

T.L. Care (Havering) Limited

Faringdon 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 

Overall summary

This unannounced inspection took place on 28 September 2015. At the last inspection in November 2014 we found breaches of legal requirements. This was because people were not protected against risks associated with medicines. The registered person did not have effective systems in place to monitor the quality of service delivery. They also failed to maintain accurate records in respect of each person who used the service so

that care plans and risk assessments were not regularly updated and reviewed when people's needs changed. At this inspection we found improvements had been made and the service now met the required standards.

Faringdon Lodge is registered to provide personal care, support and accommodation for up to 28 older people. Some of the people who use the service are living with dementia. At the time of inspection 23 people were using the service.

Summary of findings

The home is a large converted property split into two units, Sandringham and Balmoral. In the Sandringham unit accommodation is arranged over two floors and there is a lift to assist people to access the upper floor. The home has 23 rooms in total, two of which are double rooms. We were informed that the double rooms are now used as single rooms.

At the time of the inspection there wasn't a registered manager at the service. An interim manager has been in charge of the home since June 2015. They have made an application to the Care Quality Commission to become the registered manager. 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.

Staff understood their responsibilities to protect the people in their care. They were knowledgeable about how to protect people from abuse and from other risks to their health and welfare. Medicines were managed and handled safely for people. Arrangements were in place to keep people safe in the event of an emergency.

There were sufficient staff to meet people's needs. Staff were attentive, respectful, patient and interacted well with people. People told us that they were happy and felt well cared for. Risk assessments were in place about how to support people in a safe manner.

Staff undertook training and received supervision to support them to carry out their roles effectively. The interim manager and the staff team followed the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff training records showed they had attended training in MCA and DoLS.

People were supported to maintain good health. They had access to health care services when it was needed. People received a nutritionally balanced diet to maintain their health and wellbeing.

People's needs were assessed before they moved in to the home. Care plans were person centred and were regularly reviewed. Care plans were updated when people's needs changed.

The service had a clear management structure in place. People and staff told us they found the interim manager approachable and that they listened to them.

The provider sought feedback about the care provided and monitored the service to ensure that care and treatment was provided in a safe and effective way to meet people's needs.

Any complaints were documented along with the actions taken. There was an effective system in place to monitor the quality of service provided.

Summary of findings

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 were protected as systems were in place to ensure their safety and well-being.

Staff had received training with regard to keeping people safe and knew the action to take if they suspected any abuse.

People were supported by staff who were trained to administer medicines appropriately.

We found regular checks took place to make sure the service was safe and fit for purpose.

Is the service effective?

Good



The service was effective. People were supported by staff who had the necessary skills and knowledge to meet their needs.

People were supported to receive the healthcare that they needed.

Systems were in place to ensure that people's human rights were protected and that they were not unlawfully deprived of their liberty.

Is the service caring?

Good



The service was caring. Staff were kind, caring and treated people with dignity and respect.

People received care and support from staff who were aware of their needs, likes and preferences.

Is the service responsive?

Good



The service was responsive. Staff had information about people's individual needs and how to meet these.

People were encouraged to be independent and make choices in order to have as much control as possible about what they did.

Is the service well-led?

Good



The service was well-led. An interim manager was in post who has applied to the Care Quality Commission to be the registered manager.

We saw and visitors felt that the atmosphere in the home was friendly and welcoming. Feedback from healthcare professionals was positive and they felt the interim manager was approachable and proactive.

The staff felt supported and enjoyed working at the home.

Regular audits and checks took place. Issues identified were acted upon to make improvements to the service.

Faringdon 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 28 September 2015 and was unannounced. It was conducted by one inspector and an expert by experience with experience in dementia care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed previous inspection reports, information received from external stakeholders and statutory notifications. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with four people who used the service, five relatives, six members of the care staff and the interim manager. The provider of the service was present during feedback at the end of the inspection.

We looked at care records and other relevant records of four people who used the service, as well as staff records and a range of records relating to the running of the service.

Is the service safe?

Our findings

At our last inspection of this service in November 2014 we found that risk assessments were not thoroughly recorded. During this inspection we found these issues had been addressed. Care and support was planned and delivered in a way that ensured people were safe. The care plans we looked at included risk assessments which identified any risk associated with people's care. We saw risk assessments had been devised to help minimise and monitor the risk. Where risks had been identified, there was guidance for staff about how they would be managed. Staff were aware of the action to take when people were at risk of falls, had medical conditions such as diabetes or were at risk of developing pressure ulcers. For example, one person's risk assessment stated "[the person] to sit on her air flow pressure cushion at all times to ensure the risk of developing pressure areas is kept to a minimum."

At our last inspection we found that people were not assisted to receive their medicines safely and at times they needed them. During this inspection we found that these issues had been addressed. The designated staff (deputy manager and senior staff) responsible for administering medicines had completed appropriate training and had been assessed by the manager as competent to administer medicines. The interim manager carried out a weekly and monthly medicines audit. We saw that people received their medicines when they needed them. They followed the medicine administration procedure. Medicines were delivered and booked in using the Medicine Administration Record (MAR). They were stored safely in a medicine trolley which was secured to the wall. We observed that the correct procedures were followed for administering controlled drugs. The manager informed us that two people living at the home used controlled medicines. Therefore appropriate arrangements were in place to manage medicines. People were provided with a service that was monitored by the management team to ensure that medicines were administered safely by staff and met people's needs.

People were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent it from happening. People who used the service told us they felt safe at the service. One person said, "I am very safe here and have no concerns what so ever." Another told us "The girls are lovely and I

could not wish for anyone better, definitely feel safe here." Relatives did not raise any concerns about the safety of their family members living at the service. They commented, "I know he is safe and have every confidence in the staff." "My mum is safe here and carers look after her they get her out of bed and encourage her to socialise."

The staff we spoke with were clear about their responsibilities to report concerns and were able to describe the different types of abuse. We saw staff training records which confirmed that they had completed safeguarding adults training. They were aware of their duty to notify the Care Quality Commission and the relevant local authority about the occurrence of any safeguarding incidents.

We observed that the communal areas were clean and comfortable. We viewed three people's bedrooms with their permission. We saw that they were well furnished and personalised with photos and other items. They told us they liked their rooms.

The service had a robust staff recruitment system. We saw that appropriate checks were carried out before staff began work. We looked at two staff files and noted that references were obtained and criminal records checks were carried out to check that staff did not have any criminal convictions. This assured the provider that employees were of good character and had the qualifications, skills and experience to support people living at the home.

We checked the staff rota and found that there were sufficient staff on duty to keep people safe and to meet their needs. Staff and people told us that there were always enough staff on duty. The duty rota showed that the staffing levels indicated on the record matched the number of staff present during our inspection. The staffing levels were flexible and changed according to people's needs.

Systems were in place to ensure that all equipment was maintained and serviced. We saw that a regular programme of safety checks was carried out. For example, a gas safety check carried out on appliances on a yearly basis. The fire alarms were tested on a weekly basis and fire drills were also carried out. Arrangements were in place to deal with foreseeable emergencies. The home employed maintenance staff to ensure minor repairs could be dealt

Is the service safe?

with quickly and staff were clear about how to report maintenance issues. This meant that action was taken to keep people safe. It also ensured that equipment used was fit for purpose.

Is the service effective?

Our findings

People said the staff were very good and supported them well. One person said, “All my needs are being met. I get regular tea and biscuits and the food is really good. The girls are very pleasant here. I go to bed when I want, they do not rush me.” Relatives told us, “The staff give regular tea and biscuits and look after all his personal needs. They have good dinners and staff really do care.” Another said, “What I like is staff are informative, they tell me straight what is happening, staff are good with [my relative] and they are really spot on.”

People were supported to have their assessed needs, preferences and choices met by staff who had the necessary skills and knowledge. Staff told us that they received training relevant to the work they did. They told us that they found the training valuable and it gave them confidence to carry out their role effectively. We looked at training records and found that staff had attended several courses relevant to their role. Training included safeguarding adults, infection control, continence management, as well as managing challenging behaviour, first aid, medicine management and health and safety. Staff told us they had attended a number of training sessions and were encouraged to identify any specific training needs.

Staff felt supported by management. They confirmed and records showed that they had regular supervision sessions with their line manager. Supervision sessions are one to one meetings with their line managers to develop and motivate staff and review their practice or behaviours. Annual appraisals were also in place. Annual appraisals for staff members provide a framework to monitor performance, practice and to identify any areas for development and training to support staff to fulfil their roles and responsibilities.

Staff had an awareness of the Mental Capacity Act 2005 (MCA) and had completed training in this area. They were clear that, when people had the mental capacity to make their own decisions, this would be respected. The MCA sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected. The interim manager demonstrated a clear understanding of the MCA and the Deprivation of Liberty Safeguards (DoLS), law protecting people who need to be deprived of their liberty for their own safety. The interim

manager explained how capacity assessments were carried out and reviewed regularly. Where the staff identified limitations in people’s ability to make specific decisions they worked with them, their relatives and relevant advocates to make decisions for them in their ‘best interests’ in line with the MCA. The interim manager had made appropriate applications for DoLS authorisation for people who required this and were waiting for a decision to be made by the local authority. We observed staff working with people and saw they offered choices and respected people’s decisions. There was constant discussion and interaction between the staff and people who used the service. This ensured that people’s human and legal rights were respected.

People were involved in making decisions about the food they ate and were asked each day what they wanted. They were supported to eat and drink in order to maintain a balanced diet and promote their health and wellbeing. People had a monthly meeting to decide what they would like to eat. A menu was devised based on people’s choice. People told us they liked the food and had a choice. Meals were flexible to meet people’s needs. On the day of the inspection, we saw a person who wished to eat independently eating from a plate which did not have a plate guard. This meant that they dropped food on the table and the floor, managing to eat very little. They were unable to use the cutlery properly. This was pointed out to the interim manager who agreed to order a plate guard and appropriate cutlery for them. After the inspection they confirmed that these items had been purchased and were being used by the person. Staff discreetly assisted people who needed this.

People were supported to maintain good health, have access to healthcare services and receive on-going healthcare support. We looked at people’s records and found they had received support from healthcare professionals when required. For example, we saw involvement from the speech and language therapist, physiotherapist, district nurse and GP. We saw that staff followed guidance provided by a speech and language therapist (SALT) for people who required specific assistance with food. The district nurse came twice a day to administer insulin to people with diabetes. This meant that appropriate action was taken by staff to keep people in good health.

Is the service effective?

All areas were adequately decorated and furnished. The downstairs part of the house was accessible to people who had mobility issues. We observed that since the last inspection, some improvements to the environment had been made such as the removal of unused furniture from the bathrooms and toilets upstairs.

However, the home was in need of refurbishment and updating. We saw that all the assisted bathtubs had manual hoists and rusting pipes with poor lighting. The shower room had an unused sluice and other items stored there making it a cold and uninviting place to use. This meant that possibly, this facility was not used to its full potential. The interim manager had identified this issue and was in discussion with the provider to make the necessary improvements.

We saw that the atmosphere in the home was calm. However, although there were people living with dementia at the home there was little signage or other appropriate equipment for this group of people. The interim manager had identified this issue. They told us that they had taken action to make improvements to the environment. They had ordered signage which they would use throughout the home to assist people in identifying their bedroom, the toilets, bathrooms and other communal areas. The signage would enable people to increase their level of independence and reduce the need for staff support.

Is the service caring?

Our findings

People and relatives told us that they were happy with the care they received and that the staff were very supportive. One person said, “Staff are very caring and treat me respectfully. No one disturbs me at night and I make my own choice about when I go to bed.” Another person said, “The staff are lovely and I feel well cared for, I have no complaints at all.” Comments from relatives included, “The girls will pop up to the shops if people need anything. They go beyond caring. He couldn’t get better treated than if he was at home.”, and “Everything is good here. We looked at other places before here but this home had a nice feel about it. Staff are very caring which is what made the decision for me.”

During the inspection we spent time observing staff and people who used the service. On the day of the inspection there was a calm and relaxed atmosphere in both the units. Throughout the day staff interacted with people in a patient, caring and friendly way. We saw staff stroking a person’s hand when they became distressed after their relative’s visit. The staff were attentive and interacted well with people. This showed that staff were caring and attentive.

We saw that staff treated people with dignity and respect. For example, one person’s care plan stated, “[the person] to choose when they get up and to do so with their dignity and privacy maintained. Please assist [the person] to dress their top half before washing their lower half ensure their dignity is protected. Please follow the same procedure when washing their lower half.”

Staff explained that they respected people’s privacy and dignity by knocking on people’s doors before entering and making sure they were bathed in a dignified manner by using towels to cover them when needed.

The home provided end of life care to people with the support of the district nursing service. We saw that all staff had received training in end of life care. They told us they would respect people’s wishes at the end of their lives. They would support people and their families with kindness and respect during this time. One person at the home was receiving end of life care at the time of the inspection. Staff respected their end of life care wishes and worked with other agencies to provide appropriate support.

Is the service responsive?

Our findings

At our last inspection of this service in November 2014 we found that the service was not always responsive. The care plans we saw did not cover all aspects of a person's individual care needs, the specific support they needed and how their specific needs were to be met. During this inspection we found these issues had been addressed.

Each person using the service had an assessment of their needs prior to admission. This was translated into a plan of how their care was to be delivered. People's care plans were in the process of being up dated and changed to a new format. We saw three care plans which had been completed by the interim manager. They were personalised and contained details of people's likes and dislikes, what they liked to be called, medical history and life history. The records contained sufficient information to enable staff to provide personalised care and support in line with people's wishes. For example, for people who had mobility issues they gave details about specific equipment to be used and how many staff were required to carry out the task., For example "[the person] to be transferred to their wheelchair using the electric hoist and a small sling. Two carers to assist with the transfer to ensure [the person's] safety."

Relatives and friends told us that they were involved in discussions about people's care plans and that staff knew how to look after them. A person who used the service told us, "The girls get me what I need and if I need help they would do it." Another told us, "I couldn't wish for a better crowd, I like it here and the girls look after everyone." A relative told us, "My [the person] is always ready when I collect her for her hospital appointments and staff respond when I ask questions. They are very helpful."

The care plans were reviewed every month with the involvement of people who used the service where possible and their relatives, if they wished. They were reviewed and updated more frequently if people's needs changed, for example, when a person returned from hospital.

Arrangements were in place to meet people's social and recreational needs. An activities coordinator was employed to provide a variety of activities. They spent individual time with people as well as offering group activities. This included bingo and musical entertainment, which took place during our visit. Others watched TV or listened to

music. The activities coordinator was friendly and sociable. We saw that people responded warmly towards them. People were gently encouraged to participate in the activities but did not participate if they chose not to. This meant that people were not isolated and received companionship within the home. We saw that people were able to go to their rooms at any time during the day to spend time on their own. This helped to ensure that people received care and support in the way that they wanted to.

People's healthcare needs were met by the service. Health care professionals said people were well cared for; their personal hygiene needs were met and any concerns were followed up by the interim manager and staff. From the notes we looked at, we saw that the GP was promptly contacted if a person became unwell. Appropriate referrals were made to the occupational therapist and/or the physiotherapist when needed. Staff followed advice given by them to assist people's recovery. All relevant information was shared with other agencies and professionals when people moved between services and relatives were kept informed. People's healthcare needs were therefore identified and dealt with to ensure that they received the necessary treatment to keep them in good health. A health care professional told us "I think that staff are lovely in the way they talk to the older people. They are very caring and patient with them and willing to help me whenever I have called them."

People told us they felt able to raise any concerns or complaints. One said they would complain "to the manager" if necessary. Relatives felt confident that if they raised any concerns, they would be listened to and the interim manager would act upon them swiftly. They told us they would speak to the interim manager or a member of staff if they had any complaints. When we asked people if they had any concerns at the time of our visit, they told us they had nothing to complain about. The main office was adjacent to the home's entrance and one of the lounge rooms and so the person in charge had a visible presence. We saw relatives coming to speak to the interim manager, seeking advice and information. The complaints policy was clearly displayed on a noticeboard, and there was also a suggestion box at the entrance to the home. A member of staff told us, "I have no concerns now. I did worry at one point but things have got better with the new manager and the deputy. We have daily updates and team meetings, I know how to whistle blow and complain. I have seen massive improvements here."

Is the service well-led?

Our findings

At our last inspection of this service in November 2014 we found that the service was not well led. The provider did not have effective systems in place to monitor the quality of the service delivery. During this inspection we found the issue had been addressed by the management team. The provider told us that they undertook regular audits to monitor the quality of the service provided. Records showed this included regular care plan reviews, medicines stock and administration and health and safety checks. Areas of concern from audits were identified and acted upon so that changes could be made to improve the quality of care such as servicing of equipment and staffing levels. The provider also conducted a monthly visit to the service. They spoke with people who used the service and staff. They produced a report for action with timescales such as staffing, environmental and maintenance issues. This meant people could be confident the quality of the service was being assessed and monitored so that improvements could be made where required.

The service had undergone a lengthy, unsettled period when two managers left within a short period of time, meaning that there was a lack of consistent leadership and direction for staff. This had an impact on the service provision, people who used the service and staff. At this inspection we found that the provider had appointed an experienced interim manager, who has applied to the Care Quality Commission to register as a 'fit person' to manage the service. They were supported by a deputy manager and the provider. We received positive comments from people using the service, relatives and professionals, following the appointment of the interim manager. A health care professional told us "the manager now seems very 'on the ball' and is sorting things out."

Relatives and the staff were positive about the way the home was run. Staff comments included, "It's well

managed now with the new manager in place. Things are much better and I am happy to come to work.", and "Staff are happier now and it's well led. Things have improved." Relatives commented, "I believe it's a well led place now. We have had a lot of managers and that was a worry but things are shaping up", and "It's well led and organised here. Yes things are getting better."

The quality of the service was monitored through the use of surveys "at least yearly" to people using the service, their family members and staff. Surveys included questions about the food provided and staff attitude. We saw that positive comments were received about these. There was also a suggestions box at the entrance to the home. Therefore, the quality assurance arrangements enabled managers to account for actions, behaviours and the performance of staff with the aim of improving the quality of the service provided to people.

Records showed that staff meetings took place on a monthly basis. Staff told us that the meetings were useful. It enabled them to keep updated about any changes, discuss and share ideas or any concerns they might have. This was done with a view to improve the quality of care people received. Staff also received support through regular supervision and appraisal of their work.

We looked at a number of policies and procedures that gave guidance to staff in a number of key areas. We saw that these policies were due to be reviewed to ensure that they were up to date due to the changes in regulations. An action plan was in place to do this. This would provide accurate guidance and direction to the staff to deliver the service in a consistent manner.

The interim manager told us the provider was supportive and they were confident any resources needed for the effective running of the service would be available.