

Tealk Services Limited

The Beeches (Seven Kings)

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

This inspection took place on 1 June 2017 and was unannounced. At our last inspection in June 2015, we found the provider was meeting the regulations we inspected.

The Beeches (Seven Kings) is registered to provide care and accommodation for up to ten people with a history of mental illness. At the time of our visit, eight people were using the service including one person who was not well and was in hospital.

There was a registered manager in place. 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.

During our visit, we found the provider was failing in its duty to ensure people, staff and visitors to the service were safe as we identified a number of health and safety concerns.

Quality assurance systems were in place and audits were regularly carried out. However, improvements were needed in those areas.

The provider had a complaints procedure available for people and their relatives to use and staff were aware of the procedure. People were able to express their views to the staff or the registered manager.

People said they felt safe living at the service and around the staff. Staff were knowledgeable about the procedures to ensure that people were protected from harm and knew how to report any potential abuse.

Risk assessments were clear and staff understood individual risks to people.

There were enough staff to meet people's needs and provide them with effective care and support. The provider ensured all new staff had the relevant checks carried out before they started working at the service. Staff received regular training and supervision.

Staff respected and maintained people's privacy and promoted their independence. They supported people to take part in their chosen activities. Staff understood people's needs and preferences. There was a system in place to ensure relevant information was passed between staff.

People were provided with a varied menu and had a choice of what they would like to eat or drink.

The staff and the registered manager had a good understanding of their role to ensure people's rights were maintained. People's consent was sought before care was provided.

People received their medicines when they needed them. They were supported to access a range of health care professionals.

Care records were detailed and up to date. They were person centred and individualised. People were involved in making decisions about their care and support.

People, relatives and staff felt the service was run well. There was an open culture within the service.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe. The provider was failing to ensure the health and safety of people, staff and visitors to the service. □

People were supported by sufficient numbers of staff to meet their needs. Staff had been recruited safely. Only staff who were suitable to work with people living at the service were employed.

The provider had safeguarding policies and procedures were in place. Staff had received training about how to safeguard people.

Risk assessments were in place and managed in a way which ensured people received safe support.

People were supported to take their medicines as prescribed. Staff were trained in the administration of medicines.

Requires Improvement ●

Is the service effective?

The service was effective. People were supported to eat and drink sufficient amounts to meet their needs.

Staff received support from the management team through supervision and annual appraisals.

Staff were providing support in line with the Mental Capacity Act 2005. People were helped to make decisions for themselves.

The staff team worked closely with other health and social care professionals to ensure people's needs were met.

Good ●

Is the service caring?

The service was caring. People were happy with the support they received. Staff treated them with respect and kindness.

Staff had a good knowledge and understanding of people's needs.

Staff treated people with dignity and respect and promoted their

Good ●

independence by encouraging them to care for themselves where possible.

Is the service responsive?

The service was responsive. The registered provider had an effective complaints policy and procedure in place and there were suitable processes in place to deal with complaints.

People received care and support that were tailored to their individual needs. They were consulted about their needs and wishes.

People were supported to access a range of social and leisure activities.

Good ●

Is the service well-led?

The service was not always well led. There were shortfalls in how health and safety audits were carried out and improvements were needed.

People who used the service and their relatives were asked about the quality of the service provided.

People, relatives and staff felt the service was managed well. Staff felt supported by the registered manager. They were aware of their roles and responsibilities.

Requires Improvement ●

The Beeches (Seven Kings)

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 checked 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 1 June 2017 and was unannounced. It was carried out by one inspector.

Before the inspection, we looked at the information we held about the service. This included statutory notifications, which are notifications the provider must send us to inform us of certain events.

During the inspection, we spoke with three people who lived at the service, the registered manager and three members of the staff team. We looked at a variety of records, including three care records, three recruitment files, staff training records, health and safety records and other documentation relating to the management of the service.

We also had a tour of the service and visited the activity room which was situated in the back garden.

After the inspection, we spoke with three relatives over the phone to get their views on the service.

Is the service safe?

Our findings

The provider was failing to ensure that the service was a safe place to live, visit and work in. We noted during our visit that none of the fire doors were closing properly against the frames. One bedroom door did not close at all and another door was propped open by a wedge. The laundry room door was also held open with a fire extinguisher.

We also noted there were fire and personal emergency evacuation plans in place for each person living in the service. However, we saw they were not comprehensive and did not provide enough information to staff to evacuate people safely in the event of a fire.

We also found the provider was failing to make sure people had access to clean drinking water as we found the shower heads in five shower rooms could drop below the water level when the showers were in use. This could create a backflow (an unwanted flow of water in the reverse direction) and could be a serious health risk for the contamination of drinking water, which people and staff consumed. All this put people, staff and visitors at risk.

We also found COSHH (Control of Substances Hazardous to Health) materials were not being kept locked. We found a knife on the top shelf in a cupboard in the kitchen. The registered manager informed us that all knives must be kept locked due to the risk one person posed to themselves, other people and staff if they accessed a knife.

There was a system in place to record when accidents or incidents had happened. We looked at some incidents forms and found some were investigated by the management team whilst others were not. This was brought to the attention of the registered manager who said that they would ensure all incidents or accidents would be fully investigated and action taken to prevent any repeat. This showed that the management team did not always ensure people's health and safety was protected by not investigating all accidents or incidents and taking action.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risks to people had been identified and assessed and plans were in place for staff to follow. We saw risk assessments gave clear information on how to keep people safe. Staff had good knowledge about people's risks and were clear of the actions to take to manage them. People's risk assessments covered areas such as medicine management, going out in the community and personal hygiene or self-neglect. We saw people had signed their risk assessments indicating they had been involved in formulating them. Risk assessments were reviewed and updated when people's needs changed.

There were appropriate arrangements in place to ensure that people's medicines were safely managed. People were provided with the support they needed to have their medicines as prescribed. One person told us, "The staff give me my medicines when I need to have them." Another person said, "I am happy with how

the staff help me to take my tablets."

Staff received training before they were able to support people with their medicines. We saw staff administered medicines to people in a careful manner and checked they had taken them. Staff carried out daily checks to ensure people had received their medicines when required.

Each person who took medicines had a medicine administration record (MAR) sheet in place. We looked at the medicines sheets and found that people had received their medicines as prescribed. Staff who administered medicines to people had signed the sheets to indicate that people had taken their medicines. The MAR sheets contained details of any allergies people had, their date of birth, their GP's details and their photograph.

The temperatures of the refrigerator, used for the storage of medicines, were checked daily to ensure medicines were kept at the correct temperature.

The provider had recruitment procedures to ensure only the right staff were employed to meet people's needs safely. Before staff started working for the provider, a number of recruitment checks were carried out. This included a (DBS) check. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who require support, by disclosing information about any previous convictions potential staff may have. Staff started working when all the checks had been satisfactorily completed. This helped to ensure the provider only employed staff who were suitable to work with people living at the service.

People were supported by sufficient numbers of staff to meet their needs and people we spoke with confirmed this. One person told us, "Yes, there are staff around to look after us." However, a relative commented that they felt there was not enough on duty as some tasks were not completed. They said people did not go out enough as they used to. We discussed this concern with the registered manager and they informed us that they always ensured enough staff were on duty. Staff confirmed there were enough of them on each shift to provide care and support to people.

We saw that staff were around when people needed help and they offered support to people promptly. The registered manager ensured there were enough staff on duty to meet people's care needs. Additional staff were on duty when people had to attend appointments or for social events.

People felt safe using the service. They said staff were good and had no concerns about their personal safety. One person said, "Yes, I feel safe here." One relative told us that they regularly asked their family member if they were happy with the service and if they had any concerns and the response was always positive.

Staff knew the safeguarding reporting procedures and their responsibilities in raising any concerns to protect people from harm. They had received training in protecting people from abuse and knew how they would identify signs of possible abuse. One staff member said, "I would report any concern to the manager." This helped to ensure people were protected from potential harm.

Staff were able to describe the different types of abuse and gave us examples of some of them such as what they would class as physical abuse. The registered manager understood their responsibilities and knew how to report any concerns. The provider had a whistle blowing procedure in place. Staff were aware of it and knew they could contact other external agencies if needed.

Is the service effective?

Our findings

People and relatives felt the staff knew what they were doing and had the skills to provide the care and support. One relative said, "The staff do a good job." One person told us, "The staff look after me well."

The provider had a training programme in place. We saw staff had attended training in a number of areas to ensure they had the skills and competencies to meet the needs of people. Training for staff included food safety, moving and handling, first aid, fire safety, infection prevention and health and safety. Staff confirmed they had received training to help them meet people's needs.

The registered manager kept a record of all the training staff had attended so they knew when staff needed to have refresher training. This helped to ensure staff were kept up to date with their skills and knowledge.

Staff told us the training they had was good and this helped them in their roles. All staff were enrolled on the 'Care Certificate'. The Care Certificate is a set of standards for social care and health workers in their daily working life.

Staff told us they had regular supervision and felt supported by the registered manager. They said they could discuss anything during these meetings and were encouraged to do so. These meetings also gave them an opportunity to discuss their development and any concerns they may have. We looked at some supervision records which confirmed this.

We also noted staff received an annual appraisal. This is a meeting in which the staff discusses their progress, aims, and needs at work with the registered manager.

People told us they were satisfied with the meals they received and they were given choices about what they ate. One person told us, "The food is good." People were able to choose something else to eat if they did not like what was on the menu. Staff were aware of people's likes and dislikes in relation to food and had a good knowledge of what people could not eat due to their health needs. For example, people who had certain medical conditions.

People's dietary needs were monitored and their weights were also checked on a regular basis. This showed staff helped to maintain people's dietary needs. Staff told us they encouraged people to eat healthily. Where people were able to, they could make their own drinks.

During a tour of the kitchen, we found two open food packets which had not been stored safely and also three out of date food products. The registered manager disposed of them immediately. However, we were concerned that these issues were not identified during the regular checks that were carried by staff on food products.

People's health care was monitored and appropriate referrals and actions were taken accordingly. People were supported to attend healthcare appointments in the local community by staff. Records were kept of

the visits people had made and the advice or treatment that they had received.

We saw people visited healthcare professionals, such as their GP, dentists, opticians and psychiatrists. For example, we noted that advice was sought by staff on how to care for one person who liked eating only certain foods most of the time and staff acted on the advice accordingly. This meant that people were supported to maintain good health and well-being.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and found that they were.

The registered manager had made applications for DoLS to the local authority when they believed people were being deprived of their liberty. They explained to us the process they went through to make such applications and were familiar with it. Staff had received training in MCA and DoLS and were aware of how people's best interests were taken into account if the person lacked capacity to make a decision. Staff asked for their consent before they provided them with care and support. One member of staff said, "I always ask the service users for their consent before I do anything with them."

Is the service caring?

Our findings

People told us that staff were kind and treated them well. One person told us, "The staff are very good and they always help with things." Another person said, "The staff are very friendly and helpful."

During our visit, we saw staff treated people well and took time to listen to what they had to say. The staff knew people well and had built a good relationship with them. We noted staff were regularly checking on people to ask how they were and if they needed anything. The atmosphere within the service was relaxed and friendly. People were comfortable around the staff. We saw staff talking to people in a respectful manner.

Relatives told us they were able to visit the service and were always felt welcome. Some people went to visit their relatives on a regular basis. One relative said, "I meet with my [family member] very often and we go out together." Staff supported people to stay in touch with their friends and family members.

Relatives told us that they were involved in reviews of their family members care and support. One relative mentioned to us that they were involved in the reviews about their family member's care in May of this year. They said staff kept them up to date about their family member's health and any changes in their needs.

The registered manager had information about how people could access an advocate if they wished to. Advocates are people who are independent of the staff or management team and they support people to ensure that their rights and needs are recognised.

Staff were aware of people's likes, dislikes and preferences. For example, they mentioned one person liked to eat only certain food. However, they were encouraging the person to try a variety of food to keep them healthy.

Staff encouraged people to be as independent as possible. They gave us examples of how they did so, such as, encouraging people to tidy their own room, do their laundry and wash parts of their body when staff were providing them with personal care. We saw some people went out in the community on their own. One person told us, "I go out on my own to visit my family."

People were supported by staff who respected their privacy and maintained their dignity. We saw staff knocked on their door before entering their room. One person said, "The staff always knock on my bedroom door before they come in." All of the people had their own bedrooms and most of them had an en-suite bathroom. Staff mentioned they ensured they closed the curtains and doors when providing people with personal care. This helped to ensure people's privacy was maintained.

Staff were aware of the need to maintain people's confidentiality. They knew not to share people's personal information with anyone, unless they had the right to have such information.

Is the service responsive?

Our findings

People were satisfied with the way staff supported them. We looked at the care records of people who used the service and found them to contain sufficient information about the care and support people needed. This helped to ensure staff met people's needs. The records also included people's likes, dislikes and preferences and their daily routines.

We saw people received personalised care. For example, one person needed help from staff to have their medicines due to their health needs. It was stated in their care record, "I want staff to ensure that I receive the correct medication at the correct times. I want staff to ensure that I drink plenty of water with my medication and eat foods in accordance with any medication instructions."

Staff made sure people were aware of their care records and that they agreed to their contents. We saw people had signed where they were able to do so to indicate they were involved in planning their care. Relatives confirmed they had also been involved in reviews and were kept informed of changes in the family member's needs.

The care records were reviewed regularly to ensure they reflected the person's needs and information was updated to reflect changes that had taken place, such as any changes in the medicines that people were having.

If there were any changes in people's health, the staff would inform the registered manager so that appropriate action could be taken. People's needs were regularly discussed during daily handovers between each shift. This helped to ensure staff were kept up to date with the changing needs of people and how to meet them. For example, if a person had been prescribed a course of antibiotics, this would be reflected in their notes and staff would be given instructions on how to care for that person until they felt better.

Staff also completed a daily record of the care and support they had provided to people. This helped to ensure staff were aware of any other tasks they needed to complete to fully meet the needs of people on a daily basis. Staff demonstrated a good knowledge of people's care and support needs.

The provider had a complaints policy in place. People and their relatives told us they would complain to the registered manager or a member of staff if they were not happy something. People were satisfied with the service and told us they did not have any complaints. One person told us, "I have no complaints."

The registered manager had not received any formal complaints since our last visit. However, we received mixed comments from relatives with regard to complaints. One relative had some concerns about the service at the time of our inspection and was looking into raising them with the provider. Another relative also discussed some of their concerns with us and we brought them to the attention of the registered manager. A third relative was very happy with the service and the staff.

Staff were aware of how to support people if they had any concerns and to raise with them to the registered

manager. One member of staff told us "If a service user has a concern or a complaint, I would bring it to the attention of the manager."

People were provided with a wide range of activities. The programme included gym, bus ride, going to the park, trip to the pub, board games and bingo. People went out regularly to see their friends and relatives. They were happy with the activities on offer. However, one relative commented that people were doing more activities at the same time last year compared to now and the frequency of activities could be improved upon. One example they gave us was how often people were going on holidays. The registered manager informed us they were looking into more activities for people to take part in.

Is the service well-led?

Our findings

We saw regular checks were completed around medicines management, care records, risk assessments, general environment of the service, infection control and health and safety checks. However, we noted that staff were not completing the health and safety checks fully when they were doing them. Two records were half completed and had not identified all the hazards we had found during our visit. We recently inspected another service managed by the same provider and found similar concerns.

We discussed our findings with the registered manager who stated that they would take action to ensure the checks were carried out more effectively.

There was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

One of the audits we saw highlighted a number of maintenance issues. We discussed this with the registered manager who informed us they would take action to ensure the repairs were carried out promptly.

People, relatives and staff told us the service was managed well and felt they could talk to the registered manager if they had any concerns or issues. They described the registered manager as very caring, helpful and approachable.

The registered manager had an open-door policy where people, relatives and staff could talk to them. Their office was on the ground floor and we saw people coming in, just to say hello or to discuss any issues they might have. One person said, "The manager is very good and gets things done." A relative told us, "The manager is always around and I can see them when I visit the home."

Staff felt supported by the registered manager and were able to discuss any concerns or issues with them. One staff member told us, "The manager is very supportive and I have learned a lot from them." They told us that the registered manager was approachable and they were always available to give them advice.

There were regular meetings where staff could share their ideas and discuss any practice issue at the service. People were also encouraged to have their say during their meetings with staff on areas such as what they would like to eat or activities they would like to take part in.

There were systems in place to assess the quality of the service provided. In January 2017, relatives had been asked to provide feedback on the service through satisfaction questionnaires. The registered manager informed us none of the questionnaires were returned. However, they mentioned they made regular contact with the relatives and if there were any concerns, they would be made aware of them.

The registered manager worked in partnership with other professionals to make sure people received the care and support they needed to meet their needs. They told us they attended local provider forums and events and this helped to keep their practices up to date.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider had failed to ensure the health and safety of people, staff and visitors to the service. Regulation 15 (1)(2)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person did not assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. Regulation 17(2)(b)