

Tealk Services Limited

The Lodge

Inspection report

Abbotsford Road, Goodmayes Park, Ilford, IG3 9QX
Tel: 020 8127 8234

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Ratings

Overall rating for this service

Good



Is the service responsive?

Requires Improvement



Overall summary

This inspection took place on 9 September 2015 and was unannounced. At the last inspection on 04 June 2015 we found the service to be breaching regulations as people were not wholly protected from the risks of unsafe or inappropriate care and support as we saw care records were not always up to date. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Lodge on our website at www.cqc.org.uk.

The Lodge is registered to provide care for up to 15 people with mental health support needs and physical disabilities.

There is 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.

At this inspection we found the registered manager had taken sufficient action to ensure people were protected from the risks of unsafe care and support as we found care records had been updated to reflect people's needs.

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 responsive?

The service was responsive. Care plans provided detailed information about each person's care and support needs. People's individual needs and preferences had been assessed and were met in a timely manner.

Requires Improvement



The 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.

This inspection was undertaken to check that the provider had made improvements to meet legal requirements after our 4 June 2015 inspection. We inspected the service against one of the five questions we ask about services: Is the service responsive? This is because people were not wholly protected from the risks of unsafe or inappropriate

care and support as we saw care records were not always up to date. This posed a risk that staff may be referring to information which did not reflect people's current needs to ensure their care, welfare and safety.

This inspection took place on 9 September 2015 and was unannounced. It was undertaken by one adult social care inspector.

Before our inspection we reviewed information we held about the service and the provider such as the action plan the provider submitted setting out how they would become compliant with the breach identified at the previous inspection. During the inspection we spoke with two people, one staff member and the registered manager. We looked at three people's care records.

Is the service responsive?

Our findings

People were happy with the care and support being provided at the service. One person told us, “The staff look after me well.” Another person said, “The staff are all nice. This is a good place to live.” Care plans we sampled during this inspection demonstrated that people’s needs were assessed and plans of care were developed to meet those needs.

At the last inspection in June 2015 we found a breach of the regulation in relation to record keeping. We found one person’s ‘physical health needs’ care plan did not include the information that they had a heart condition or used a wheelchair and so did not provide appropriate guidance for staff in these areas. There had been two incidents in which one person assaulted another person and this was not reflected in the person’s care plan or risk assessment. Three people’s missing person’s information sheets were blank. One person’s records showed they were referred for a memory assessment and scan in January 2015 but there was no outcome recorded. We also noted one person’s records contained a manual handling risk assessment that was dated 24 July 2013 and had not been reviewed since. This person had a history of falls and their manual handling plan was blank. The risk assessment noted that the person was very frail and needed support but did not have any details on how to reduce the risk for that person.

Care plans were mostly developed based on people’s individual health and social care needs. We saw evidence that care plans were regularly reviewed. However, we noted that one person’s care plan reviews did not reflect their current situation. For example, the reviews stated the person was still very independent with personal care. However, the person clearly did not complete the personal

care tasks independently as they and their room smelled very strongly of urine. This was discussed with the management of the service who informed us that the person was very reluctant to have staff supporting them with personal care. This was not noted in their care plan reviews and there was no evidence staff had guidance on how to ensure they were meeting the needs of the person.

During this visit we looked at three care plans and found that they gave sufficient instructions for staff to deliver the care each person needed. Each person had an individual care plan which had been developed with them or their representatives. These documented their likes and dislikes, how they liked to spend their time and how they preferred to be supported. This meant that care could be delivered in a way that suited people best. We saw staff undertook regular reviews with people using the service of their individual care plans to identify if the care being delivered continued to meet their needs. Reviews were documented on people’s records and any changes identified were noted in people’s care plans. People received care and support which was personalised to their wishes and responsive to their needs.

We noted information that was missing on the care plans had now been included for example one person had a heart condition and their care plan had guidance on how to manage their medical condition. We also saw people’s risk assessments had been updated along with any action staff should take to minimise the risk, for example when someone was getting anxious. This meant that people were protected against risk of harm. The registered manager analysed incidents and accidents to identify any trends and ensure appropriate actions were taken to reduce risks to people.