chart devised by the service staff had used codes that were on the MAR charts supplied by the pharmacist and they did not match the codes on that document. This meant it was not possible to identify the reasons why the medicine had not been administered. **We recommend that** the provider uses only one set of MAR charts to reduce the risks of errors occurring and to promote consistency with medicines.

Staff told us and records confirmed that they had undertaken training on the safe administration of medicines. This was provided by the pharmacist that supplied medicines to the service. Staff were aware of what action they needed to take in the event that they made an error with the administration of a medicine and were aware of people's rights to refuse to take their medicine. One staff member said, "If people refuse medicines that is their right but I would report it to the manager and the Community Mental Health Team." We found that medicines were stored securely in a locked and designated medicines cabinet. This was located in the office which was kept locked when no staff were using it.

One person told us they were working towards managing their medicines independently and that the service was helping them to achieve this goal. Staff confirmed this was the case and we saw a plan was in place and being implemented to help develop the person's independence with their medicines.

People said they felt safe living at the service. People told us there were enough staff working at the service to meet their needs. One person said there were 'definitely enough' staff. They added, "There are always staff here, night and day."

The provider had a safeguarding adults procedure in place which made clear their responsibility for reporting any safeguarding allegations to the host local authority and the Care Quality Commission. The registered manager told us there had not been any safeguarding allegations since our previous inspection. The provider also had a whistle blowing procedure in place which made clear staff had the right to whistle blow to outside agencies as appropriate.

Staff said they had undertaken training about safeguarding adults and they demonstrated a good understanding of the issues. Records showed that all but one of the staff had undertaken training about safeguarding adults. We discussed this with the registered manager who made arrangements for that staff member to take training within a week of our inspection. The registered manager sent us evidence to confirm the training had taken place.

Staff knew the different types of abuse and were aware of their responsibility to report any allegations of abuse to a senior member of staff. Staff also were aware of issues related to whistleblowing. One staff member said, "I have the right to report anything because it is the correct thing to do."

Both people that used the service had their own bank accounts and told us staff were not involved in managing their money. One person said, "I manage my money myself, I keep it." This reduced the risk of financial abuse occurring.

Risk assessments were in place for people. These identified the risks people faced and included information about how to mitigate and reduce the risks. For example, one person was at risk from substance and alcohol misuse and the risk assessment included information about what support was required around this including attending alcohol misuse support groups. Another risk assessment set out how to support a person with panic attacks which included information about situations that were likely to increase the risk of a panic attack. This meant the service was able to take action to reduce the risk.

Staff told us that none of the people that used the service exhibited any behaviour that challenged the service and that no form of physical restraint was used with people.

Is the service safe?

Staff told us they believed there were enough staff on duty to meet people's needs and that they had enough time to carry out all their required tasks. We saw that staff were available during the course of our inspection to provide support to people as required.

The service had robust staff recruitment procedures in place. Staff told us and records confirmed that various checks were carried out on prospective staff before they

began working at the service. These included checking proof of identification, obtaining references from previous employers and carrying out criminal records checks. One staff member told us they were not allowed to start work until their criminal records check had been carried out. This meant the service had taken steps to help ensure suitable staff worked at the service.

Is the service effective?

Our findings

People told us staff were supportive and helped them to meet their needs. One person said, "The staff are really good. They help with lots of different things, they are very approachable."

All staff had completed an induction training programme when they started in their role which we saw when looking at staff files. Examples of training included infection control, Mental Capacity Act 2005 and challenging behaviour. Learning and development included face to face training sessions, eLearning and on the job coaching. Staff told us they were happy with the training they received and one member of staff told us that they had requested additional training and this was evident in their supervision notes. The registered manager explained that they would be following up on the request by arranging for the staff member to have the training they had requested.

Records showed that a recently recruited member of staff had not completed safeguarding training. The registered manager told us they would arrange for this training within a week and they sent us confirmation that it took place after our inspection. In addition, the same member of staff had not completed the Care Certificate, despite not having worked in a care setting in the UK before. The registered manager provided email communication with the host local authority about enrolling staff to the Care Certificate and explained that he would be doing so for this member of staff. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It is designed for staff who are new to working in social care.

Staff met with their relevant line manager for supervision every two months. Staff told us this and records confirmed that they had supervision with their line manager every two months. Staff explained that supervision was useful and that staff and management "talk every day and communicate."

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).

Staff had a good understanding of the Mental Capacity Act 2005 and were able to explain how they supported people to make choices for themselves. Staff told us that they did not use restraint and one member of staff told us that if for example a person refused to take their medication when prompted, they would, "Monitor and document it and report it to the Mental Health Team and keep everyone informed and involved. I would never force X. I would advise X." People were able to make decisions for themselves and we saw that they were able to leave the property and return freely without restriction. People told us they chose when they went to bed and when they woke up and that they felt unrestricted. No one at the service was subject to a DoLS authorisation.

People were happy with their rooms and had choice about how they were decorated. People were given the opportunity to choose the décor in their rooms, one person explained that they chose their carpet and explained that double glazing would be fitted next year, which was confirmed by the registered manager. People told us that they had keys to the front door which promoted independence. We saw one person used their key to exit and enter the service.

People were given choice about their care and their preferences were adhered to. For example, one person explained that they liked to go to bed early and also wake up early and that their choice to do so was respected. It was evident from speaking to the two people using the service that no decisions were made on behalf of them.

People were supported to have sufficient amounts of food and drink and were encouraged to maintain a balanced diet. One person explained that they were supported by staff to go food shopping and stated that they had choice about what they would like to eat and they made these decisions without restriction. On the day of inspection we observed this person and a staff member went shopping and saw them when they returned with food items that the person had been able to choose themselves.

Is the service effective?

People were supported to maintain good health and had access to healthcare services. One person gave an example of needing to go to the hospital stating, "I didn't want to go to the hospital but thanks to [staff] prompting I had an operation just in time." Records showed that one person

received the support of a nutritionist and they were supported by staff to attend these appointments as well as appointments to the GP and Mental Health Services for routine monthly blood tests.

The service supported people to try to live healthy lifestyles. For example, one person was supported to attend the gym and go for daily walks.

Is the service caring?

Our findings

People told us that they were treated in a dignified and respectful manner by staff and that staff supported them to develop their independence. One person said, “Staff have taught me to do some things (cooking and other domestic housework).” They also said, “I buy them (clothes and toiletries) myself” which showed people had independence. The same person told us that staff were, “Very, very polite and friendly.”

People were able to maintain contact with family and friends. One person told us they were going to visit a friend on the day of our visit and also said, “I’ve got a mobile (phone)” which meant they were able to make and receive calls in privacy at any time they chose. Another person visited a family member on the day of our inspection and told us, “I go there every day. I go home for the weekend, I go independently.”

People also told us they had keys to their bedroom, which again gave them a degree of privacy. Two people showed us their bedrooms and we saw these contained their personal possessions such as televisions. Both people said they were happy with their bedrooms and the way they were decorated. One person told us they had chosen the carpet in their bedroom. They said, “They (staff) asked me what carpet I would like.” We saw that bathrooms were fitted with locks that contained an emergency override device. This meant people’s privacy was respected in a way that promoted their safety

The registered person told us how the service met people’s needs around equality and diversity issues. People were supported to cook food that reflected their ethnic origin and the television had channels from people’s country of origin. One person attended a ‘Men’s Group’ which was a support network to help people with mental health issues. One person told us they visited a place of worship every week. People had collections of music and DVD’s that reflected their personal preferences and choice.

Care plans contained information about people’s life history. This helped staff to get an understanding of the person and to build up relations with them. We saw staff interacted with people in a polite and friendly manner during the course of our inspection and people were relaxed and at ease in the company of staff. Staff were responsive to people’s needs and flexible in the support provided. For example, one person had planned to go shopping with staff but changed their plans to go later than originally planned and the staff member happily went along with the wishes of the person. Staff were able to explain how they supported people to develop their independence and to support their privacy. They said at times people wanted to be left alone and this was respected. People told us that staff did not enter their bedrooms without their permission.

Is the service responsive?

Our findings

People told us they were happy living at the service and that they were satisfied with the quality of care and support provided. One person said, "I am very happy here. I am very happy and content at the moment." Another person said there were, "No problems" for them using the service and "I am happy here."

People told us they were involved in planning and receiving the care they received. One person said, "We have one to one meetings, staff ask us what we want and how we are feeling. That's about once a month." People said staff supported them appropriately. For example, one person said, "(Deputy manager) helps me. He helped me sort out my benefits." They also said the staff supported them with issues related to their mental health.

People said that they were able to decide how they spent their time themselves but that the service also arranged activities for them in line with their wishes. One person said, "Sometimes we have a meeting with me and (the other person that used the service) and they ask us what activities we want to do and things like that." The same person said, "We've been to the cinema and we went ten pin bowling. We went for a weekend in Hastings. Sometimes we go for a game of snooker." One person told us they had a part time job on a voluntary basis working at a restaurant that was helping them to develop their independence.

The registered manager explained the care planning process to us. They said after receiving an initial referral they met with the person to carry out an assessment of their needs. This assessment included discussions with the person and looking at existing records from health and social care agencies. The purpose of the assessment was to find out the person's support needs and if the service was able to meet those needs. Care plans were then developed based upon the initial assessment and on-going discussion with and observation of the person. The registered manager told us and records confirmed that care plans were reviewed every three months or more often if there was a change in a person's needs. This meant care plans were able to reflect a person's support needs as they changed over time.

Care plans we looked at contained information about how to support people in a personalised manner. Plans provided information about how to support people to achieve their goals and objectives and how to help them with mental health issues. Daily records were in place which were linked to the care plans so that the service was able to monitor progress made against each goal in the care plan. Care plans were signed by people which indicated their involvement with them and that they consented to the care and support as outlined in the plans.

People said they had regular one to one meetings with their keyworker. Records showed these gave people the opportunity to discuss issues of importance to them and to review progress made with care plan goals. For example, the most recent one to one meeting for one person, held in November 2015, included a discussion about the person's mental and physical health, what their goals were, if they were happy with the accommodation and if they had any concerns.

Staff told us they read people's care plans and demonstrated a good understanding of the individual needs of people. For example, one staff member was able to tell us how they supported a person to manage panic attacks in line with the information provided in the care plan.

Staff told us they had a staff handover at the beginning/end of every shift and that there was a diary used to record any information that needed to be passed from one shift to another. This meant staff were aware of any on-going issues or changes in need and were able to be responsive to the needs of people that used the service.

People told us they knew how to make a complaint if necessary. One person said, "I would talk to (registered manager) if any problems. He encourages us to talk to him."

The provider had a complaints procedure in place. This included timescales for responding to any complaints received. However, it did not contain the correct details of whom people could contact if they were not satisfied with a response from the provider to a complaint. We discussed this with the registered manager who said they would amend the procedure accordingly. The registered manager told us there had not been any complaints received since the last inspection.

Is the service well-led?

Our findings

People told us they felt well supported by senior staff. One person said, “The manager really looks after us.” Another person said of the deputy manager, “He is a good man, he is helping me.”

The service had a registered manager in place who was supported in the running of the service by a deputy manager. Staff told us they found senior staff to be helpful and supportive. One staff member said, “I find them (senior staff) fairly open. They are approachable and easy to reach.”

The service had an out of hour’s on-call system which meant senior staff were always available if required. Staff we spoke with told us they had never had to call the on-call system but they were aware of where to find the phone number in the event they did need to call it.

The service held regular staff team meetings. Staff told us they found these helpful. One staff member said, “We all have different issues that we raise, they are pretty good (meetings).” We saw that the registered manager used staff meetings to address issues of performance and to drive improvements within the service. For example, at the staff meeting held on 8 October 2015 the registered manager stressed the importance of writing daily records in a manner that reflected the goals and objectives in people’s care plans.

The registered manager told us the service held ‘residents meetings’ every two months, but that people were able to discuss things at any time. Records confirmed ‘residents meetings’ took place. The most recent included discussions about preparations for Christmas, activities and maintenance and cleaning issues at the service.

The registered manager told us the service issued an annual survey to people that used the service, staff and other stakeholders such as health and social care professionals. The survey consisted of a questionnaire designed to enable relevant people to express their views about what the service was doing well and any areas where it could be improved upon. For example, the questionnaire for people that used the service asked if they felt their rights were in any way neglected and if they were able to make decisions for themselves.

The most recent survey was issued in December 2014. We saw the results from the surveys were positive. One care professional wrote, “Information always available” and another care professional stated, “[The provider] is very dedicated and committed to the wellbeing of their service users. Very homely, good support provided.” Monitoring visits from the host local authority were carried out, the most recent was on the 4 November 2015. We saw the report of this visit which contained positive feedback about the service.

The service carried out various safety checks and audits of these. For example, hot water temperature and fridge and freezer temperatures were checked daily and recorded to ensure they were at safe levels. These records were then audited by senior staff to make sure they were kept up to date. People’s care files were also audited to make sure they contained accurate and up to date information, such as details of the most recent CPA meeting and correct contact details for relevant persons such as GP’s.