

Tealk Services Limited Manor Lodge

Inspection report

26 - 28 Manor Road, Romford, RM1 2RA
Tel: 01708 765757

Date of inspection visit: To Be Confirmed
Date of publication: 17/08/2015

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 22 July 2015 and was unannounced. This was our first inspection since the service was registered with us in August 2014.

Manor Lodge is registered to provide care to up to 15 people with mental health support needs and physical disabilities. At the time of our visit six people were using the service.

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.

We found staff understood their responsibility to safeguard people and the action to take if they were concerned about the person's safety.

Care plan contained detailed risk assessments. Measures to reduce the risks were detailed and easy for staff to read and follow. Staff followed procedures to reduce the risk and spread of infection.

People's rights were protected because the requirements of the Mental Capacity Act 2005 (MCA) code of practice and Deprivation of Liberty Safeguards (DoLS) were followed when decisions were made about the support provided to people who were not able to make important

Summary of findings

decisions themselves. People and their representatives were supported to make informed decisions about their care and support, and information was presented in ways they could understand to facilitate this.

People's care was planned and delivered in ways that met their needs, and support changed when people's needs or preferences changed. People were offered of a choice of food and drinks and their dietary needs were catered for.

People were supported to stay healthy and were referred to the appropriate health and social professionals as required. People's medicines were managed safely.

People were encouraged to do as much for themselves as possible. Staff were knowledgeable about the people

they cared for. Relatives gave positive feedback about the caring and friendly manner of all the staff. People's privacy and dignity were respected. We saw people were relaxed with staff who were supporting them.

The service had effective recruitment procedures. Staff told us they felt trained to carry out their role.

Systems were in place to monitor the quality of the service. The registered manager and staff carried out regular checks and audits on all aspects of the service. Staff and people who used the service felt free to raise concerns and report any issues, and feedback resulted in learning for the service. People's feedback was valued.

People and their relatives spoke positively about the service and the way it was managed and run.

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. People were safeguarded from the risk of abuse as the service had systems in place to identify the possibility of abuse and stop it occurring, and staff had appropriate information to report any concerns.

The risks associated with people's support were assessed, and measures put in place to ensure staff supported people safely.

There were sufficient numbers of staff to meet people's needs and safe procedures were followed when recruiting new staff.

Medicines were administered safely and according to guidelines, and staff had been trained and assessed as competent in medicines administration.

The service was well maintained, comfortable, clean and homely throughout.

Good



Is the service effective?

The service was effective. Staff had received training and support to make sure they were competent.

Staff demonstrated a good understanding of the requirements of the Mental Capacity Act 2005, and were aware of the steps to take should someone who used the service needed to be deprived of their liberty for their own safety.

People were supported to attend health and medical appointments, and the staff sought medical assistance when people were unwell.

People could make choices about their food and drink and alternatives were offered.

Good



Is the service caring?

This service was caring. Care was provided with kindness and compassion. People could make choices about how they wanted to be supported and staff listened to what they had to say.

People told us they were looked after well. People were treated with respect and their independence, privacy and dignity were protected and promoted.

Staff demonstrated a good knowledge about the people they were supporting. The staff took time to speak with people and gave them time to express themselves. We saw staff engaged positively with people.

Good



Is the service responsive?

The service was responsive. Care plans provided detailed information about each person's care and support needs.

People who used the service were supported to take part in recreational activities within the service and in the community. People were supported to maintain relationships with friends and relatives.

People and relatives could raise any concern and felt confident these would be addressed promptly.

Good



Summary of findings

Is the service well-led?

The service was well-led. People and their representatives felt the service was well managed and staff felt supported.

There were clear lines of responsibility and accountability within the management structure and staff had a good understanding of the ethos of the service.

Systems were in place to ensure that the quality of the service people received was assessed and monitored, and these resulted in improvements to service delivery. Regular audits and checks took place and any issue identified was acted on.

Good



Manor 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 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 22 July 2015 by one inspector.

Before our inspection we reviewed the information we held about the service which included statutory notifications we had received since the service was registered and information we had received from other professionals.

During our inspection we observed how the staff interacted with people and how people were supported. We also looked at three care records including people's risk assessments, and records relating to the management of the service such as staff training records, staff duty rosters, policies and procedures, fire safety records, risk assessments, satisfaction surveys and minutes of meetings.

We spoke with two people who used the service, one relative, three members of staff and the registered manager. After the inspection we contacted two relatives and one social worker to obtain their views of the service. All feedback we received was positive.

Is the service safe?

Our findings

People told us they felt safe living at Manor Lodge. Comments included “I feel safe here”, and “Staff ensure that my relative is always safe”.

People were protected by staff who were confident they knew how to recognise signs of possible abuse. Staff understood their roles to protect people and had received training in safeguarding. Staff we spoke with showed knowledge of safeguarding people from abuse and how and where to report any concerns and the correct actions to follow. They knew where the policies and procedures were and who to talk to. The service had a safeguarding policy and procedure in place. A copy of the local authority multiagency policy was kept in the office so staff could access it. Key telephone numbers for the local authority were also available. The registered manager provided us with clear evidence to demonstrate their safeguarding arrangements were sufficiently robust and understood by staff to minimise the risk of people who used the service being abused, harmed and/or neglected. Staff were reminded of their responsibilities at team meetings and also during their supervision where we saw safeguarding was one of the agenda items of the meetings. This helped to ensure staff had the skills and knowledge to help maintain people's safety and protect them from the risk of abuse.

The service had a whistle blowing policy which staff were familiar with. Whistleblowing is when a worker reports wrongdoing at work to their employer or someone in authority in the public interests.

We saw potential risks had been assessed so that people could be supported to stay safe by avoiding unnecessary hazards without being restricted. For each person, staff had carried out risk assessments to identify risks to their wellbeing and safety. Where risks had been identified, there was an action plan which set out guidance for staff about how these would be managed for example when people went out in the community. We found there was a positive approach to risk and incident management. Incidents were recorded and regularly reviewed by the registered manager. We looked at a sample of incident forms and found them to be comprehensive. Incidents were investigated to identify what actions were needed to prevent a recurrence. Staff had a good knowledge and understanding of each

individual. They knew how to reduce environmental stress and anticipate situations which might trigger people to become anxious and/or agitated. This approach minimised incidents, protected people and helped to keep them safe.

We found that regular fire safety checks were carried out, including checking fire safety equipment. A fire safety risk assessment had been carried out and fire drills had been carried out regularly. This helped to ensure that people were protected from the risk of fire. We observed that there was a system for reviewing all aspects of health and safety within the service. There were also arrangements to deal with foreseeable emergencies for example in the event of loss of electricity or gas supply to the service. The service had arrangements to deal with foreseeable emergencies. The registered manager told us they operated an “on call” system. For example, if a member of staff was unwell they could call the on call number to make arrangements for a replacement member of staff. This meant staff could contact the on call person at any time for assistance to ensure people's care was not compromised.

People were supported by suitable staff. Safe recruitment practices were in place and records showed appropriate checks were undertaken before staff began work. Disclosure and Barring Service checks (DBS) had been requested and were present on the files we sampled. This helped to ensure people were not exposed to staff who had been barred from working with vulnerable people.

People told us there were enough staff to meet their needs and keep them safe. Staff also confirmed there were always sufficient staff on duty. The registered manager advised the staffing levels were dependent on people's needs and activities on specific days. For example when people had hospital appointment an extra staff would be on duty to accompany the person. Staffing skill mix had been considered with gender specific staff supporting people where indicated either for safety reasons or to support people's preference of staff. We sampled some duty rosters at random and found there was the number of staff as mentioned to us by the registered manager.

People were happy with the way staff administered their medicines and did not raise any concerns with us. They told us “The staff give me my medicines when I need to have them.” Another person said, “I always get my medicines on time.” The service had suitable arrangements to protect the people against the risks associated with the unsafe management of medicines, which included the

Is the service safe?

obtaining, recording, administering, safe keeping and disposal of medicines. Medicines were stored and administered safely. There were secure cupboards including secure controlled drugs storage. Medicine administration records had been completed accurately and there were no unexplained gaps. This meant that people received their medicines safely and when they needed it. Audits were carried out weekly on all medicine stocks and records. We saw medicines had been reviewed regularly by GPs and where concerns had been identified these had been discussed with the GP. For example, on the day of our visit a GP was visiting and one person's medicines were reviewed and they decided to discontinue one of the medicines the person was having. We noted that each person who required medicines had an individual medicine administration record chart (MAR chart) which clearly stated the person's name, date of birth and allergy

status. There was also a list of the medicines they were taking and their side effects. Staff were appropriately trained and assessed as competent in medicines administration. They understood the importance of safe administration and management of medicines.

People were kept safe by a clean environment and were protected from the risk of infection because appropriate guidance had been followed. All areas we visited were clean and hygienic. Staff undertook responsibility for the cleaning alongside people in the service. Those who were independent and able to help with the household chores enjoyed this. Protective clothing such as aprons were readily available to reduce the risk of cross infection. Staff told us that they received infection control training and records we saw confirmed this.

Is the service effective?

Our findings

One person told us, “The staff look after me well”. Another person said, “I am very happy with the staff, they are excellent.” One relative said, “All of the staff are marvellous.”

We looked at staff training and saw that staff received a range of training that the provider considered mandatory. This included moving and handling, infection control, safeguarding people, food hygiene and fire safety. Staff told us they received good training and support. The provider had a system which identified what training was needed for care staff and when update training was due. Staff confirmed that they received training in a number of areas. This helped to ensure people received care and support from staff who had the knowledge and skills needed to carry out their roles and responsibilities effectively. One staff member told us, “The training is very good, I have learnt a lot.” We looked at two staff personnel records at random and saw training certificates such as safeguarding, food and hygiene, moving and handling and medicines administration.

We saw that the service had an induction programme for all new staff. Staff had regular supervision. This was confirmed by the staff we spoke with and personnel records we looked at. This meant staff were supported to ensure they could meet people's needs. We saw minutes of supervision records that showed these were an opportunity to discuss any issues or problems the staff member might have and any training requirements as well as check on their knowledge of the service various policies and procedures. This meant that staff had the opportunity to raise any issues or concerns and discuss the care of people who used the service.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS), and to report on what we find. Staff members were aware of people's rights to make their own decisions. They understood the need to protect people's rights when they had difficulty in making decisions for themselves. This is a legal requirement of the Mental Capacity Act 2005 (MCA). We saw evidence that when necessary the service had followed the correct process to ensure a best interests decision had been made to protect a person's rights when they did not have capacity to make their own decisions.

Health and social care professionals had appropriately been involved in the decision. The decision was clearly recorded to inform staff. This enabled staff to adhere to the person's legal status and helped protect their rights. Staff demonstrated a good understanding of the difference between lawful and unlawful practice and ensured any restrictions in place were minimal. Some people displayed behaviours which at times challenged staff and others in the service. There was detailed guidance available for staff to follow regarding possible triggers or signs which may indicate the person was unhappy and how staff might try to diffuse a situation.

Staff understood the need to obtain consent and involve people in decision making where possible regardless of their legal status. We looked at two care plan assessments to find out how the service supported people to give consent. These records showed the people living in the service had an assessment which had looked at their support needs and expectations. During our observations we saw that informal consent for care and support were obtained by staff.

People were supported to be able to eat and drink sufficient amounts to meet their needs. People told us they liked the food that was available. One person told us, “The food is good here.” Another person said, “I can ask for something else to eat if I don't like what was on the menu.” Those people who required a special diet were given these, for example diabetic diets. Staff demonstrated a good understanding and awareness of people's specific dietary needs. Each day staff let people know what was the main meal planned and asked people if they would prefer an alternative. Staff encouraged people to consider healthy eating options for their health and weight.

People were supported to have their health needs met. One person told us, “The doctor comes and sees me when I need him.” Health records showed that the registered manager worked together with other professionals to keep people's health and support plans up to date. We saw the registered manager had made referrals to relevant professionals when extra support was needed or there was a change in the care or support need of people living at the service. People accessed a range of healthcare in the community. For example everyone was registered with a dentist, GP and optician. Regular checks were encouraged to support people's health. Additional health checks and vaccinations were offered to people such as the flu jab.

Is the service effective?

Care records indicated prompt referrals and liaison with mental health professionals requesting a review when staff noticed changes which might indicate people's mental state had changed. This showed that people were

protected from avoidable health complications. Staff supported people to attend hospital appointments to share verbal information with hospital staff and provide reassurance to people during this process.

Is the service caring?

Our findings

People we spoke with were positive about the care and support they received. One person told us, "The staff are very kind and very helpful." Another person told us, "The staff are very helpful." One relative told us staff were genuinely caring and kind.

Staff understood the need to respect people's privacy and dignity. People told us staff knocked on their bedroom door before entering. We saw staff interactions with people were sensitive and respectful. Staff supported people with patience and empathy. Staff were polite, kind and gave people time when they needed it. Staff understood the importance of knowing and respecting people as individuals and helping them to live a normal life as far as possible depending on their needs. We noted people were involved in developing and reviewing their care records where this was possible.

Some of the people would not be able to manage their own care and would find it difficult to understand the support choices that might be available to them. However, staff helped them in the way that they preferred and respected their wishes. People told us they had expressed their views in relation to their care needs and were involved in their care planning. People could also access an independent advocate if they wished to do so.

Staff were aware of people's preferences and routines so they could support people in their daily lives. For example they were aware of people's likes and dislikes and what they liked to eat or drink.

On the day of our visit people looked well cared for. We saw staff helped people in a way that encouraged their independence. A staff member told us, "We know the people's needs well and we encourage them to be independent as much as possible. We encourage them to clean their rooms and help with household chores if they are willing to do so."

Staff supported people to contact their relatives regularly and enabled them to arrange visits to family. A relative told us, "I come to visit every two weeks, and I'm always made to feel welcome." People were encouraged and supported to maintain links with the community to help ensure they were not socially isolated or restricted due to their disabilities.

Staff understood people's diverse needs and adjusted their approach accordingly. People could choose staff of a specific gender to support them. The service had an equal opportunities policy which staff were introduced to as part of their induction. Staff were also informed about people using the service's rights as part of their induction. In the care plans we reviewed, we saw that people's cultural, religious and social needs had been considered.

Is the service responsive?

Our findings

People told us that they were happy with the care they received and felt the needs identified when they were referred to the service were being met. One person said, "Staff are always asking me if I am okay." Another person said, "I can go to the staff when I am not feeling right."

We spoke with staff about what they knew about the people who lived at the service. We found the registered manager and staff knew the people well. They understood people's different needs and were able to tell us what people did and didn't like and what support they needed. This indicated that people were cared for by staff who understood their needs. Relatives we spoke with commented on how the care provided was individual to their relative's needs.

The care plans we looked at were person centred and clearly related to people's individualised needs. Care plans included information about people's histories and preferences. The actions needed to provide care were clearly written and individualised, including care in relation to promoting people's physical and mental health, care and welfare. Care was reviewed regularly and changes made to people's care plans where required. This ensured staff had access to the most recent information regarding people's care needs so they were able to adapt the care and support they offered accordingly. There was evidence that people who used the service had been involved in the assessments, where possible. Staff completed a monthly care plan review. This recorded the person's view of their progress and included details of their wellbeing including their general physical and mental health.

Staff ensured people's needs and preferences regarding their care and support were met. We saw assessments had been undertaken prior to people receiving the service. Information from assessments had been used to form the basis of care plans, which showed the staff how to care for

each person. This ensured that people's needs were met according to their needs. Each care plan contained individualised personal information about what people could and could not manage for themselves and what they needed help with.

There was a wide variety of activities available for people each day based on what people had shown they liked doing. People's achievements were recognised and communicated to the staff team so they could be done again in the future. This meant that people were supported to be involved in interests they liked or were important to them. Activities were planned and organised around individual interests and hobbies as well as group activities. People who used the service were encouraged to participate in task based activities such as doing their laundry or cleaning their rooms if they chose to do so. We noted that there was a visit plan for people to visit the London Aquarium on 26 July 2015.

Relatives told us that they had not had to make any complaint about the care their relative received. They were in regular contact with the service and felt able to talk to the registered manager and staff. The provider had a policy and procedure for dealing with any concerns or complaints. This was made available to people and their representatives. One person told us, "I know how to complain and who to speak to if I am not happy." A relative told us they knew how to raise a complaint if they needed to. The policy was clearly displayed within the communal areas of the service. This was also in picture format to make it easier for people to understand. A comments box was available for people, professionals, visitors and relatives to leave suggestions or comments and this was regularly checked. The registered manager told us people were encouraged to raise concerns and took the time to engage with people on a one to one basis, this enabled people to share any concerns they may have. People said they had not had to but were confident about how they would do this and that it would be dealt with appropriately.

Is the service well-led?

Our findings

People and relatives told us the registered manager was approachable and they could talk to them if they needed to know anything or wanted something. People, relatives, professionals and staff felt the service was well run.

The registered manager and deputy manager took an active role within the running of the service and had good knowledge of the staff and the people who used the service. There were clear lines of responsibility and accountability within the management structure. One relative told us, “The registered manager is very helpful and gets things sorted.”

We spoke with two staff who told us they were supported within their role and felt the service provided to people was good. They said they enjoyed working at the service. One staff member commented, “I enjoy working here and we all work well as a team.” Staff told us they were happy in their work, were motivated by the management team and understood what was expected of them.

There was an effective quality assurance system in place. Questionnaires were being completed by people, staff, professionals and relatives at the time of our inspection. We sampled some of the completed surveys and all the feedback was positive. Feedback was accepted by the management of the service to drive continuous improvement. People told us they were encouraged to voice their opinion and they felt listened to. This meant the registered manager listened to people who used the service and had responded accordingly.

The registered manager regularly checked on the quality of care within the service as well as speaking with people, reviewing accidents/ incident reports, reviewing medicines administration records and checking other records. Audits were carried out in line with policies and procedures. Where areas of concern had been identified, changes had been made so that quality of care was not compromised.

Staff meetings were held to provide an opportunity for open communication between the staff and the registered manager. Staff told us they were encouraged and supported to share ideas for improvement. Minutes of staff meetings showed that staff were supported. This was also demonstrated in supervision records. Staff confirmed to us they were able to speak openly to the registered manager if they had any concerns or wanted to discuss the way the service was run or any ideas they had.

Staff conducted various audits regularly to ensure the quality and safety of the service. Daily audits were conducted on various areas. For example, on the administration of medicines and people’s finances. Regular audits ensured that people lived in a pleasant and safe environment which met their care and welfare needs. We saw that all of the staff were involved in carrying out and recording regular checks and audits. These ensured that issues were identified and addressed, and where actions had arisen from the checks we saw that progress was noted. For example we noted that one door was not closing properly and this was reported to the maintenance person for repair.