

Vibrance

Rook Lodge

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

This unannounced inspection took place on 9 June 2016. Rook Lodge provides accommodation and support with personal care, for up to ten people who need support to maintain their mental health. At the time of the inspection, there were seven people using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 told us staff treated them with respect and dignity. They told us they were happy living at the service. Relatives said staff were kind and friendly. We noted people had risk assessments, which identified possible risks and guidance for staff on how to manage them. Records showed and the registered manager confirmed that new staff underwent recruitment processes which involved them completing an application form and providing satisfactory evidence to show they were fit for their roles. Staff had received training in Mental Capacity Act 2005 (MCA), medicine administration and mental health awareness.

People's care plans were personalised which meant that each person had a care package unique to them. The service promoted independence by encouraging and supporting people to travel using public transport, to self-administer their medicines and to do shopping and cooking. Staff received training relevant to their roles and were knowledgeable about promoting independence. People used community facilities and were happy the support staff provided. They told us they had social and leisure activities and attended colleges. We noted people were free to invite friends or families to visit them at the service.

People, relatives and staff were positive about the management of the service. They told us the registered manager listened to them. They confirmed that they were asked to make suggestions regarding the quality of the service. We recommended that the quality assurance process including action plans resulting from feedback from stakeholders should be carried out by the registered manager.

The service had a complaints procedure. People and relatives told us they knew how to make a complaint if they were unhappy about the service.

We found that the provider did not have effective systems in place to ensure that the premises were safe. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was mostly safe. The premises were clean, tidy and staff knew what to do if there were incidents and accidents. However, window restrictors were not fitted on the first floor, which meant that appropriate action had not been taken to reduce health and safety risks to some people.

The staff recruitment processes ensured that staff were checked before starting work and were appropriate to their roles.

Medicines were audited and staff received relevant training to ensure they were stored administered and recorded.

Is the service effective?

Good 

The service was effective. People were supported to make their own decisions. Staff received training, supervision and support to effectively meet people's needs.

Staff had an understanding of Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005 (MCA), which meant they could take the right actions to ensure the protection of people's rights.

People's health care and dietary requirements were met because staff supported them to have regular medical checks and people could decide what and when to eat.

Is the service caring?

Good 

The service was caring. People and their relatives were satisfied with the care and support provided at the service.

People, relatives and staff were involved in the review of support plans. People told us they had key workers to whom they could talk.

Is the service responsive?

Good 

The service was responsive. People's needs were assessed prior to them moving into the service. People were consulted about

their care.

People enjoyed various activities suitable to their interests.

Is the service well-led?

Good ●

The service was well-led. People and their families were satisfied with the way the service was managed. They told us the registered manager listened and there was good communication.

Staff told us the registered manager was supportive and helpful. They told us they liked working at the service.

Health and safety checks were undertaken. The registered manager and senior managers carried out audits of the equipment and facilities. These ensured that the environment met people's needs.

Rook 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 took place on 9 June 2016 and was unannounced. The inspection was conducted by one adult social care inspector.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. As part of the inspection we looked at information we held about the service. This included any notifications the provider sent to us about significant incidents and events that occurred at the service. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we spoke with four people using the service, two support workers, a deputy manager and the registered manager. We also spoke, by telephone, with one relative of people using the service. We observed people using the service and reviewed three care files, four staff files and other records such as the staff rotas, menus, and the provider's policies and procedures. We had a guided tour of the premises.

Is the service safe?

Our findings

People and relatives told us they felt safe in the service. One person said, "Yes, I like it here, I feel safe." Another person said, "I get on all right with staff. I get on all right with residents. I am safe here." A relative told us that they were "very happy with the service" and they couldn't "see any fault in the place". They told us staff were "kind and friendly", and their loved one was less anxious than when they came to live at the service.

Staff treated people with respect and dignity. One person told us, "I like my privacy and [staff] give me to do that." Staff told us that they were "at the service to support people to achieve their goals". A member of staff said, "We are here to help them, to give them choices and to enable them to live as independently as possible." People had risk assessments which were reviewed monthly, three monthly or as required, depending on their needs. The risk assessments gave guidance to staff how to manage risks to people. This ensured that staff identified, reviewed and managed risks to people.

During the tour of the premises, we saw that all parts of the home were clean, tidy and free of bad smells. However, we noted that windows on the first floor had no restrictors which meant that appropriate action had not been taken to ensure the premises were safe. Window restrictors are safety features fitted to windows so that they cannot be opened widely to allow people to come out or jump through the windows. The registered manager agreed that window restrictors were essential for ensuring the health and safety of some people who used the service. They told us that they would undertake a risk assessment and would contact the organisation that owned the premises to ensure the restrictors were installed as required, and a few days after the inspection, they sent us an email confirming that all windows on the first floor had been fitted with window restrictors. While the immediate risk to people using the service, staff and visitors was ameliorated, the provider did not have effective systems in place to ensure that the premises were safe.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All other equipment and facilities were appropriately checked and serviced. For example, records showed a gas installation safety check was carried out on 27 April 2016 and portable electrical appliances were tested in April 2016. We noted the registered manager undertook various auditing activities including medicine and fire safety. This showed that health and safety checks were undertaken.

People told us they did not have many concerns about the staffing level as there were "usually staff available" when they wanted them. Relatives stated that there was always someone to talk to at the service and they felt the staffing level was enough. However, one person using the service told there were times when staff were rushed, for example, when supporting them with cooking. Staff told us that 90 per cent of the time there were enough staff but there were times when they "could be a bit stretched". We discussed this with the registered manager who reassured us that staffing levels were reviewed on the basis of the number and needs of people at the service at a given time. Recorded evidence we hold about the service

also confirmed that the provider "correct staffing levels. ...to ensure [people's needs were met]."

When we arrived at the service, we noted three people had already left for their day activities. Another person also went out independently while we were undertaking the inspection. We noted that people using the service required little practical support, as most people had independent living skills. They travelled using public transport, did shopping, cleaning and cooked their meals. The staff rota showed that there were a minimum of two care staff and the registered manager during day time and a waking and sleep-in staff at night.

The registered manager explained the staff recruitment process and said that all staff employed were checked before starting work at the service. We saw evidence in staff files of completed application forms, written references, police checks and the right to work in the UK.

Staff had a good understanding of safeguarding people and reporting incidents and accidents. They told us that they had attended training in adult safeguarding. Staff were able to discuss different forms of abuse and the procedures they would follow to deal with any concerns or incidents of abuse.

People told us they staff supported them with their medicines. One person said, "[Staff] offer a lot of support with medication." Another person told us, "They give my medicine on time." Staff told us some people managed their own medicines independently. Staff told us, and records confirmed that risk assessments had been completed for people who could take their own medicine without needing the staff to administer for them. However, we noted staff administered three people's medicines and looked at these records.

We checked the medicines and the medicine administration record sheets (MARS) and found that they were all in order. We saw that staff had completed and signed the MARS to confirm people had taken their medicines. Records showed that staff had attended training in medicine administration. The registered manager told us that staff audited medicines regularly to identify errors and take appropriate action to reduce health and safety risks to people.

Is the service effective?

Our findings

People and their relatives told us they were happy with the service. One person said they were happy because they could make their own decisions. The said, "I can save [my] money and spend it on holiday or on clothes shopping". Another person told us that they had front door keys which they used to go out and return as they wished. A relative told us staff provided appropriate support which helped people to gain skills for more independent living. The registered manager provided examples of some people who were supported to gain the skills to move on to live independently in the community in their own accommodation. Staff told us that they prompted and encouraged people, where possible, to do things such as cleaning, cooking and taking medicines by themselves. We noted, for example, three people self-administered their medicines.

Staff demonstrated a good understanding of the principles of the Mental Capacity Act 2005 (MCA). The 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. 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 noted that there were documents which detailed people's capacity assessments. Records showed that the registered manager had obtained people's consent to receive care. We saw people or their representatives had signed care plans to confirm their agreement to the care provided.

Staff received training and support to enable them to undertake their roles effectively. Staff told us that they had attended various training and learning opportunities. They told us they had attended training programmes in MCA, DoLS, mental health, first aid, management of medicine, health and safety, fire safety and food safety. A member of staff told us they were due to attend training in autism. Staff files confirmed that staff had completed these training programmes. We also noted that the service had an induction programme which new staff were required to complete before starting work unsupervised. Staff also told us that they had support and supervision from their managers. These showed that staff received training, support and supervision to be able to carry out their roles.

People and relatives were satisfied with the food. A person told us, "I cook my food. I go on my own to do my shopping." Another person said, "I get weekly food money [and] I buy and eat what I want." People told us that they prepared and ate their meals when they wanted. A relative told us, "The food is quite good." We noted that people were given a food allowance each week to purchase what they wanted. Discussions with people showed that staff provided advice and support regarding cooking and healthy eating. We saw each person kept their food separately in the kitchen. The registered manager told us that the service kept extra food to ensure that people had enough to eat if they ran out of their own food.

People told us they regularly attended medical appointments with healthcare professionals. One person

explained how they travelled independently for their appointment and told us how important it was for them to see their doctor. On the day of the inspection we noted a member of staff supporting a person to attend a medical appointment with a healthcare professional. Care plans (support plans) contained information about people's healthcare needs and how to meet these needs. Care files and the service diary showed that people had medical reviews, check-ups and treatment as required. We noted that there were emergency contact numbers for staff to use if people were unwell.

Is the service caring?

Our findings

People and their relatives told us that staff were caring. One person said us they liked the service and were satisfied with the care staff provided. They said that staff were caring because they "check to see if I am all right". Another person told us that the staff provided support that they needed and they tried "to come up with best solutions [for my needs]" A relative told us that they were happy with the staff because they "communicated" effectively with them. They said, "There is quite good communication. I speak to staff once a week. They let me know about [my relative's] wellbeing."

People told us staff listened to them. One person said they met regularly with their key worker to discuss their support needs. A key worker was a member of staff who had a special interest in checking, reviewing and making sure that people received care and support that met their needs. Staff explained their key working roles and told us that they enjoyed being a key worker.

A person told us staff understood their needs and "allowed" friends to visit them at the service. They told us that staff "allowed me to express myself" and to listen to them. People told us they were happy and there were staff who they could talk to and who listened to them. We observed that staff and people interacted in a relaxed and friendly manner. It was evident that staff were aware of the needs of people and how to communicate effectively with them

The support plans were detailed with information about the support needed to meet people's needs and the intervention staff were required to undertake to help people achieve their goals or objectives of, for example, achieving a certain task such as travelling, cooking or using the laundry machine. The registered manager told us that they used a "care plan" and "support plan" differently. A care plan was on-going support that they provided to meet a person's needs. A support plan, however, was taken as a time limited, goal orientated activity that staff provided in order to achieve the goal. The registered manager told us the difference between care and support plan was minimum, and in order to avoid confusion they would use only one of them in future.

We noted that each person had their own bedsit or flat with a shower and toilet facilities. We saw people had personalised their accommodation with pictures, photos and personal items. People told us they kept their bedsits and flats clean and tidy. We noted that staff supported some people, when needed, to clean their accommodation.

Is the service responsive?

Our findings

People had a range of activities available to them. One person told us they did "a lot of walking". Another person told us, "I go to the gym." People informed us that they went to pubs, shops or to see friends. A person told us they belonged to "a music group" based in the community, which they enjoyed attending. A relative said they had no complaints about the activities the service provided. We noted that some people went to visit their families whilst the others were visited by them.

People received personalised care. One person told us that they "furnished my room the way I like". They told us that they had "lots of pictures" in their room and they liked to keep their room clean and tidy. We were informed that people were happy about the privacy and dignity they had at the service. A person said, "I like my privacy and they give me that."

Staff regularly reviewed people's assessments of needs and support plans. One person told us that staff consulted and discussed their needs and care plans during their monthly meetings. Records showed that support plans were reviewed and people and their representatives were involved. The registered manager explained the admission process and said that staff completed initial assessments of needs for each new person to check if the service was suitable for them. The registered manager said new people using the service were then encouraged to visit the service before they were offered a place. This was to give people and their relatives an opportunity to see and make an informed decision if the service was appropriate for their needs. Records showed that support plans were developed based on the assessment of needs. This ensured that each person had a plan which was designed to respond to their needs.

People and relatives told us key workers discussed their support plans. One person told us they had a "monthly one-to-one meeting" with their key worker. They told us staff listened to them and they felt their support plans reflected their needs. People told us staff asked and allowed them to decide how they wanted to be supported. We noted people could decide when to go to bed or get up and each person had privacy in their room. We noted that each person had individual routines, for example, when to get up, to go to bed or to have their meal. This showed that people had a support plan that reflected their individual needs.

People were consulted about the service. One person told us that they were asked "for suggestions" to tell staff what was best. They told us they were offered "a lot of day trips to the seaside." For example, recently they went to Margate. We noted that monthly 'residents' meetings' took place which allowed people to share their experience of the service and discuss issues common to them.

The service had a complaints procedure in place. People and relatives told us they knew how to make a complaint. They told us that they would speak to the registered manager if they had a concern. A relative said, "Yes, I know how to complain." We saw the complaints procedure was displayed in the lounge at the home. Staff told us they knew about the provider's complaints procedure. We noted there were no recorded complaints since the last inspection. The registered manager told us any complaints received would be recorded, investigated and responded to following the procedure.

Is the service well-led?

Our findings

People and relatives were satisfied with the management of the service. One person told us, "The manager is good. [They have] made changes for the better." Another person said, "The manager listens." A relative told us, "The manager is approachable. There is quite a good communication. I am very happy with the service."

People told us they were consulted about the quality of the service. One person said, "We are asked for suggestions about what is best. We give feedback." The registered manager told us that the service used survey questionnaires to seek the views of people, relatives and staff about the quality of the service. We noted that completed and returned survey questionnaires were analysed by the head office. The registered manager said staff were involved in the analysis of the feedback and a report of the outcome was received by the service. The registered manager tried but was unable to find and show us the report. We were informed that there were no issues that required action from the last survey. We recommend that the provider reviews quality assurance systems to ensure feedback is sought from people who use the service, their relatives and staff, and action is taken as a result of the feedback.

Staff spoke positively about the registered manager. A member of staff said, "[The registered manager] has an open door policy. They say they are always available." Another member of staff told us, "The manager is nice and helpful. I am happy to work here." Staff told us they had read the service's policies and procedures and knew their roles. They gave examples of the policies and explained how they would use them, for example, by reporting an incident of abuse appropriately.

The registered manager explained how they were "passionate about making changes to improve the service". We noted the registered manager had experience of managing care services and was supported by senior managers and staff. We were informed that the operation's director visited the service to carry out an audit of various aspects (such as care plans and safety of the facilities) of the service. Records showed that the last such visit by the operation's director took place on 18 May 2016.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Window restrictors were not fitted on the first floor.