

Telford Lodge Care Limited

# Telford Lodge Care Limited

## Inspection report

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10 March 2017

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## Ratings

Overall rating for this service

Good ●

Is the service effective?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of this service on 16 and 17 February 2016. A breach of a legal requirement was found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirement regarding people using the service not always being asked to consent to their care and treatment.

We undertook this focused inspection on 11 March 2017 to check that the provider had followed their plan and to confirm they now met the legal requirement. This report only covers our findings in relation to the requirement. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Telford Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Telford Lodge provides long term accommodation for up to 44 older people, some of whom are living with dementia. At the time of our inspection there were 26 people living at the service.

The registered manager had been in post since September 2016. 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 our focused inspection on 11 March 2017, we found that the provider had not followed all of their action plan, dated 29 March 2016, and therefore the legal requirement had not been fully met.

Some people's care files contained mental capacity assessments and consent forms but this was not consistent across the files.

The provider had not audited care files to ensure consent from people using the service was sought, and where appropriate, mental capacity assessments had been completed. However, the registered manager took action on the day of the inspection and completed an audit of people's care files and told us these would be undertaken on a monthly basis.

Not all staff we spoke with understood the principles of the Mental Capacity Act (MCA) 2005 but the registered manager confirmed MCA training had been arranged for April 2017. Additionally, the registered manager and team leaders met on the day of the inspection, in a meeting that had already been scheduled, to discuss the practical aspects of MCA and Deprivation of Liberty Safeguards (DoLS) as they applied to the service.

The registered manager made DoLS applications appropriately and followed these up as required.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service effective?

We found the provider had taken some action to ensure people consented to the care they received, however prior to the inspection they had not implemented an auditing system to ensure people were consistently asked for consent and that their care files reflected this.

The registered manager undertook an audit on the day of the inspection and told us they would continue to do a monthly audit.

Some staff did not have a working knowledge of the principles of the Mental Capacity Act (MCA) 2005 but the registered manager had arranged for MCA training to take place in April 2017 to improve staff members' understanding.

The service had some mental capacity assessment forms and consent forms in place.

People were not being deprived of their liberty unlawfully.

We could not improve the rating for effective from requires improvement because the provider had not fully complied with the regulation. We will check this during our next planned comprehensive inspection.

**Requires Improvement** ●

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## **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.

We undertook an unannounced focused inspection of Telford Lodge on 10 March 2017. This inspection was done to check that improvements to meet legal requirements planned by the provider after our 16 and 17 February 2016 inspection had been made. The service was inspected against one of the five questions we ask about services: Is the service effective. This was because the service was not meeting some legal requirements.

Prior to the inspection, we looked at all the information we held on the service including the last inspection report, the provider's action plan which set out the action they stated they would take to meet the legal requirement, notifications of significant events and safeguarding alerts. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about.

The inspection was undertaken by a single inspector. During the inspection, we spoke with the registered manager, two team leaders and two support workers. We looked at the care plans for eight people and the training matrix for staff.

# Is the service effective?

## Our findings

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 services and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At the inspection on 16 and 17 February 2016, there was not always evidence that people had been asked to consent to their care and treatment. At the inspection on the 10 March 2017, we saw evidence that some improvements had been made but not all the actions as detailed in the provider's action plan dated 29 March 2016 were completed.

The provider had implemented a number of forms designed to establish if people had capacity and to record their consent. We saw a two-stage mental capacity assessment form which had been completed in seven out of the eight files we viewed. The service understood that people could have the capacity to make some decisions but not others, and for one person we saw they had undertaken more than one capacity assessment in relation to different decisions. Of the eight people's files we viewed, three people used sensor mats which meant staff could monitor their movements. Of these people, one person had capacity and had signed their own consent form, another person had a family member who had legal Power of Attorney (POA), which we saw evidence of in the file, who had signed on behalf of the person and the third person's file was missing a consent form. Consequently, there was a lack of consistency across people's files.

We saw a similar lack of consistency with the night check agreements. Seven out of eight people had night check agreements. Two were signed by people who had the capacity to consent to the checks and five recorded the person was unable to consent. Two of the five people unable to consent had mental capacity assessments confirming they did not have the capacity to sign the consent forms, but for three people there was no record to indicate whether or not they had the capacity to agree to being checked during the night.

Two of the eight files we looked at had Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) records but it was not clear in everyone's files if people wanted a DNACPR in place. Therefore, staff could not be sure what action to take regarding end of life wishes. The registered manager told us they were currently reviewing DNACPR forms in people's files to make it clear what people's current wishes were.

The registered manager did not have audits in place to monitor people's care files to ensure they were up to date. However, they did take immediate action to address the situation. After we left the service, but on the same day as the inspection, they emailed us to confirm they had gone through the care files of all the people using the service to review people's mental capacity assessments. They told us they also revised the forms

for night checks and sensor mats and planned to have these signed either by the person, or the person's representative, as appropriate. Four people in the service had Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) on their files and the registered manager advised they would review DNACPRs in everybody's files. Additionally they wrote to us that, "The care plan audit system has been revised and the completion and documentation of the completed audits will be closely monitored by the manager, randomly and monthly."

At the inspection on 16 and 17 February 2016, there was little understanding from the staff we spoke with about the principles of the Mental Capacity Act (MCA) 2005. At the inspection on 10 March 2017, we spoke with four staff about the MCA and Deprivation of Liberty Safeguards (DoLS). Two staff had a good understanding of the MCA principles and DoLS and how this applied to the people they cared for. The other two staff members did not have a working understanding of the legislation but did understand in practice the need for people to consent to their care.

The registered manager showed us the training matrix and we saw that a third of the staff had completed MCA training in the last year. Training had been scheduled for March 2017 but this had been postponed. The registered manager confirmed that they had rearranged for an external trainer to deliver MCA training on 7 April 2017.

The registered manager had already arranged a meeting with team leaders on the day of the inspection to discuss the DoLS process including making an application and complying with conditions as part of the authorisation. This was a practical session that used existing files to demonstrate and explain the process.

The registered manager understood their responsibilities in terms of making DoLS applications to the local authority and we saw that these were recorded in a central file and followed up appropriately.

The registered manager also explained that a person using the service was regularly refusing medicines and that they were currently in the process of arranging a best interest decision to include the family and relevant professionals such as the social worker and GP.