

# Pridegold Limited

# Haven 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

Haven Lodge is a care home that provides residential care for older people and people living with dementia. It is registered for 15 people and at the time of this inspection there were 12 people using the service.

There was a registered manager at the service. 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 the last inspection, we found there were not enough staff and people did not have enough activities. However at this inspection, there were enough staff working to meet people's needs and the provider had employed a second activities co-ordinator.

Staff knew how to report concerns or abuse. Risk assessments were carried out and management plans put in place to enable people to receive safe care. There were effective and up to date systems in place to check and maintain the safety of the premises. Recruitment checks were carried out for new staff to ensure they were safe to work with people. The provider had systems in place to ensure the safe management and administration of medicines.

Staff received support through regular supervisions and had opportunities for training and skill development. The registered manager was knowledgeable about the Mental Capacity Act (2005) and appropriate applications for Deprivation of Liberty Safeguards had been applied for and authorised. People had access to healthcare professionals as required to meet their day-to-day needs.

People were offered a choice of nutritious food and drink. Staff knew the people they were supporting including their preferences to ensure a personalised service was provided. People and their relatives thought staff and the registered manager were caring. Staff respected people's privacy and dignity and enabled people to maintain their independence. The service had documented details of people's preferences of funeral plan arrangements. People and their relatives knew how to make a complaint.

The provider held regular meetings for staff and for people and their families. People and their relatives were able to give feedback through satisfaction surveys. Staff, people and relatives told us the registered manager was supportive. The provider had quality assurance systems in place to identify areas for improvement.

## 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. People and their relatives confirmed the service was safe. People had risk assessments in place to ensure risks were minimised and managed. The provider carried out regular building safety checks. There were enough staff to support people's needs.

Relevant recruitment checks were carried out for new staff and criminal record checks were up to date. There were appropriate arrangements in place for the administration of medicines to ensure people received their medicines as prescribed.

### Is the service effective?

Good ●

The service was effective. People and their relatives thought staff had the necessary skills to meet their needs. Staff were supported because they received regular supervisions, appraisals and training opportunities.

The provider was knowledgeable about what was required of them to work within the legal framework of the Mental Capacity Act (2005). Staff were knowledgeable about when they needed to get consent.

Staff were knowledgeable about people's dietary requirements and people were happy with the selection of food available. People had access to support from healthcare professionals as and when they needed it.

### Is the service caring?

Good ●

The service was caring. People and their relatives told us staff were caring. Staff were knowledgeable about people's needs and life histories and were observed speaking to people in a respectful manner.

People told us their privacy and dignity was respected. We saw staff encouraged people to complete tasks independently when they were able. The service enabled people to maintain links with their religion and culture.

### Is the service responsive?

Good ●

The service was responsive. People's care plans were detailed and personalised and were regularly reviewed. Staff made time to have conversations with people individually to enable people to reminisce and recall memories. The service employed activity co-ordinators who organised a variety of activities for people to participate in.

People and their relatives knew how to make a complaint but told us they had not needed to.

### Is the service well-led?

Good ●

The service was well-led and there was a registered manager. Staff told us they received good support from the registered manager and had regular team meetings.

The provider obtained feedback from people and their relatives through surveys and meetings.

The provider and the registered manager carried out regular quality audit checks of the records and the building.

# Haven 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.

At the last inspection on 8 July 2014, we found there were not always sufficient staff to meet people's needs and there was a lack of meaningful activities for people to participate in.

This inspection took place on 3 and 7 March 2016 and was unannounced. The inspection team consisted of two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection, we looked at the evidence we already held about this service. This included the last inspection report and notifications the provider had sent us.

During the inspection, we spoke with the registered manager, the cook, a senior carer, two carers, the activities co-ordinator, seven people who used the service and four relatives. We reviewed four care records, four staff files and records relating to the management of the service, including menus, medicines, staff training and quality assurance. We observed care and support in communal areas and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

# Is the service safe?

## Our findings

People and relatives told us they thought the service was safe. For example one person told us they felt, "Very safe" and another person said, "You're safer here than anywhere once you get old." Staff were knowledgeable about reporting safeguarding concerns and the whistleblowing procedure and knew who to contact if they felt their concerns were not dealt with appropriately. The safeguarding and whistleblowing policies were available in the manager's office. Staff told us they would tell the registered manager or senior carer straight away if they suspected somebody was being abused and if they were not happy with the response, "I would tell the owner" and "I would tell the local authority or CQC." Staff told us and records confirmed that staff were up to date with safeguarding training.

The premises were safe. Building safety checks had been carried out in accordance with building safety requirements with no issues identified. For example, records showed emergency lighting was checked on 29 May 2015, a gas safety check was done on 23 November 2015, fire alarms were checked on 26 January 2016 and the fire extinguisher check was done on 19 March 2016.

People had risk assessments documented in their care plans to assess their safety within the home. Risk assessments identified the risk and detailed action needed to minimise and manage the risk. These assessments included risks associated with mobility, absconding, self-neglect, and when the person was not eating well. We saw risk assessments were reviewed on a monthly basis.

Staff told us and records confirmed there were sufficient staff on shift to meet people's needs. One staff member told us they had raised a concern in the past with the registered manager about not having enough staff in the mornings and the registered manager had responded appropriately by arranging additional support. People told us there were enough staff on duty to support their needs. For example, one person told us, "I've used the call bell a few times at night and someone always turns up with a smile. They sort out my problems right away." Another person said, "If anyone needs anything they come quickly." We reviewed the rota and saw there were two care staff on duty during the day and awake at night. The service employed two cooks, two activity co-ordinators and a housekeeper. The shift plan showed the housekeeper and activity co-ordinators helped out at mealtimes and care staff helped out with the activities. The registered manager explained all staff worked together as a team. During our inspection we saw no-one had to wait for assistance.

The service had a recruitment and selection policy. There was a process in place for recruiting staff that ensured relevant checks were carried out before someone was employed. For example, we found staff had produced proof of identification, had produced confirmation of their legal entitlement to work in the UK and had been given written references. Staff had criminal record checks carried out to confirm they were suitable to work with people and there was system in place to get regular updates.

Medicines were managed safely. The provider had a medicines policy which gave clear guidance to staff about the supply, storage, administration, record-keeping and disposal of medicines, administration and record-keeping. Medicines were stored appropriately in a locked cabinet and medicines were in date, clearly

labelled and accounted for. The medicines administration record (MAR) sheets had been completed and signed appropriately. There were guidelines in place for people who required "pro re nata" (PRN) medicines. PRN medicines are those used as and when needed for specific situations. We found PRN medicines had been administered and signed for as prescribed. This meant that medicines were stored safely and were safely administered.

# Is the service effective?

## Our findings

Staff confirmed they had regular opportunities for supervision and they felt supported to carry out their role. For example, one staff member told us, "The manager is very supportive. I have supervision every six to eight weeks." Another staff member told us, "I can raise any concerns with the manager in my supervisions." The service had a supervision policy which was updated in April 2015 and stated staff should have supervision at least every eight weeks. Records showed that staff had received at least four supervisions since April 2015 and an annual appraisal. Topics covered included performance, training, record keeping and the well-being of people who used the service.

People and their relatives told us they thought staff had the necessary skills to meet their needs. Staff confirmed they had regular opportunities for training and skill development. Training records showed that new staff were in the process of completing the care certificate as part of their induction. The Care Certificate is training in an identified set of standards of care that staff must receive before they begin working with people unsupervised. We saw that staff were up to date in the core aspects of care including fire safety, end of life care, dementia and first aid.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of inspection two people who used the service had authorised DoLS in place because they needed a level of supervision that may amount to deprivation of liberty. For example, these individuals needed to have a staff member present when accessing the community to keep them safe. We found the home had completed all appropriate assessments in partnership with the local authority and any restriction on people's liberty was within the legal framework.

The registered manager and staff were knowledgeable about the MCA and how to obtain consent before giving care. We observed staff asking people before they carried out any aspect of care. Care records showed that people had signed to agree to their care plan.

People told us they were given choices about the food they ate. For example, people told us there was, "Plenty of food with lots of choices, you can pick what you want", "There is a lot of choice in the food we can eat. I also buy some things I like and the staff will label it and put it in the fridge for me" and "I love



everything we are given." One person told us they were vegetarian and there was a lot of food they could eat and another person told us they could ask for an alternative if they did not like what was on offer.

During our lunchtime observations, we saw everyone had a different combination of food and staff knew exactly what each person had ordered. We also saw that staff asked each person what they would like to drink with their meal. We observed that one person did not eat very much and staff asked this person if they would like an alternative meal or a sandwich.

We saw nutritious menus were offered which reflected people's dietary needs, including religious and cultural needs. The cook and care staff were knowledgeable about people's dietary requirements including who preferred a soft diet and who was vegetarian. There were two meal choices offered to people on a day to day basis and the choices were displayed on a board in the dining area. People participated in setting the table for mealtimes and clearing up afterwards.

One person told us, "If they [staff] can't help, they call the doctor." Staff and care records confirmed that people were able to access support from healthcare professionals when they needed. For example, care records showed that people had appointments with the district nurse, chiropodist and GP and the outcome of these appointments was documented. Records showed that staff completed a hospital admission form when a person had to go to hospital which contained basic information about the person and attached a copy of the list of medicines prescribed. People were weighed monthly and their blood pressure was measured to ensure their physical well-being was maintained.

## Is the service caring?

### Our findings

One person told us, "Staff are nice, never been rude or anything." Another person told us the registered manager, "Has lovely staff as he treats them well and they treat us well in return" and staff were "happy and smiling." This person also told us one of the senior carers was "A ray of sunshine." A relative told us the staff were, "Very caring and my [family member] has improved since being here."

Staff were knowledgeable about people's needs and life histories. Staff told us they developed good positive relationships with people by reading their assessments and care plans. The registered manager told us the service had a stable staff team and the continuity of care helped staff to develop good positive relationships with people and their relatives. We saw relatives greeting the registered manager warmly and thanking them for the support they had given with their relative. Care records included end of life care plans and funeral arrangements and the registered manager told us they liaised with palliative care nurses when needed.

One person told us, "Staff are nice, must be fair to them" and "Staff are very good to me, they will help whenever they can." We observed staff speaking to people in a polite, respectful and caring manner. For example, we saw staff reassuring one person who was anxious to leave the building and offering to go out with them. The person was seen to calm down and engage in the conversation with staff. We saw that staff took the time to listen and responded appropriately each time they spoke with a person.

People told us their privacy and dignity was respected and that, "Staff knock on the door before they come in." During our inspection, we observed staff knocked on the door before entering and were discreet when they asked if a person needed to use the bathroom.

Staff encouraged people to complete tasks on their own without intervening. For example, we saw staff supporting people to go to the bathroom and encouraging people to manoeuvre with walking aids in a positive way which encouraged independence.

The service enabled people to maintain links with their religion and culture. One person told us a staff member, "has offered to take me to the [place of worship]." On the second inspection day, representatives from a local church came to visit people in the home to talk and pray with those who wished to take part. The registered manager and the church representatives confirmed this happened every week.

People and relatives told us that they could have visits at any time. For example, people told us their relatives, "Just turn up whenever they feel like", and "My kids try coming every weekend and never have problems coming in."

## Is the service responsive?

### Our findings

Staff were knowledgeable about people's individual needs and told us they were able to get to know people's needs from the detail of care plans and risk assessments. Records showed people's care plans were reviewed every month by senior care staff and these were up to date.

One staff member told us there was "A member of staff who speaks the language [of person who used the service] and we always ensure that when they are on shift, they have time to sit with [the person] and talk with them." We observed that staff spent time talking with people individually about current affairs, their lives and the work they did. Staff told us this helped people to reminisce and recall memories.

One person told us staff had offered to take them to their chosen place of worship. This person also told us that one member of staff who spoke the same language would put on television programmes in this language on their mobile phone for the person to watch. Records documented people's religious and cultural preferences. Care plans were comprehensive and personalised. Records included people's likes, dislikes and preferences including what time people preferred to go to bed and get up. For example, it was noted on one person's care records that they liked to help arrange the dining tables for mealtimes and we saw this happened. Information was included about the person's life history.

People told us they were able to participate in activities they enjoyed and one person told us the registered manager, "Buys me a paper that I enjoy reading." A relative told us staff, "Are dancing with him which [family member] never used to do but seems to love it now." During our inspection we observed people playing games in the living room on the first day. One person repeatedly asked to be let through the front door because they had finished their day's work and wanted to go home. On each occasion either the registered manager or staff engaged this person in conversation and offered to go out with them. The registered manager explained this person believed they were a staff member in the home. During the second inspection day, staff were chatting, singing and dancing to music with people who used the service.

The service employed two activities co-ordinators to offer activities in the morning and the afternoon. The timetable of activities was displayed in the dining room and conservatory and included table games, music and movement, a local walk and one to one activities for people who did not like group activities. We saw a variety of reminiscence activities were offered which included group conversations about favourite films and film stars, memory exercises and topics of interest.

People and relatives told us they knew how to make a complaint but had not needed to. The registered manager told us and records confirmed the service had not received any complaints since the last inspection. A relative had written a letter of thanks to the registered manager for the kindness staff had shown towards their family member at the end of their life. We reviewed the complaints policy which was updated in April 2015. The policy clearly identified what a person should do if they wished to make a complaint, the procedure to follow if a complaint was received and the timescales the complaint should be responded to.

## Is the service well-led?

### Our findings

People knew the registered manager and how to find them should they wish to discuss aspects of the service. Relatives and people who used the service thought the home was well run and praised the registered manager. For example, a relative told us the registered manager was "Very nice and caring."

The provider carried out feedback surveys every six months to find out how satisfied people and their relatives were with the service. We reviewed the feedback survey responses received during January and February 2016 and saw that every response indicated the service was either good or excellent. The survey included questions about the quality of care, friendliness of the staff and the food that was offered. The registered manager told us they were in the process of analysing the responses to this survey in order to feedback the outcome to the staff team. The provider held monthly 'resident' meetings and we reviewed records for the meetings held in the four months prior to our inspection. Topics discussed during these meetings included entertainment, meals, staff support and maintenance with no issues requiring resolution identified.

Staff spoke highly of the registered manager and told us, "The manager is supportive and approachable", "They listen to what is said and act where possible" and "The manager is good. He listens to what we have to say and acts on it." One member of staff we spoke with told us the registered manager walked around the home each day and spoke with the people who used the service. We saw this was the case. Another member of staff told us, "If we need support when the manager is not here, we can contact him by phone. He always responds quickly and will come in if we need him."

Staff confirmed they had regular team meetings and one staff member said, "We have monthly team meetings where we can raise any concerns." Records confirmed this was the case. We reviewed the minutes of the most recent three meetings. Topics discussed included communication, training, the well-being of people who used the service and medicines. Staff told us and records confirmed that there was a 15 minute handover at each shift change where staff discussed the people who used the service, appointments and allocation of tasks.

The registered manager told us and we saw the service was a member of the National Care Association and this meant they were able to receive information, support and guidance to ensure they provided a good quality care to people in line with legislation and regulation.

The provider carried out monthly audits of the building and records. We reviewed the most recent check which was done on 29 February 2016 which included health and safety, care records, medicines, complaints, food and staff training. We saw no issues were identified and it was noted that all records were up to date.

Senior care staff carried out weekly general building safety audits which included checking the first aid box, fire exits, fire alarms and fire equipment. Records showed these checks were up to date and the service carried out monthly fire drills.

The registered manager carried out weekly checks of the records and general building maintenance. For example records showed the registered manager did a walk around the building and identified if there were issues or if any maintenance jobs were needed. We saw where maintenance jobs were identified records showed when these were completed.