Mrs Lara Yusuff

Kings Lodge

Inspection report

49 Kingsley Road
Barkingside
Ilford
Essex
IG6 2LL

Tel: 02085026699
Website: www.kingslodge.org.uk

Date of inspection visit:
07 November 2016

Date of publication:
15 December 2016

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

Summary of findings

Overall summary

This unannounced inspection took place on 7 November 2016. At the last inspection in December 2015, we found breaches of legal requirements. This was because people were not always treated with dignity and respect and have their rights as tenants respected. Care and support was not always provided with the consent of the relevant person. Risks relating to people's care and support were not always appropriately assessed and action taken to mitigate those risks.

At this inspection, we found improvements had been made and that the service now met the required standards.

Kings Lodge is registered to provide personal care to people with learning disabilities in supported living. At the time of our inspection, six people used the service, living in two adjoining units in a large detached house, with three people in each unit.

The service is not required to have a manager registered with CQC in place as it is provided by an individual provider, who is the manager. The provider is the 'registered person.' 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.

Appropriate arrangements were in place to safeguard people who used the service. Staff had undertaken training in this area and were aware of their responsibility to report any allegations of abuse. Enough staff worked at the service to meet people's needs and checks were carried out on prospective staff. Risk assessments were robust and provided staff with clear guidance about how to support people safely. Medicines were managed appropriately. People managed their own medicines with staff support.

Staff undertook training and received supervision to support them to carry out their roles effectively. People consented to care and the service operated in line with the Mental Capacity Act 2005. People ate a healthy diet, in order to maintain their health and wellbeing. People were supported by staff to maintain good health and access health care services when required.

The service carried out assessments of people's needs before they moved in to ascertain if it was able to meet their needs. Care plans were developed and were subject to regular reviews and updated if people's needs changed.

The service had an open and transparent culture and staff were clear about their roles and the ethos of the service. The provider has ensured that the recommendations we made at the last inspection were met. They have ensured that information provided to staff is relevant and specific to their work at Kings Lodge. People's personal care and support records were well-organised and information was easy to access.

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. Risk assessments were in place to ensure people's safety and well-being.

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

The provider followed safe staff recruitment practices.

Sufficient numbers of staff were on duty to ensure people were safe.

Medicines were managed safely.

Is the service effective?

Good

The service was effective. Appropriate processes were in place to ensure the service complied with the Mental Capacity Act 2005 (MCA 2005). This provides protection for people who do not have capacity to make decisions for themselves.

People were supported by staff who had the necessary skills and knowledge to meet their needs and staff were supported by the manager.

People were supported to maintain good health and had access to health and social care professionals when required.

Is the service caring?

Good

The service was caring. Caring relationships had developed between people who used the service and staff. The staff knew people well.

People's rights as tenants were protected via tenancy agreements and they had control over their home and the support they received.

People were treated with respect and dignity.

People were supported to maintain relationships with relatives and friends.

Is the service responsive?

Good

The service was responsive. Care plans were person centred and were reviewed regularly to include people's changing needs.

People and their relatives were provided with information about how to make a complaint and felt confident to do so.

Is the service well-led?

Good

The service was well-led. Quality assurance systems were used to identify shortfalls in the service and action was taken to make improvements.

People and their relatives were asked to give their views about the service through surveys. Staff felt supported and able to express their views.

People's personal care and support records were easily accessible, well organised and contained up-to-date information.

Kings 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.

The inspection took place on 7 November 2016 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the provider, including notifications of events that affect the service and any feedback we had received.

During the inspection, we spoke with two people who used the service, two support workers and the manager. We also spoke with two people's relatives after the inspection to gather their views about the quality and safety of the service people received. We looked at three people's personal care and support records, two staff personnel records and other records relating to the management of the service.

Good

Is the service safe?

Our findings

At our last inspection of this service in December 2015, we found risks relating to people's support were not regularly reviewed and updated according people's changing needs.

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 had been updated and included risk assessments, which identified current risks associated with people's care. Where risks had been identified, there was current guidance for staff about how these would be managed, for example, relating to financial exploitation, epilepsy or self-neglect.

People who used the service told us they felt safe at the service. One person said, "Yes I feel safe." And "I do feel safe here." Relatives did not raise any concerns about the safety of their family members living at the service.

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. 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. The support staff were aware of their duty to notify the Care Quality Commission and the relevant local authority if they had any safeguarding concerns.

The service had an appropriate recruitment policy and procedure. Staff personnel records showed this was followed. All staff records included appropriate checks such as the staff member's employment history and reasons for leaving previous positions in health and social care, criminal record checks, references, proof of identity and proof of their right to work in the United Kingdom. The manager had not recruited any new staff since the last inspection in December 2015.

People who use the service told us there were enough staff to meet their needs. One person said, "All the staff are looking after me very well." Support staff were always present when people were at home with sleep-in staff also present to support people during the night. There was an on-call system to provide support to staff outside of regular office hours. Staff were satisfied with the level of support provided to them.

Medicines were managed appropriately. Most people kept their medicines in their rooms and managed their own medicines with staff support. We saw risk assessments, teaching plans and a 'self-administration form' signed by the person, their GP and the manager outlining these arrangements.

Good

Is the service effective?

Our findings

At our last inspection of this service in December 2015, we found that consent to care and support was not always appropriately obtained in line with the requirements of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests 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.

At this inspection, we found records that appropriate mental capacity assessments had been completed. These outlined people's capacity to understand the decision making process and their ability to consent to their own support. For people who did not have capacity to understand complex decision making processes, we saw reports of best interest meetings, which decided that relatives were the best people to consent on their behalf, in relation to making complex decisions.

Additionally, we found that people's legal rights as tenants living at the service premises were now protected by valid, pictorial tenancy agreements and were appropriately completed and signed. People confirmed that their privacy was respected by staff who only entered their rooms after knocking on their doors and seeking permission.

People received support from staff who had been appropriately trained and supported in their work. Staff told us and records showed that new staff underwent an induction programme with specific training requirements and a period of shadowing more experienced staff.

We saw the staff training profile which recorded that staff had undergone recent refresher training in safeguarding adults, food safety as well as nutrition and hydration. We found that staff had appropriate qualifications for their roles and some were gaining higher-level qualifications. Each staff member had a Diploma in health and social care to level two or three and some were working towards the level five qualification. This meant that staff were appropriately trained to carry out their roles.

Records showed that staff had regular supervision meetings with the manager in order to discuss their work and any issues that had arisen. Supervision meetings were held every second month unless a staff member was in their probationary period, in which case they were held monthly. Topics discussed during supervision included issues and concerns relating to people who used the service, staff training, staff performance and practice concerns.

People were supported to eat and drink enough to meet their needs. People told us staff supported them to make a shopping list, purchase food and to prepare and cook meals. Therefore, people were supported to maintain a balanced diet and promote their well being.

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, such as support to visit the GP and attend hospital appointments if needed. We saw that all appointments with health care professionals were appropriately recorded with actions for the person and the staff.

Good

Is the service caring?

Our findings

People were complimentary about the staff. People who used the service told us "The staff are brilliant" and "I like the staff." Relatives' comments included "The staff have been there for a while, I can't fault any of them" and "The staff are very nice, kind and considerate. [The person] has been there for years and they have looked after them well."

We observed that staff interaction with people was caring and understanding. People were at ease with the staff. The staff were knowledgeable about people's background, interests, likes and dislikes. The staff on duty met people's needs in a competent and sensitive way. They spent time with people individually and showed concern for their well being.

At our last inspection of this service in December 2015, we found that that some of the language used in people's care and support records did not reflect and protect people's rights as tenants living in their own home. However, during this inspection, upon discussing these concerns with people who used the service, the manager and support staff, we found that people were consulted and spoken to in a respectful manner. Documents referred to how people were consulted about their individual needs and wishes and the level of support they needed from the staff.

People were observed moving freely around the home, spending time in their bedrooms, in the main lounge or went out accompanied by staff or independently. People were involved, where able, in decisions about their care which helped them to retain choice and control over the level of support they needed. We saw they had choices about how they spent their time and support staff listened to them and respected their decisions. For example, they chose their own activities, such as when and where to go for outings or holidays and their food menus.

People's privacy and dignity were respected. People confirmed that staff knocked on their doors before entering their room. They called people by their preferred name and had clearly built a good rapport with them by seeking their permission before carrying out tasks and respecting their wishes.

People were supported to maintain relationships with their family and maintain friendships. People's care plans contained information about their family, friends and those who were important to them. Relatives and friends were welcomed to the service and there were no restrictions on times or length of visits. People confirmed that they were able to keep in touch with their family and friends and were supported to do the things they wanted to do.

People's religious and spiritual needs were supported through observance of religious festivals. Where people had culturally diverse needs identified, those needs were planned for in the care plans. For example, support staff were aware of the cultural needs and traditions of people from a Jewish back ground. They supported people when purchasing kosher food and it's preparation as well as celebrating Jewish festivals. We saw information about Christian and Jewish holidays and traditions and how the service supported people to observe them.

Good

Is the service responsive?

Our findings

People received support which was responsive and tailored to meet their individual needs. Their care plans were person centred and contained comprehensive information for staff to support them in an individualised way. People told us, "I have a care plan." And "I have a care plan and a key worker. We talk about what we want to do."

We saw that there was an assessment of people's needs which included all aspects of care, such as the person's health needs, mobility, their nutritional needs and level of personal support required. Information was readily available about people's likes and dislikes and how they preferred to be supported. Personalised care plans were developed to meet people's specific health and social care needs and how these should be met by the support staff. These were accompanied by 'skills teaching plans' with steps outlining how people were to be supported by staff to improve their daily independent living skills. These were reviewed regularly as people achieved the outcomes for each step. For example, "Prompt and support [the person] with personal hygiene, to develop their skills in self care and promote their self esteem." Another example was "Staff to support [the person] to complete a bi-weekly menu paying attention to their dietary needs and shopping list (kosher) items and support them to prepare healthy meals of choice."

Therefore, we saw that people received individualised support that met their needs. Some of the comments received recently from families included, "We are very pleased that [the person] is doing so well and really appreciate what you have done for [the person] to enable them to be so content and settled." A college representative from a college attended by a person said, "[the person] has really improved their culinary skills this term. They follow instructions extremely proficiently with no support whatsoever." A person told us "I like it here. I can do more things here which I couldn't do before."

Each person was allocated a key worker. The key worker took responsibility for overseeing people's care needs and developing a special relationship with them. They had regular meetings with their key person to discuss issues, provide support and guidance to enable people to develop and function independently on a day to day to basis.

People's need for stimulation and social interaction were met. They were encouraged by staff to attend a range of local community based activities independently, which met their needs and reflected their interests. People had a full timetable of activities and each person's records contained a pictorial activities timetable for the week. People went to work or college, attended day services and were supported with activities of their choice, such as going on outings. People told us they were supported to go out at weekends and in the evening if they wished to.

Records showed that the support workers took appropriate steps when a person was unwell and knew what to do in emergencies. Each person had a hospital passport which was up to date. The aim of the hospital passport was to provide hospital staff with important information about the individual and their health needs as well as specific information about the person, when they were admitted to hospital to enable them to understand and assist a person appropriately.

A pictorial complaints procedure was included in people's files, which they were aware of. People told us they could talk to their keyworker, the manager or any of the staff if they had any problems. Relatives felt confident that if they raised any concerns, they would be listened to and the manager would swiftly act upon their comments.

Good

Is the service well-led?

Our findings

Staff, people who used the service and their relatives told us they were happy with the management of the service. Comments from people included, "The manager listens to us and helps us" and "The manager listens to us and acts on what we say. My [the person] is happy to return there after our outings and feels it is her home."

At our last inspection of this service in December 2015, we found that people's rights as tenants were not protected. At this inspection, we found that this issue had been addressed. The registered manager had engaged a firm to act as landlord on their behalf and tenancy agreements had been drawn up with all the people living at the service. However, at the time of this inspection the registered manager was liaising with another company to continue with the progress made.

Staff and relatives told us that the service was well managed and the registered manager was approachable and listened to them. Staff were clear about their roles and responsibilities and had a good understanding of the ethos of the service. They told us that they worked together as a team and communication was good between them and the management of the service.

A quality assurance questionnaire was sent out by the registered manager, to people who used the service, their relatives, representatives and health care professionals. This gave people the opportunity to have their say about the service that was provided. The results were analysed and action was taken where improvements were needed. We saw that the responses received were mostly positive and demonstrated that people and their representatives were satisfied with the service they received.

We looked at a number of policies and procedures that gave guidance to staff in a number of key areas. We saw that the support worker guide given to staff had been reviewed and updated after the last inspection so that staff were clear about their role. The information provided was specific and relevant to the work undertaken by the staff working at the service.

During our visit we saw that people's personal care and support records were kept confidentially in a filing cabinet in the manager's office. This was kept locked when not directly in use. We checked information in people's records and staff files. We found that the information we requested was easily accessible and the files were well organised and easy to find. The files had been reviewed by the manager and contained current, up to date information. This meant that staff could easily find the information they needed to safely support people.