

# London Borough of Redbridge

## George Davis Lodge

### Inspection report

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02 February 2023

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

George Davis Lodge is registered to provide personal care and support to people living in specialist 'extra care' housing in London Borough of Redbridge. Not everyone who lived in the housing received personal care from the service. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service. People using the service lived in their own flats within a gated community where there were 44 properties. The service was providing personal care to 18 people at the time of the inspection.

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

At our last inspection we had found concerns with medicines management. At this inspection we found medicines were managed safely as improvements had been made with the registered manager following an action plan created at the last inspection. Similarly, improvement had been made to staff completion of training, management supervision of staff and quality assurance processes, both of which we had concerns about at the last inspection.

Staff had received training to safeguard people from potential abuse and the service contacted social workers when concerns arose. Risks to people were recorded and mitigated as much as possible. Staff recruitment processes were robust, and people and relatives were content with staffing levels. Staff had received training in infection prevention and control and incidents and accidents were recorded so lessons were learned.

Staff received support from the provider through induction, training and supervision. People's needs were assessed before they began using the service so the provider could ensure they could meet their needs. Staff worked alongside other agencies to provide people with effective. This included supporting people with their health care needs. People were supported with their dietary needs. 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.

The service promoted a positive person-centred culture. People's equality and diversity needs were recorded so staff could support people in culturally sensitive way. The provider had quality assurance measures in place, such as audits and spot checks which sought to assure quality at the service. People and relatives, we spoke with were positive about the service and staff working there. Staff knew their roles.

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 previous rating for this service was Requires Improvement (published 10 June 2021). 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 announced focused inspection of this service on 15 April 2021. 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 safe care and treatment, staffing 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, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for George Davis Lodge 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, which will help inform when we next inspect.

## 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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# George Davis Lodge

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

#### Registered manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced on the first day we attended, 01 February 2023. However, the registered manager was unavailable, so we returned the following day, 02 February 2023, to complete the inspection.

#### What we did before the inspection

We reviewed the information we already held about this service. This included details of its registration, previous inspection reports and any notifications of significant incidents the provider had sent us. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people and 9 relatives about their experience of care. We spoke with 4 members of staff, including 3 care staff and the registered manager. We also spoke with a visiting health care professional. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 5 people's care plans and multiple medicines records. We looked at 3 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.

# 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.

### Using medicines safely

At our last inspection the provider had failed to ensure the proper and safe management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for Safe Care and Treatment.

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

- Medicines were managed safely. At our last inspection we had concerns as the service was not following the provider's medicine administration policy. We had found gaps in Medicine Administration Record (MAR) sheets, a lack of auditing of MAR sheets to ensure people's medicines had been administered and staff not having up to date training for medicine administration. At this inspection we found the service had addressed the concerns raised at the last inspection.
- We looked at five people's care plans and MARs which had been audited. Where people were administered medicine, there were medicine information and support sheets in place. These provided information about individual medicines people used and their correct administration methods. Risks to people's medicines were recorded in risk assessments.
- MAR sheets were being audited regularly. There had also been a checklist created to verify MARs were being completed, which complemented audits. This meant the service had quality assurance processes to ensure people's medicines were administered.
- People and relatives were content with how medicines were administered. One person said, "Oh yes they help me out with my medicines." One relative told us, "Medication is delivered by the pharmacist in a dosette box staff administer and sign the paperwork next to it to say it's been given." A staff member told us, "Check dosette box, check the right name, the expiry date, and specific times for them. There is medicine info on the sheet. Give them water alongside it and sign to say that it has been taken and the time."

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

- There were systems in place to safeguard people from abuse. At our last inspection we found not all staff had been trained in safeguarding. At this inspection we found staff had been trained. The manager was able to show us staff had received safeguarding training and there was a safeguarding policy which staff had access to. One staff member told us the different types of abuse they looked out for. They said, "verbal, physical, neglect, emotional and sexual abuse."
- Safeguarding concerns were logged and raised with social workers and actions sought to keep people safe from potential abuse. People and relatives told us they felt safe at the service. One relative said,

"[Family member] is safe where they live as there is always someone there and no one can just walk in and out."

#### Assessing risk, safety monitoring and management

- Risks to people were recorded and reviewed. Risk assessments provided information to support staff mitigate risks to people.
- Risk assessments contained details about risks associated with people's health conditions and or their social circumstances. They sought to mitigate risk by providing information to support staff about potential dangers or concerns. For example, we saw risks noted for one person about memory difficulties. There was information for staff how to work with the person if they appeared confused or forgetful. This information was person centred and sought to involve agencies and other people, such as relatives, who were important to the person.
- Other risk assessments we saw contained information about infection control, people's dietary needs, their mobility and their mental health as well as other aspects of their lives and their care.

#### Staffing and recruitment

- People and relatives were content with staffing levels at the service. The service was an extra care service and people received care in their own flats. The provider had given most people a pendant which could be pressed to alert staff if they were needed. One person said, "[Person] has a little fob [person] wears around [their] neck if [they press] it, they always respond" Another relative told us, "Oh yes, they are there when we need them." A third relative said, "There is a regular team and even the agency carers have been there years, the beauty of it is that they all care."
- Recruitment measures at the service were robust. Checks were completed on staff before they started working to ensure they were safe and suitably experienced to work with vulnerable people. These included criminal records checks, employment history, employer references and proof of identification. These checks were also completed with agency staff.

#### Preventing and controlling infection

- The service sought to prevent and control infection. Staff were trained in infection control and prevention and the use of Personal Protective Equipment (PPE). We saw ample supply of PPE some of which was available for people visiting the service. One staff member said, "Wear PPE from top to bottom, gloves and masks and aprons, before we leave the persons flat, we put [used PPE] in yellow [clinical waste] bags. We still do [COVID 19] tests twice a week."
- The registered manager had an up-to-date folder with government guidance around COVID-19. The service worked alongside the agency responsible for the building upkeep and maintenance to ensure the premises were clean. We saw cleaning schedules which indicated regular cleaning, which were in line with our observations

#### Learning lessons when things go wrong

- Lessons were learned when things went wrong. Incidents and accidents were recorded, and actions taken to keep people safe. Staff completed incident reports, which the registered manager reviewed and followed up where people needed to be referred to specialist services, such as occupational therapists or social workers. One staff member told us how they worked if someone had a fall. They said, "You assess [the person] then and call the central control to call for an ambulance. You can't just lift them up. You then tell management and file an incident report and complete a body map."



# 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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had not taken steps to ensure their staff had the knowledge and skills to fulfil their roles. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for Staffing.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff were supported in their roles. At our last inspection we found staff training was not up to date, agency staff had not been provided training and staff were not receiving regular supervision in line with the provider's policy. At this inspection we found improvement had been made.
- Staff received training to support them in their role. One relative told us, "I think staff know what they are doing and are very professional." The registered manager maintained a matrix which showed most staff had completed all their training, where there were gaps in employee training records, we saw evidence that the registered manager had identified this and sought to ensure the training was completed. We saw agency staff were offered the same training as permanent staff. Training topics included safeguarding, medicine administration and moving and handling.
- Staff received regular supervision. The registered manager had a supervision matrix to support their oversight of regular supervision. Supervision notes showed staff could raise concerns and discuss their own development.
- Staff received an induction when they started working for the provider. Staff files contained induction records which highlighted what staff had to do before starting work. This including reading the provider policies and procedures, completing training to work how the provider wanted them to work and shadowing experienced staff. One staff member told us about their induction. They said, "We did Shadowing. We had to read Policies and complete training."

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

- People's needs were assessed by social workers before they began using the service. Assessments were completed by social workers as the provider was a local authority. Social workers then referred these people to the service. The registered manager worked alongside colleagues from other extra care services managed by the provider, to discuss referrals and assessments and to arrange to meet with applicants. Assessments ensured people's needs could be met by the service as they were comprehensive documents and identified

people's needs and choices. One relative told us, "I was very involved in my [family member's] move as it was out of borough to be close to me and had to go to a panel. Their [medical condition] nurse was also involved."

- These needs assessments, and their reviews, formed the foundation of people's care plans and risk assessments. They recorded all important aspects of people's lives from their health conditions to their social situations. Assessments were in line with the law; identifying people's protected characteristics and ensuring their needs were met in a sensitive and culturally acceptable way.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked with other agencies to provide people with effective, timely care. Records showed the service worked with and shared information with health and social care professionals such as social workers, GPs and nurses. Where required, referrals were made to such agencies to involve them in people's care.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to live healthier lives with support to access healthcare services. People's health care needs were recorded at assessment and within their care plans. Where required by healthcare agencies, staff also monitored people's health conditions to provide them with feedback and record of conditions, such as documenting nutrition and hydration. People also had hospital passports in care plans to support them if they were admitted to hospital. These passports provided information about people's needs so hospital staff could support them. One relative told us, "They monitor [family member's] health and encourage them to attend hospital appointments."

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

- People were supported to eat and drink and maintain a balanced diet. One person told us, "The food is great." A relative said, "[Family member] can't prepare any food so their meals are provided by the chef Monday-Friday, and I get in ready meals for the weekend, [family member] also requires the carer to feed them now." People's dietary needs, and health care conditions associated with diet, were recorded in their care plans. People were supported to eat and drink where required. People often ate together in a communal lounge and provided food from a kitchen managed by the provider. We observed lunch in the dining area and saw people were offered a choice of different food and staff supported people as appropriate to their needs.
- We also met with the chef, and they were further able to tell us about people's dietary needs. This included when people had health conditions that affected their nutrition and hydration, such as diabetes. They also showed us how they maintained food orders and provided healthy options to people with their food choices.

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.

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

- People were supported to make their own decisions and choices. People's decisions and choices were recorded by social workers who completed needs assessments and reviews of care. These decisions became part of people's care plans, so staff followed people's decisions and choices. Where people could not make their own decisions or choices, the registered manager arranged meetings with families and advocates, so people's best interests were discussed, and people's wishes followed as much as practicable. One relative told us, "Staff do respect my [family member's] decisions around their 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 Requires Improvement. At this inspection this key question has now 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.

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

At our last inspection the provider had not ensured they were effective systems in place to assess, monitor and improve the quality of the service and to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and the service had failed to establish effective governance systems or processes to oversee the running of the service and monitor, assess and improve the quality of care being provided. 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.

- Quality assurance systems ensured good quality care. At our last inspection we found there were insufficient quality assurance measures in place as the service was not completing regular spot checks. At this inspection we found the provider had made changes to quality assurance documentation, so they were capturing relevant information and they were completing spot checks regularly. Spot checks were used to observe staff completing their duties, including their interactions with people, and how they administered medicines.
- The service was person centred and sought to achieve good outcomes. One person said, "Oh yes, [management are] very good." A relative told us, "I can't speak highly enough about the care [person] receives. They really seem to care." There was person centred documentation in place and staff had been trained to work in a person-centred way.
- Staff were trained around equality and diversity and the provider understood and recognised people had different cultural needs, seeking to meet those needs where possible. One relative said, "Some of the carers know [family member] is a [specific faith denomination] and when they are helping her, they might sing a few [faith appropriate songs] together." The service celebrated events from different faith calendars throughout the year and acknowledged different things were important to people from different backgrounds. The provider was a local authority and were able to access a wide range of resources to meet people's needs in a person-centred way.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives spoke positively about the service. One person said, "We can tell them [what we need]." People's equality characteristics were considered so they could better engage; they were offered the opportunity to provide feedback via means which suited them, verbally in writing or through other people. People were able to engage with the provider in person to staff or to the manager, at meetings, through their relatives, online, by post or over the phone.
- The service also sought people's feedback through regular survey questionnaires. Survey results were displayed in a communal lounge so anyone could read them. The results were generally positive and sought people's opinion on their happiness with their care, the food and ongoing building work.
- Staff were able to engage with the provider through 1 to 1 meetings or supervision, group meetings or through survey. Meeting minutes we read covered meeting people's needs, training, staffing and communication.

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 understood and acted on duty of candour. When things went wrong the registered manager or provider sought to address them. The provider responded to complaints and concerns and duly apologised to people and families, when something had gone wrong or could have been done better.

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

- Staff files contained job descriptions for all staff roles. Staff knew who they reported to and what they were supposed to do. The registered manager knew their responsibilities, including to notify CQC as per regulatory requirements.

Working in partnership with others

- The service had strong links with other agencies. They worked in partnership with various agencies to support people receive good care. The service had links with GPs, district nurses, pharmacists and social workers. These links and relationships sought to enhance people's needs being met.