

# London Borough of Barking & Dagenham

# Kallar Lodge Residential

# Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Kallar Lodge Residential Care Home is a residential care home providing personal care to 25 people aged 65 and over at the time of the inspection, many of whom were living with dementia. The service can support up to 44 people.

### People's experience of using this service and what we found

Systems were in place to help protect people from the risk of abuse. Risk assessments were in place which included information about how to mitigate risks people faced. Steps had been taken to ensure the premises were safe. Infection control measures had been put in place. There were enough staff working at the service to support people in a safe way, and pre employment checks were carried out on staff to check their suitability. Accidents and incidents were reviewed to reduce the risk of similar incidents re-occurring.

Quality assurance and monitoring systems were in place to help drive improvements at the service. Some of these included seeking the views of people who used the service and others. The service had links with other agencies to help develop best practice. There was a clear management structure in place and staff spoke positively about the support they received.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 27 June 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations

### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 30 May 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve in relation to sage care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe and well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the safe key question. We look at this in all

care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Kallar Lodge Residential Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Kallar Lodge Residential Care Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Kallar Lodge Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave a short period notice of the inspection because we wanted to check if it was safe for us to visit.

#### What we did before the inspection

We reviewed the information we already held about the service. This included details of its registration and

previous inspection reports. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with one person who used the service about their experience of the care provided. We spoke with five members of staff including the registered manager, deputy manager, a team leader and two care assistants.

We reviewed a range of records. This included multiple medicine records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at risk assessments and quality assurance records. We spoke with four relatives of people who used the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At the last inspection we found that risk assessments were not always in place in relation to people's health conditions. This issue had been addressed. Risk assessments were in place for people which covered health conditions, along with other risks people faced, including falling, skin integrity and nutrition.
- Risk assessments had all been reviewed since our last inspection and were subject to monthly reviews. This meant they were able to reflect the risks people faced as they changed over time.
- Steps had been taken to ensure the premises were safe. For example, checks were carried out to ensure the safety of gas and electrics in the building, as well as regular fire safety checks.

### Using medicines safely

At our last inspection the provider had failed to manage medicines in a way that was safe. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were managed safely. They were stored securely in locked medicines cabinets within a locked designated medicines room. Medicines records were found to be accurate and up to date. Appropriate arrangements were in place for the storage and recording of controlled drugs.
- Where people were prescribed medicines on an 'as required' basis, guidance was in place about when to administer this. This meant people were given their medicines when they needed them.
- People told us staff supported them with their medicines. One person said, "They (staff) give them to me and I take them. I have a glass of water."
- Only staff who had undertaken training were able to provide support with medicines. However, there were no such trained staff working during the night. The deputy manager told us no one was prescribed any

medicines to be taken during the night. However, they said if a person needed to take an 'as required' medicine, staff on duty would have to call for a trained member of staff to come in to administer it. We discussed this with the registered manager who said they would raise the issue with the local authority, who was the provider of this service.

#### Systems and processes to safeguard people from the risk of abuse

- Systems were in place to help protect people from the risk of abuse. The provider had a safeguarding policy in place. This made clear their responsibility for reporting any allegations of abuse to the local authority and the Care Quality Commission. Where there had been any safeguarding allegations these had been dealt with in line with the procedure.
- Staff were aware of their responsibility for reporting allegations of abuse. One staff member told us, "I would report it (suspected abuse) to the manager and make sure they address it." People told us they felt safe. One person said, "Oh yeah, no problem (in relation to feeling safe)."

#### Staffing and recruitment

- There were enough staff working at the service to meet people's needs in a safe way. Staff told us they had enough time to carry out their duties, and we observed them to be supporting people as needed.
- Most relatives we spoke with said staffing levels were good. One relative said, "I feel that staffing levels are extremely safe."
- Checks were carried out on prospective staff to help ensure they were suitable. These checks included employment references, proof of identification and criminal record checks.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- The provider sought to learn lessons when things went wrong. Accidents and incidents were recorded and reviewed. These were analysed to see what action could be taken to reduce the likelihood of similar incidents occurring again in the future.
- For example, where people had falls, risk assessment were reviewed to reflect the change in risk to the person and people were referred to appropriate health care professionals.



# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Continuous learning and improving care

At our last inspection the provider had failed to operate effective quality assurance and monitoring systems to promote the health, safety and wellbeing of people who used the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At the previous inspection we found that systems for reviewing risk assessments and the management of medicines were ineffective. These issues had been addressed. Medicines audits were in place and medicine records were checked regularly. Risk assessments were now subject to regular review and found to be of a satisfactory standard.
- Audits were also carried out in other areas, including care plans and infection control practices. In addition, the area manager carried out a monthly visit to the service which included reviewing documentation and speaking with staff and people who used the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff told us there was an open and positive culture at the service and spoke positively about senior staff. One staff member told us, "They (the staff member's manager) are a very nice person. Very approachable." A relative said, "The atmosphere is nice and they (staff) seem genuinely kind."
- Staff had a good understanding of person-centred care and of the individual needs of people. Documents demonstrated a commitment to person centred care. For example, risk assessments looked at the risks individuals faced and how to mitigate the risks for each person.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had systems in place for dealing with complaints to address issues of concern raised by people.
- Accidents and incidents were reviewed so action could be taken to improve when things had gone wrong. Relatives told us that over time people's experience had improved. One relative said, "When (person) first went there, there were problems. They had a fall and had to go to hospital. But it has been 18 months now

with no falls and no injuries."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a registered manager, who was supported in the day to day running of the service by a deputy manager. A clear line management structure was in place. Staff were aware of who their line manager was, and they had a clear understanding of their individual roles.
- The registered manager and provider understood their regulatory requirements. For example, the registered manager had sent notifications of significant incidents to the Care Quality Commission in line with their legal responsibilities and the provider had employer's liability insurance cover in place.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider engaged with people and sought their views. For example, people had been consulted about decorating the premises, menus and activities. One person told us they spoke with the registered manager, saying, "I see (registered manager) from time to time, we have a chat."
- An annual survey was carried out to seek the views of people and relatives. Relatives confirmed that the provider had regular contact with them. One said, "They are very good with us, on the phone they let us know what is happening."
- The provider worked with other agencies to develop knowledge and share best practice. For example, the registered manager attended a care provider's forum run by the local authority where they met with other registered care providers. The service was also affiliated to Skills for Care who provided guidance and support with training needs.