

Vibrance

Rook Lodge

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We completed an unannounced inspection of Rook Lodge on 6 and 7 June 2018. We last inspected this service on 9 June 2016 and rated the service Good. However, the service did not ensure people were always safe. This was due to a lack of window restrictors on the first floor and resulted in a breach of legal regulations. At this inspection we found that the provider had taken action to fit window restrictors on all floors and was now meeting legal requirements. The rating of the service remains Good.

Rook Lodge is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Rook Lodge can accommodate up to ten people in one adapted building. It provides care and support for people with long-term mental health illnesses. At the time of the inspection, there were six people using the service.

The service had a registered manager. 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 told us they felt safe living at the service and that staff treated them with respect and dignity. Staff understood the risks from abuse people faced and safeguarded against them. The service had completed personalised risk assessments for people, with informed risk management plans on how best to work with any risks identified. Accidents and incidents were recorded and responded to. We saw evidence of recruitment processes that met required Health and Social care standards. We saw that medicines were stored correctly and administered safely. There were adequate number of staff working at the service.

People received person-centred care from the service. Their care plans were detailed and personalised ensuring that each person had an appropriate care package to support them. Independence was promoted as people were encouraged to live socially enriched lives. Staff had received training in a variety of appropriate topics, including the Mental Capacity Act and how to administer medicines safely, and we noted the service had planned specialised and specific training in the future. Staff receive regular supervision and appraisals.

Staff treated people with kindness and compassion. We asked people and staff about the management of the service and all provided positive feedback, highlighting a 'homely' atmosphere to the service.

People could make choices about how they wanted to live their lives, deciding what food and drink they wanted, how to spend their time and what activities they wanted to pursue. We noted people could raise concerns or complaints about their care to the service and that the service welcomed this feedback. People were supported to access health care when they needed it.

There was a positive ethos at the service. Staff enjoyed their roles and were well supported by the registered manager and provider. There were quality assurance processes in place to monitor the standards of care being provided and the service worked closely with external stakeholders to ensure people's needs were being met.

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.

Action had been taken to ensure the environment was safe and risks to people were reduced.

Staff were aware of types of abuse the action they should take if they suspected abuse had taken place.

There were sufficient numbers of staff, who had been robustly recruited.

There were systems in place to administer medicines.

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.

Rook Lodge

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.

The inspection took place on the 6 and 7 June 2018 and was unannounced. Two inspectors conducted the inspection.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. As part of the inspection we looked at information we held about the service. This included any notifications the provider sent to us about significant incidents and events that occurred at the service. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we spoke with three people using the service, two support workers, a deputy manager and the registered manager. We observed people using the service and reviewed three of their care files. We also looked at three staff files and other records such as; the staff rotas, menus, the accident and incident records, the complaints and compliments the service had received, and the provider's policies and procedures.

Is the service safe?

Our findings

When we last inspected the service in July 2016 we found window restrictors missing from first floor windows. Which placed people at potential risk of harm, therefore we found that the service was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that all windows on the first floor had now been fitted with window restrictors. This meant people were protected from the risk of harm or injury because windows were restricted from being opened too widely which made them safer to use, therefore we found that this breach was now being met.

People told us they felt safe at the service. One person said, "I am supported to be independent. I feel very safe here. Definitely caring and well looked after." On a tour of the premises we saw that the building was clean, tidy and free from odour. We also saw evidence of health and safety checks to ensure the building was maintained and safe. These included records of Portable Appliance Testing (PAT), fire alarm testing, water temp checks, fridge and freezer checks and valid and in date gas and electrical installation inspection reports. During our inspection we saw evidence of decoration works being carried out which reflected what we had been told in the Provider Information Return. We also saw the communal kitchen and we checked food items in the fridge. They were labelled with dates they were opened to ensure staff knew when food was likely to go out of date.

We saw that the flooring in parts of the building were in-need of repair. We were told by the provider that the flooring had been poorly laid relatively recently and the company that had completed the works had gone into administration. The provider was able to show us evidence that they were getting the flooring re-laid.

There was a system in place to record accidents and incidents within the service. We saw records of actions that had taken place following incidents. We were also shown evidence, of meeting minutes and email correspondence, of how any learning from these incidents and accidents are shared operationally both at a local and provider level.

We spoke with staff who told us they had received safeguarding training and were able to tell us who to speak to if they were concerned about people at risk of abuse. One staff member said, "If I saw a vulnerable person being threatened or hurt I would report it to management and they would investigate." Staff received regular training on safeguarding and we saw signing sheets to indicate that all staff read the provider's safeguarding vulnerable people policy. We also saw posters on the office wall highlighting what to do if staff or people suspected or witnessed abuse. We saw evidence of how safeguarding processes had been followed. We noted that the service had worked with the local authority and health services to ensure the safety of individuals using the service.

Staff file records demonstrated that the provider had completed the required checks on employee's identification and references to ensure that they posed no risk to people using the service. All staff had provided their identification to the provider for authentication with copies being kept on file. All staff had completed Disclosure Barring Service checks. The Disclosure Barring Service (DBS) is a government body that assists employers in the safeguarding of vulnerable adults and children by running checks on the

backgrounds of employees. One staff member said, "I did my DBS before starting work." This showed that the provider had taken action to ensure the staff were of good character and suitable for their roles.

There were sufficient numbers of staff to meet people's needs. One person said, "There are enough staff here." Staff confirmed that staffing levels were consistent and felt there were enough of them on each shift. Staff rotas and timesheets were reflective of our observations. The provider monitored staffing levels and mapped them against people's needs. We saw rotas demonstrating staff cover being provided when need dictated. The provider could use staff from its other services in the area when the need for cover arose. This showed that the provider met people's needs through the provision and management of staff.

Staff could understand, prevent and manage behaviour that the service found challenging. One staff member told us, "One resident enjoys attention so I help them with this. I talk to her, make her feel valued and listen to what she has to say. It doesn't bother me if she is angry, loud. Just let her be. She will calm down." We saw risk assessments accounted for people's chosen lifestyles and capacity to make unwise decisions. This demonstrates that the service could work in a person-centred way with people presenting with complex needs.

We found suitable medicine procedures in place. One person told us, "They make sure I get my medicine if I need it." Another person said that staff were, "Very supportive with my medicines. I get them on time." Medicines were stored in the staff office on the ground floor in a locked trolley. Service users were administered their medicine by staff who were trained and authorised. A staff member said, "I have received medication training. We sign off after administering. Sometimes two people sign depending on the medication."

Blister packs were used and they were colour coded for the times of the days they were to be administered. MAR (Medicine Administration Records) were complete, accurate and up to date. One person required a depot injection every fortnight and attended an appointment for this outside of the service. The provider's procedures stated that staff were required to record it in the MAR sheet after each appointment but this had not been done. It was only recorded as an entry in a diary and no outcome was recorded. We asked the registered manager about this and they informed us that they would ensure staff are reminded about the procedure.

Medicine audits took place. The deputy manager carried out audits monthly to ensure records were up to date and medicines were being stored correctly. However, the last two months audits had not taken place. The deputy manager said, "I have not managed to do the last two months. I will make sure I get them done from now on." The pharmacy came to do audits during the year and their last audit was on 21 Dec 2017. Minor notes and actions were required from the audit and we saw that actions were followed up and completed.

We saw systems for monitoring cleaning in place. We asked staff about infection control and they could demonstrate an understanding of its principles. One staff member said, "We make sure we wash our hands and prepare food using the right equipment to stop infection, like raw meat." People were protected by the control of infections through staff awareness and through training staff had received. The staff used personal protective equipment (PPE) and robust measures and checks were in place, to ensure national guidance on infection control was followed.

Is the service effective?

Our findings

People's care plans showed that their needs had been assessed with their choices considered by the provider. One person told us "I'm independent, the staff support me when I need it." Care plans were person centred and contained goals that people wanted to achieve in their care and treatment as well as guidelines on how best to work with them. These guidelines were drawn up with input from local health teams and people themselves. We noted that assessments were non-judgemental and considered people's personal preferences. We saw that computers and software were used to enhance the delivery of effective care and support both for staff and people. People were able to fill in surveys online that impacted on how the provider provided services.

People told us that staff had the right skills and knowledge for the role. One person told us staff, "Knew what they were doing." Staff and records confirmed that there was a training programme with dates for completed and planned training, as well as certificates of completion. New staff completed an induction to familiarise themselves with their role, which included covering the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

People's nutritional needs and wishes were being met. One person said, "They cook for us. Sometimes I have to help with the dinner but I get to choose menu." We saw people engaged in choosing their weekly menu and saw that their likes and dislikes were noted in their care plans. We asked people whether their cultural and religious preferences were considered when shopping and we were told that they choose what they want to eat.

People told us that they were supported to live healthier lives. One said, "Staff were good when I had my operation. I had to wake at four and they came." We saw evidence that when people raised concerns about their health, staff provided care and support, and made contact with health services such as the person's GP or their mental health practitioner. We noted that people's health checks and appointments were all recorded and that people were supported to attend these appointments. We saw Hospital Passports included in care plans with details of person's needs and personal details should they be admitted to hospital. We asked people how staff would react if they reported they were unwell and they told us that staff would support them to access healthcare. However, they told us they were sufficiently independent to do so themselves. One person told us, "Staff help but I will call a doctor."

People informed us that staff work well together and provide effective support for them. One person said "It's a demanding job but they are always on call. Clients can be difficult." Staff told us that, "We always have a hand over. We work well as a team and communicate all the time."

People had their own rooms and bed sits and they told us that they could decorate and adapt their rooms as they saw fit. One person told us, "I'm allowed to pick the colours but I don't need to have it decorated." We saw that communal areas were available for use including a garden and conservatory. People told us their friends and relatives could visit when they wanted and use whichever communal space they desired.

We spoke with people about giving consent to care and treatment and they told us that their decisions were observed and respected. One person told us, "I like to go the bookies" and we saw their care plan reflected their decision to gamble and had an associated risk assessment. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager and staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). There were no active DoLS in place at the service at the time of our inspection.

Is the service caring?

Our findings

People told us that the service and staff there were caring and kind. One person told us, "Friendly, helpful and supportive staff. Good work ethic." Another person said, "I am supported with chores and appointments. We all do mopping, hoover, cleaning, dusting." We observed how staff spoke with people who used the service and saw that they were friendly, caring and professional. We also saw evidence of where people's family members had been involved in people's care plan reviews and provided positive feedback on the how the service has worked with people.

People told us they could talk to staff. One person said, "I can open up and talk to them." We saw care plans with evidence of regular key working taking and notes indicating that people's support needs were being addressed in a professional and empathetic manner. A staff member told us, "I am there to support and listen to people. If they want to complain, they can do and I will help them. If someone was challenging I am trained to deal with the situation to help calm them and reassure them."

We spoke with people about whether they felt heard by the service and whether they were able to express their views. One person told us resident meetings take place and said, "They keep me informed of changes and I can make suggestions. The staff listen." Staff also told that they involved people in their own care as far as possible by providing support that was easy and accessible. A staff member said, "Care plans and assessments are easy to follow. We only provide support; most people are independent. I know people's likes and dislikes. One female resident requires some personal care and will get help from a female support worker."

We saw evidence of how the provider had adjusted staff rotas to take into account the personal circumstances of staff and also ensured that people were able to provide sufficient time and care to the people they worked with. One person told us, "Staff allow me the time and space to do things and work through things. They have patience and understanding."

People told us that staff treated them with dignity, respected them and their privacy. One person said, "I have no cultural needs. I am British and the staff know that. They respect me and give me dignity."

People's privacy and dignity were respected. One person told us, "I told them I don't want to be disturbed in the night time." We saw this reflected in the person's care plan where the person had requested specific requirements around how and when they wanted staff to communicate with them during specific times.

Is the service responsive?

Our findings

People told us that the staff was responsive to their needs, one person said, "They respond quickly and have helped me to cook for myself. Encourage me." We saw detailed notes and assessments in care plans that demonstrated a knowledge of people and their backgrounds, their likes and dislikes and what matters for them. We saw daily notes that highlighted the caring approach that staff took when working with people and their desire to support people's needs. One person told us, "They help me and care for me and look after me."

There were daily reports and monthly reviews on health, medication, daily living skills, communication, relationships, interaction, finances, activities and accidents and incidents. This indicated that the service had systems and processes in place to ensure effective treatment for people when required.

We witnessed a service user complain about their shower curtain falling down – staff responded politely and professionally to the complaint and saw to it that workmen had fixed the curtain by the time we left.

One person told us, "I have enough things to do. I improve my daily living skills. I go to my music group and on day trips like the seaside." We were also told by people that their families could attend the service when they want and spend time with people. We also read people's care plans which further demonstrated that people were being supported to attend activities they wanted to attend and go on day trips and holidays.

People and their families were involved in making decisions around their care. We saw personalised care plans with evidence of key work meetings and evaluations of people's needs. Care plans considered people's strengths as well as their needs and promoted people's independence. The care plans were detailed and provided insight and history on people that would be beneficial to providing quality care.

One person told us, "Resident meetings take place. They keep me informed of changes and I can make suggestions. The staff listen." We saw minutes of Resident Meetings and noted that meetings were arranged monthly. People could raise topics they wanted to but there were set agenda items where people could discuss menus, feedback, information, requests, complaints, holidays, 'Going Greener' and maintenance/decorators. People were involved in a Going Greener initiative to promote recycling, less energy use, reduce waste and being more environmentally friendly.

There was a complaints procedure in place. Complaints were logged, acknowledged and responded to. We witnessed people making a complaint that was dealt with appropriately by staff in a responsive manner. People told us they knew how to make complaints and could do so in a format they preferred or to whom they wished to speak to. We spoke with the registered manager about how complaints are dealt with. They explained that all complaints are discussed with staff in handover and team meetings. They were shared with the provider who analysed complaints and the service's response to them to ensure that people's feedback was being addressed in a responsive manner. The provider used complaints to drive improvement to both the service and whole organisation.

People were asked about their end of life decisions where appropriate and this was recorded in their people's care plans. We noted that staff had received palliative care training and there had been discussion about accessing further end of life care training.

Is the service well-led?

Our findings

People told us that the service was managed well and that the management team were a visible and approachable presence. One person said, "I get emotional support, help me to cope when I am down. The managers are on top of things. Good communication skills here. They keep the house in order." Another person told us, "Yes it's well managed. I can't say it's not." The management team were aware of the day to day running of the service and spoke of it having a family culture that conveyed a sense of 'home' to those living at the service. One staff member told us, "The managers are very supportive. They were understanding when I needed to take time off and helped me settle back into my role."

Staff told us they were proud of the work they did with people and that they felt supported in their roles by the management team. One staff member said, "The service runs smoothly, no problems. The managers are excellent, really approachable and helpful. The vision of the provider is fantastic."

The management team promoted a sense of openness and transparency with their open-door policy. They received the support of the provider who sought feedback from staff through survey and senior managers visiting and auditing on site.

We looked at people's care plan records and saw that they were well kept, securely held and were updated regularly. We also saw evidence of systems in place whereby if there was an emergency, staff would have ready access to important information about the residents and the premises.

We saw evidence of both formal and informal methods of sharing information with local health services about risks to people's care, treatment and support.

The registered manager told us about the support they received from the provider in regard to their required training and felt assured that they supported them to pursue future relevant qualifications. "the director is always very supportive – he does service reviews. He got me to do a forensic university course". This showed that the provider supported the development of staff at the service, to help ensure they provided people with care which was well informed and in line with current best practice.

We saw the service used several different quality assurance methods. There was a monthly health and safety check, last done May 2018, that looked at all areas of the home environment carried out by an area manager. There was also records of three monthly health and safety audits. Equipment in the service was serviced and checked, to ensure they were in good working order. During our inspection of the premises we noticed a broken step but it was not highlighted in any of the audits. The deputy manager said that new stairs and floors were to be fitted in any case. We also saw a number of quality assurance audits in regard to the care provided at the service, along with recommendations from senior managers in the organisation that had been actioned by the registered manager and the deputy.

We spoke with the local authority and they informed us they were happy with the service provided at Rook Lodge. We saw monitoring reports for sharing information with the local Clinical Commissioning Group

(CCG) who commission the mental health teams the service works with. We also saw positive feedback about the service from staff within those mental health teams. We saw evidence in care plans that indicated joint working and appropriate information sharing between health care teams and the service.