

London Borough of Redbridge

George Davis Lodge

Inspection report

Veronique Gardens, Barkingside, IG6 1AY
Tel: 02085542714
Website: www.redbridge.gov.uk

Date of inspection visit: 22 December 2014
Date of publication: 07/04/2015

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 December 2014 and was announced.

At our last inspection on 24 October 2013 we found the provider was meeting all the standards reviewed.

Redbridge Care is registered as a domiciliary care agency and is part of community services provided by the London Borough of Redbridge. They provide an extra care service to people who are tenants at George Davis Lodge, which is one of the borough's sheltered housing units.

The service offers individuals personal care, support and 'extra care' they require to continue to live independently.

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.

People who used the service were protected from the risk of abuse because the provider had taken steps to identify the possibility of abuse and prevent abuse from happening.

We observed members of staff interacting with people using the service in a courteous, polite and efficient manner.

Summary of findings

Appropriate arrangements were in place in relation to the obtaining, recording and administration of medicines.

The provider had taken steps to provide care in an environment that was adequately maintained. We found that the service was clean and appropriately furnished.

People who used the service were protected against the risk of unlawful excessive control or restraint because the provider had made suitable arrangements. Training and support was in place for all staff to do their job effectively. Staff were also able to identify any training that they felt would improve the delivery of care they provided.

Management actively sought feedback as to the quality of service provided and acted upon the information where appropriate.

Information relating to people's life history, likes and dislikes were clearly documented. We found there were clear and comprehensive guidelines for staff to follow, to ensure people's needs were met.

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 using the service told us they felt safe. The service had effective safeguarding policies and procedures in place.

Staff had attended training in the safeguarding of vulnerable adults and had a good awareness of how to report any concerns they might have. This meant people were safeguarded against the risk of abuse.

There was an effective system in place to document accidents and incidents and learn from them so they were less likely to happen again.

There were sufficient numbers of staff to meet people's needs. People were supported by staff teams to help give continuity of care.

Risks to people and staff were assessed regarding the provision of safe and were reviewed regularly. Emergency plans were in place to protect people from risks associated with foreseeable adverse events.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Good



Is the service effective?

The service was effective. The service had a comprehensive programme of training and supervision for staff so they were supported to provide effective care.

There was an induction process in place to help ensure people were supported by staff who had the knowledge and skills necessary to carry out their roles and responsibilities.

The service had policies and procedures in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. The Deprivation of Liberty Safeguards (DoLS) aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom.

Staff we spoke with demonstrated a good understanding of the requirements of the legislation and what they should do should a person lack the capacity to make a decision.

People were provided with a choice of suitable and nutritious food and drink that they enjoyed.

Good



Is the service caring?

The service was caring. People were involved in decisions relating to the care they received.

People's privacy and dignity was being respected by staff and where possible staff encouraged people to be as independent as possible.

Staff ensured that people were given explanations regarding the choices that they were making.

Staff maintained positive relationships with people who used the service and were aware of their preferences relating to the care they received.

People told us that the staff were kind and would spend time talking to them.

Good



Summary of findings

Is the service responsive?

The service was responsive. People's needs were being met and care provision was responsive to the changing needs of people using the service.

Care plans and risk assessments were reviewed regularly and changes were made when required to reflect the needs of the individual.

People received care that was person centred and tailored to the needs of the individual, taking into account their preferences.

The service used a person centred approach to the delivery of care; this meant that the care was delivered in line with the individual preferences of the person.

Activities were available for everyone to participate taking into account peoples abilities to engage in the planned activity.

Good



Is the service well-led?

The service was well-led. People were actively encouraged to speak to the manager should they have any concerns.

Regular audits were undertaken to monitor the service delivery. The manager sought feedback from those that used the service, their relatives, staff and visitors regarding the quality of care provided.

Good



George Davis 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 announced inspection carried out on 22 December 2014 and the provider was given 48 hours' notice of the inspection to ensure that the manager would be available. This inspection was done by two adult social care inspectors.

Before our inspection we reviewed the information we held about the service which included statutory notifications we have received in the last 12 months and the Provider Information Return (PIR). The PIR is a form we asked the

provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what they could do better and improvements they plan to make.

During our inspection we observed how the staff interacted with people who used the service. We looked at how people who used the service were supported during the day of our inspection.

During our visit to the service, we looked at four care records including people's risk assessments, staff training records and other records relating to the management of the service, such as staff duty rosters, policies and procedures and various audits.

We spoke with three people who used the service and four staff working at the service. After the inspection we spoke with four relatives of people who used the service on the telephone.

Is the service safe?

Our findings

People we spoke with told us they felt safe with staff and said that staff treated them well.

Staff we spoke with understood what their role and responsibilities were regarding the reporting of safeguarding issues. For example, it was evident from their comments that they knew which statutory agencies they needed to contact without delay should they witness, be informed, or suspect that people who used the service were being harmed or placed at risk of harm. The staff we spoke with demonstrated an awareness of the types of abuse and local multi-agency procedures for reporting suspected abuse. They confirmed that they had safeguarding training. We saw that refresher training had been arranged for staff for early next year (January 2015).

We saw that the service had policies and procedures for safeguarding people who used the service. We noted from records we looked at that staff were trained in Safeguarding Adults and the topic was regularly discussed during staff meeting and during staff supervision. During our visit we saw people were being treated with respect and kindness.

The service also had whistle blowing policy in place. Staff were made aware of the policy and were encouraged to raise concerns in the confidence that these would be dealt with them in an open and professional manner. Staff that we spoke with did not raise any concern to us about the service.

The provider had a system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others. There were individual risk assessments in place for all people who used the service. Areas covered included the risks associated with personal safety, mobility, finances and mental health. Where a risk or need had been identified, there was a written plan to inform staff as to how to reduce the risk. For instance we saw that one person was having regular falls. There was a risk assessment in place regarding this which provided staff with instructions on how to support the person.

The service kept a record of all accidents and incidents involving people using the service and/or staff. These were reviewed by the manager to look for any trends or patterns and identify actions to reduce the risk of similar events happening again. The manager provided us with one example where they had done this where one person was

referred for a falls assessment. This meant there was evidence that learning from incidents took place and appropriate changes were implemented to reduce risks for people.

The provider had taken steps to provide care in an environment that was adequately maintained. We found that communal areas within the service were clean and appropriately furnished.

There were arrangements in place to deal with foreseeable emergencies. The manager told us staff had received first aid training and the staff training records we saw confirmed what the manager had told us. We also saw that the fire alarms were tested on a weekly basis and the last fire drill was carried out in September 2014. The fire safety equipment had been serviced in November 2014. This indicated that people were living in a safe environment as far as possible.

Staff were allocated the same person to offer care and support. From examination of the staff rotas we saw staff generally worked with the same people. This helped the service to ensure consistency of care and establish a positive relationship with people. Staff we spoke with told us they felt there were sufficient staff to meet people's needs. The service also employed agency staff who had been working at the service for a long time and knew the people well. Staff we spoke with demonstrated a good knowledge of the needs of people they supported. This meant staff were familiar with the needs of people who used the service.

The service had suitable arrangements in place to protect the people against the risks associated with the unsafe management of medicines, which included the obtaining, recording, administering, safe keeping and disposal of medicine. The service kept a record of all medicine that had been received to ensure that each person who took regular medicines had enough to last them for the week. People were also monitored regularly for effectiveness of treatment or evidence of any potential side effects or adverse reactions. We saw that one person's medicine had recently been reviewed by their GP.

We noted that every individual that required medication had an individual Medication Administration Record (MAR) which clearly stated the person's name, date of birth and allergy status. We sampled the medication administration records of three people and saw that they were all up to

Is the service safe?

date and had been signed for indicating that the staff had prompted the person to take their medicines. Some people administered their own medicines without needing supervision. The manager told us that all staff who helped

people to take their medicines had been trained to give medicines to people. Training records we saw and staff we spoke with confirmed this and stated they had enough training to safely support people with their medicines.

Is the service effective?

Our findings

People were cared for by staff who were supported to deliver care and support safely and to an appropriate standard. We observed that staff engaged and interacted with people using the service positively. People we spoke to told us that they could call upon any staff for support as “the staff are all so nice”.

Staff received appropriate professional development. All care workers completed training in a number of key areas to ensure they were competent to do their job. We were able to see records of training that staff had attended which included that which was considered to be mandatory. Records were kept of the training staff attended so the dates for yearly updates were clearly identified. There was an ongoing training and development programme within the home. Staff confirmed with us that they were provided with training on a regular basis.

Staff we spoke with told us that they met with the registered manager regularly to discuss their work. We saw evidence of this on the three staff records we looked at. Supervision records included learning and development plans. We saw evidence that actions had been taken to address these plans. We also saw that staff had received a yearly appraisal. Staff were knowledgeable about their roles and responsibilities and felt supported by their manager. Staff were able to obtain further relevant qualifications. All staff working at the service had a national vocational qualification at level 2 or 3.

Staff were kept up to date with any changes in policies and procedures and any issues that might affect the running of the service or the care and support people received during regular staff meetings.

The service had policies and procedures in relation to the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS). The manager was aware of the deprivation of liberty safeguards. These are legal safeguards to ensure that people are deprived of their liberty only when absolutely necessary. It is unlawful for staff who work with people in domestic settings to deprive a person of their liberty unless the Court of Protection has authorised this. The registered manager informed us that

there had been no applications to the Court of Protection to authorise the deprivation of anyone's liberty. They said that people who used the service had the right to go out whenever they wished and that staff could not stop them. Staff training records indicated that they had received Mental Capacity Act (2005) and DoLS training and they demonstrated a good understanding about how to maintain people's safety.

People were supported to be able to eat and drink sufficient amounts to meet their needs. The feedback we received from people about the quality of the food was positive. People were offered a choice of what they would like to eat. From the menu we saw that people had choice between two meals. People's likes and dislikes were recorded and staff we spoke with were aware of them. The service also ensured that they catered for any particular cultural requirements or dietary needs. We saw the communal dining area was a congenial and comfortable area to eat. One person we spoke to told us “There is always plenty to eat, we can have seconds if we wish.”

Staff we spoke with were able to explain to us the procedures in place to ensure that people were kept hydrated, including how they monitored people's food and fluid intake. We saw daily records were kept on what people were eating. The manager was also clear that if concerns about people's nutrition and hydration were identified advice was always sought from the relevant external health care professionals. People who used the service had their weight monitored monthly to ensure they maintained a healthy weight. We saw people were offered hot and cold drinks both during and between meals.

From the records we looked at we saw that people's physical and general health needs were monitored by staff and advice was sought promptly for any health care concerns. We saw the service liaised with a range of health care professionals such as; GP's, community nurses and specialist services such as occupational therapists. From records we saw we noted that one person had recently been prescribed eye drops for an eye infection. Another person had a blood test for further investigation. This indicated that people received appropriate access to health professionals to maintain their health and well-being.

Is the service caring?

Our findings

The service was caring. People who used the service told us “The carer’s are helpful and always come to me on time.” Another person told us “I can speak to any staff if I need help”. “The staff are wonderful and ready to help when needed”, “When we are all together (staff and peers) talking it makes it feel like home.” One relative we spoke to after the inspection told us “I have peace of mind since she has lived there, they have always been caring when I’m present and Mum says they are caring when family aren’t there.” People appeared happy and were engaging with the staff. Both staff and people who used the service could be seen sharing jokes and laughing throughout the inspection.

Compliments had been received by George Davis Lodge; one was from 7 June 2014 and read “I would like to thank all the carers for their kindness and support during my recent illness”.

During the lunch time one inspector carried out a SOFI (Short Observational Framework for Inspection). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We found that staff interacted with people in a respectful manner. We saw staff used different techniques in order to communicate with people using the service, which meant that they knew the communication preferences of each individual. Staff were observed speaking to people in a manner in which they understood, for example some people were spoken to at a higher pitch and tone, whilst others were whispered to. This indicated that staff were communicating affectively and exercised active listening skills.

We observed staff offering reassurance to people who appeared confused and speaking to them with compassion. Staff displayed patience when waiting for a response and did not rush people. We observed the staff member repeating what was happening and what would happen afterwards, to ensure that the person understood. We also saw one staff member gave a reassuring tap on the arm on one person, which clearly had a positive effect on the person using the service who then calmed sufficiently to continue with the planned activity.

Staff encouraged people to be as independent as possible, however were available to provide direct support if and when required. We were told by one person that “The carer’s always come on time, sometimes I like them to do a lot for me sometimes not a lot, and it’s my choice”. This meant that the staff were respectful of people’s choices and adhered to their wishes.

The service organised parties for people who used the service, for example they had recently had their annual Christmas party whereby family and friends were invited to join them. People told us that they really enjoyed having so many people attend the parties. People also told us that they were encouraged to take part in the party, which some chose to do.

Staff were aware of the importance of confidentiality and how to maintain this. Staff were able to give us examples of how they maintained confidentiality within the service such as sharing information on a need to know basis. Staff were also clear on how to maintain someone’s privacy and dignity and the importance of this. One person who used the service told us “Staff always knock on the door before entering”.

Is the service responsive?

Our findings

Prior to people living at George Davis Lodge, a full care needs assessment was carried out to ensure that the service could meet the needs of the individual. We saw completed care needs assessments and this included people's likes and dislikes and preferences regarding the care they received. Care plans we looked at were reviewed regularly taking into account the ever changing needs of people.

The manager informed us that they would contact the local authority who funded some people's care, or their relatives, should they recognise that people's care needs had changed. By doing so adjustments could be made to the care packages people received.

We looked at four care plans and personal profiles, which were person-centred. People who used the service also had a copy of their care plan in their flat meaning they had access to information that was held about them as and when they wished. People told us that they were consulted with regards to the care they received and were encouraged to make suggestions about any areas of the service delivery.

People told us that they did get support to access the community, however this was dependent on the how long they they were receiving care for at that time. We were told that the carers would take people to the shops or for a walk if they wished and that they were always given choices. This meant that the care provided was person centred and tailored to the needs of the individual.

On the day of inspection we saw that there were planned activities taking place, for example an exercise class. In the main entrance hall there was a schedule of the week's activity for everyone to see. People we spoke to said "I like the activities and staff help me to join in".

Another person we spoke with told us that the staff would support them to the lounge where they could observe the activities taking place, however they preferred to read or do a crossword. This meant that they were able to join in the activity if they wished but could also have their own space. By doing so meant that the person was not isolated from their peers. People who used the service could be as involved as they wished with regards to the activities. For example people may have chosen to help be the 'number caller' when playing bingo and other activities or may wish to lead on other activities.

Relatives we spoke with told us that the service would always call or inform them if their relative required something. This meant that the relative could bring the item in on their next visit, or plan an outing with their relative to ensure that the item was purchased.

People who used the service said they were confident any concern raised with either staff or management would be listened to and acted upon accordingly. We were told that they felt comfortable raising concerns without fear. The service allowed people to express their views and concerns in a safe and understanding environment. The service had a complaints procedure that was clearly written and easy to understand.

Is the service well-led?

Our findings

Staff told us that the manager was very supportive of not only the people who used the service but of the staff as well. One staff member told us “The manager is upfront and honest and I can approach her”.

The service had a very friendly atmosphere and staff were welcoming and polite.

Following the inspection we spoke with four relatives of people living at George Davis Lodge, one told us “If there is anything Mum needs done, management get it done. I’m definitely comfortable contacting the management; they always sort it out straight away. I can’t fault the place.” Another relative told us “I would most definitely feel confident contacting the manager if I had any concerns”.

In the main entrance hall there was a comments box, this meant that the manager sought feedback from anyone who accessed the service to ensure that improvements could be made. The manager told us that they were keen to improve the service and always benefited from feedback from others; this included people who used the service, relatives, staff and other external professionals.

The manager understood the importance of accountability and transparency. The manager told us that they were happy to seek support from their seniors should they have found it was necessary as everyone was working towards a common goal of delivering the best possible care.

The manager told us that audits of the service were carried out by the Quality Assurance Team at their head office, to ensure the service provision was in line with legislation and the provider’s policy. We saw three quality assurance assessments that were sent to us after the inspection, these were comprehensive and covered ethnicity, primary client group, home care provider, social services file information which included increase in hours to care package, consent to treatment information and management of medicine.

We saw documentation stating that people who used the service were informed as soon as staff were aware that their carer may be late. This was also evidenced in the outcome of the quality assurance assessment carried out by head office.

Staff had access to the policies and procedure which they could refer to at any time. Staff were given a personal log in to a computer which they could access during their shift. Care was provided by staff that were clear on their roles and responsibilities within the service and how to deliver good care.