

# First Care Lodge Limited

# Nelson Street

## Inspection report

49 Nelson Street  
East Ham  
London  
E6 2QA

Tel: 02085867895

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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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Nelson Street provides accommodation and support with personal care for up to three adults with mental health needs. At the time of our inspection there were two people using the service.

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

A person told us the service was safe and they trusted the staff. People's risks had been assessed and plans were in place to minimise the risk of harm. Care records were personalised and reflected people's preferences. However, the provider was in the process of changing to an electronic system and a new member of staff was using a personal computer to access confidential care records. We have made a recommendation in relation to good governance.

The building was in need of repair and the provider showed us records that maintenance improvements had been scheduled. Communal areas were in need of redecoration such as the wall plaster was peeling near the windows. After the inspection, the provider told us the wall had been repainted since the inspection. We have made a recommendation about the environment of the service.

People received adequate support with their medicines, but the provider needed to include more detail about medicines administered on an 'as required' basis. The provider made these changes during the inspection. People told us they had access to healthcare support when they needed it.

A person and staff spoke highly of the management team and reported the service had a positive and open culture. A person told us they knew how to make complaints if they needed to and thought the staff were friendly.

People and staff told us there were enough staff to keep people safe and records demonstrated staff were recruited safely. Staff received training to support them to carry out their roles. People had input into what they drank and ate and were encouraged to eat a balanced diet.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

The last rating for this service was good (published 19 September 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

### 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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

# Nelson Street

## 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.

#### Inspection team

The inspection team consisted of one inspector and one inspection manager.

#### Service and service type

Nelson Street 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

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. 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 made general observations at the service. We spoke with one staff member.

We reviewed a range of records. This included two people's care records and multiple medication records. We reviewed a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with the registered manager as he was not available at the time of the inspection. We looked at recruitment and quality assurance records because only the registered manager had access to these.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- A person living at the service told us they felt safe at the service and trusted the staff. They told us, "It's very good, no complaints. It definitely feels safe."
- Staff received safeguarding training and knew what to do if they were concerned people were being abused. One staff member said, "Yes, I would report the person to the manager and involve the safeguarding team." This member of staff said they would start to investigate an allegation before being instructed to do so by the safeguarding team and the registered manager told us they would re-enforce the procedure with all staff.
- The registered manager understood his responsibilities about making appropriate referrals to external authorities.
- The local authority reported that they did not have any concerns about the safety of the service.

Using medicines safely; Learning lessons when things go wrong

- Medicines were adequately managed. A person told us they had no concerns about their medicines and knew what their medicines were for.
- Staff kept accurate medicine administration records to show which medicines had been taken.
- Protocols for staff to follow about when to give people medicines on an 'as required' basis where not always clear, for example the reason why they were given was not included in line with best practice. The registered manager rectified the forms remotely during the inspection and sent us documents to demonstrate this.
- Nobody was self-administering their medicines but staff encouraged people to think about this next step towards independent living.
- The provider had a safe process to order, store and dispose of unused medicines.

Assessing risk, safety monitoring and management

- The risks people faced to their health and wellbeing were assessed and plans were in place to tell staff how to support the person safely and reduce the risk of harm.
- Risks were regularly reviewed and the relevant assessments were updated. For example, supporting someone to make healthy choices.
- A person we spoke with was aware of the risks they faced and were involved in planning how to reduce the harm they caused. The person said, "Staff help me [with health condition]. They are doing everything they can."

- The provider managed environmental risks to minimise the risk of harm.
- There was a system in place to record and analyse accidents and incidents to improve care.

#### Staffing and recruitment

- There were enough staff to meet people's needs. A person and staff told us staff levels were sufficient.
- People's support needs were assessed and a number of staff were allocated to each shift accordingly. We noted the number of staff on duty corresponded with the level of need.
- The provider had a contingency plan in place to obtain staff cover from another service run by the provider in the event of staff sickness and absence.
- Staff recruitment records demonstrated relevant checks had been completed before staff worked unsupervised at the service. There were completed employment histories, proof of identity, references and Disclosure and Barring Service (DBS) checks. The DBS is a national agency that holds information about criminal records.

#### Preventing and controlling infection

- People were protected from the risk of the spread of infection.
- Staff followed a cleaning schedule and used suitable equipment to ensure the environment was clean and decontaminated. The service was free from malodours.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

- Nelson Street is a care home based in a residential terraced house and arranged over two floors. There was a garden to the rear and people had separate bedrooms and shared washing facilities, kitchen and lounge.
- The garden was cluttered with old timber. Fixtures and fittings were in need of repair. The registered manager told us these repairs had been booked in shortly after the inspection and had been rectified. Records sent after the inspection confirmed this.
- The lounge and corridor areas were poorly decorated, for example there was damage to the wall finishing near windows. After the inspection, the provider told us the wall had been repainted since the inspection.

We recommend the provider continue to develop plans for further environmental improvements.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider assessed people's needs when they started at the service and created care plans reflecting the best way to support them.
- A person told us they were aware of their care plan and felt their mental health was supported. Staff reported people's mental health was stable.

Staff support: induction, training, skills and experience

- A person told us staff knew what they were doing.
- Staff said they received training relevant to their roles and were able to discuss any development needs they had during regular supervisions.
- A new member of staff told us they had a two week induction to learn how to care for the people using the service before they worked independently.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough and staff encouraged people to make healthy diet choices.
- People had input into meal planning and people could cook for themselves where possible. We saw people making drinks during the inspection.
- Records demonstrated relevant referrals to dietitians were made when required.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to health care and the service worked with other agencies to provide effective care.
- Staff reminded people of their appointments and accompanied people to regular clinics.
- A person we spoke to told us they were aware of the medical appointments they needed to attend and told us staff had supported them to consent to receive critical care in a prompt manner.
- The provider facilitated mental health reviews to support people's mental health and records demonstrated a range of health care professionals were involved in people's care

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- Consent to care was obtained in line with law and guidance.
- People had signed their care plans to indicate consent.
- Staff understood the principles of the MCA and the importance of carrying out people's choices. A staff member said, "Everyone has capacity, they are adults and can make their own choices."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff developed caring and respectful relationships with people using the service.
- A person told us they liked and trusted the staff. They said, "The manager appoints good staff and I can talk to them."
- A staff member told us how they built up good rapport with the people they supported and we observed staff speaking respectfully to people during the inspection.
- Staff told us how they respected people's diversity and would treat people equally regardless of their age, race or sexual orientation. Records showed people were supported to attend their places of worship if they wished. This showed that people from different religions and from the lesbian, gay, bisexual and transgender community would be welcomed at the service.

Supporting people to express their views and be involved in making decisions about their care

- Staff understood the importance of giving people choices about their care.
- A person told us they felt confident talking to staff about what they wanted. They were aware of the plans in place to support their care and mental health and had agreed to them.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. We observed staff observing people's privacy when the person did not want to talk at a particular time.
- A person told us their privacy was respected, "I have my own room, they give me space when I want it."
- People's independence was promoted. People were encouraged to complete tasks for themselves to support them to learn life skills such as cooking and cleaning.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The provider assessed people's care and support needs when they started to use the service.
- People's preferences and life history were considered and recorded in their care plan.
- Care plans were updated regularly by the deputy manager and reflected people's changing needs. The care plans were personalised with information about their preferences.
- A person told us they thought staff knew their likes and dislikes well and were able to feed in to their care planning during key worker meetings. A key worker is a designated staff member who has overall responsibility for supporting the person on an individualised basis.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider assessed people's communication needs and staff told us how they used different methods to communicate with people.
- We saw that pictures were used to help people make choices such as meal planning.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain social relationships to avoid isolation such as visits to their families.
- People's interests were captured in their care plans and known by staff. A range of activities were developed for people to participate in if they wished, such as attending volunteering opportunities, and going to leisure activities.
- People were not restricted to go into the community and were able to go to culturally significant places and restaurants.

Improving care quality in response to complaints or concerns

- The registered manager told us there had not been any complaints since the last inspection.
- A person told us they knew how to complain if they needed to and their suggestions were acted upon.
- An easy read version of the complaints policy was in place to support people to raise a concern if they needed to.

#### End of life care and support

- The provider had asked people about their end of life wishes and this was captured in their care plan. Where people did not wish to discuss it and this was respected.
- The provider was not currently supporting anyone who was receiving end of life care.

# 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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider was moving from paper-based records to a fully electronic system. A new member of staff did not have access to the provider's computer and were using a password-protected personal computer to access care records such as health action plans and risk assessments. This posed a risk to people's confidential information and did not align with data protection requirement and updates to care records could be missed by staff.

We recommend the provider seek guidance and support to develop a contingency plan for new starters that adhered to relevant law and guidance, including information governance law and principles.

- The registered manager understood the issue and provided the staff member with the relevant equipment after the inspection.
- The provider's environmental checks were not robust enough to highlight those areas of the service that were in need of redecoration such as the wall paint and plaster was peeling near the windows. After the inspection, the provider repainted these areas.
- The provider had systems in place to check the quality of the care provided such as inspections and medicine audits and improvements had been made where required.
- The registered manager was supported by a deputy manager who was responsible for updating people's assessments to ensure they were up to date.
- The registered manager had shared their vision for the service with staff and staff were committed to making improvements at the service.

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

- There was an open, positive culture at the service.
- A person and staff spoke highly of the registered manager and told us they were accessible. A person told us, "The manager is a really good guy, I can talk to him about anything." A staff member said, "The company is small and it's more like a family. I can call any time and the manager will answer."
- The registered manager understood the requirement to be open and transparent when dealing with outside agencies.

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

- There were systems in place for people and health and social care professionals to feedback about the service such as during annual surveys.
- A person told us there were regular resident meetings when they could make suggestions about the running of the home. The person told us there was not any changes that needed to be made.
- Records showed the provider worked in partnership with external agencies to better support people. For example, mental health professionals.
- The commissioning local authority informed us that their recent monitoring visit of the service was very positive.