

# London Borough of Barking & Dagenham

## Kallar Lodge Residential Care Home

### 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

### About the service:

Kallar Lodge Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. 29 people were using the service at the time of inspection.

### People's experience of using this service:

We found two breaches of regulations because people's safety was potentially compromised, and quality assurance and monitoring systems were not always effective. Medicines were not managed appropriately and there were not always adequate risk assessments in place for people. The service had failed to identify these areas of concern.

Procedures were in place to help protect people from the risk of abuse and staff understood their responsibility with regard to safeguarding people. There were enough staff working at the service to meet people's needs and robust staff recruitment practices were in place. The service sought to learn lessons when accidents and incidents occurred. Steps had been taken to protect people from the risk of infection.

People's needs were assessed before they commenced using the service to ensure those needs could be met. Staff received training and supervision to support them in carrying out their role effectively. The design and layout of the building was suitable for the people using it. People had a choice of what they ate and drank. The service worked with other agencies and professionals to support people's health care needs. People were supported to have maximum choice and control of their lives and staff did support them in the least restrictive way possible; the policies and systems in the service did support this practice.

People told us staff were kind and caring and treated them respectfully. Staff had a good understanding of how to promote people's privacy, dignity and independence. The service sought to meet people's needs in relation to equality and diversity.

Care plans were in place which set out how to meet people's needs. People and their relatives were involved in developing these plans. People had access to a range of social activities and we saw people enjoying these on the day of our inspection. Complaints procedures were in place and records showed complaints were handled in line with the procedures. Appropriate support arrangements were in place for people at the end of life stages of care.

Staff spoke positively about the leadership group and said there was a good working atmosphere. The service had links with other agencies to help develop best practice. Systems were in place for seeking the views of people who used the service and their relatives.

Rating at last inspection: At the last inspection of this service it was rated as good. The report from that

inspection was published on the 14 December 2016.

Why we inspected:

This was a scheduled inspection based on the previous rating.

Enforcement:

Refer to the end of the full version of this report for details of action we have asked the provider to take.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

**Good** ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Kallar Lodge Residential Care Home

## **Detailed findings**

### Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by an 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, in this case, services for older people and people living with dementia.

#### Service and service type:

The service is a residential care home for older people and people living with dementia. At the time of inspection, the service did not have a registered manager in place. There was an acting manager who was in the process of applying to register with the Care Quality Commission. Registered managers and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

This inspection was unannounced. Inspection site visit activity started on 30 May 2019 and ended on the same date. We visited the office location on this date to see the manager and office staff, speak with people and relatives and to review care records and policies and procedures.

#### 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 the provider had sent us. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well

and improvements they plan to make. We contacted the local authority with responsibility for commissioning care from the service to seek their views.

During the inspection we spoke with five people who used the service and two relatives. We spoke with seven staff; the acting manager, the unit manager for day and residential care, the assistant cook, two care assistants and two team leaders. We also spoke with a visiting health care professional. We looked at seven sets of care plans and risk assessments and the arrangements in place for medicines. We observed how staff interacted with people. Quality assurance and monitoring systems were examined, and we looked at the recruitment, training and supervision records of six staff.

After the inspection the provider sent us some records that were not available to view on the day of inspection.

# Is the service safe?

## Our findings

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

Requires Improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- The risks people faced had not been assessed to a satisfactory standard. The acting manager told us two people required the use of bedrails for their safety. However, there was only a risk assessment in place about this for one of those people. Although for the person who did not have a risk assessment in place, control measures had been implemented to help reduce risk, for example, crash mats beside the bed.
- The acting manager told us five people had diabetes and records for those people confirmed they all had diabetes. However, only three of those people had risk assessments in place covering the risks associated with diabetes.
- We discussed the absence of risk assessments with the acting manager and assessments were produced by the service during the course of our inspection.
- The two newly written risk assessments and the three existing ones for the people with diabetes were all the same, containing general information and were not personalised around each person's specific needs and risks. For example, they did not identify whether people had type one or type two diabetes.

### Using medicines safely

- Medicines were not always managed safely. Medicine administration records (MARs) were used which included details of the name, strength, dose and time of each medicine to be administered. Staff were expected to sign these charts after each medicine had been given so there was a clear audit trail in place.
- We viewed the MARs that were in use at the time of inspection and found they were up to date. However, we also checked historical MARs for seven people and found all of them contained unexplained gaps where staff were supposed to sign. We found a total of 33 unexplained gaps between the 8 October 2018 and 21 April 2019. We discussed this with the acting manager who told us this was the first they had heard about the gaps and they had not been previously reported to them. They also told us that completed MARs were not checked or audited by staff.
- Controlled drugs were stored securely in a designated controlled drugs cabinet and recorded in a controlled drug register. Four controlled drugs were in stock at the time of the inspection. They were all prescribed on an 'as required' basis for the same person and records showed they entered the service in February 2019. None of them had been administered and we found the correct amounts of stock were in place. However, these had not been checked by staff since February 2019. Checks were carried out on the stock balances of other medicines on a weekly basis but not on the controlled drugs. This meant if they had been misused it would not have been identified up by the service in a timely manner.
- A senior member of staff who had responsibility for administering medicines told us where people were prescribed medicines on an 'as required' basis, guidance should be in place about when to administer it. We found that for two people there were no guidelines in place about the administration of their 'as required' medicines.

- Two people had their medicines administered covertly as they lacked the capacity to consent to taking their medicines. The decision to administer medicines covertly had been taken in conjunction with appropriate agencies including the person's GP and supplying pharmacist.
- Medicines were stored securely in a designated medicines room. The room was temperature controlled and the temperature was checked regularly to ensure medicines were stored at the correct temperature.
- The lack of personalised risk assessments for people and poor practice with regard to the management of medicines potentially put people's health, safety and wellbeing at risk. This constituted a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People told us they felt safe, one said, "I feel safe here when going out for meals. I go to bed without worrying about tomorrow."
- People were protected from the risk of abuse. Polices provided guidance about how to deal with any allegations of abuse and made clear the service had a responsibility to refer any such allegations to the local authority safeguarding adults team.
- Staff had undertaken training about safeguarding and understood their responsibility for reporting it. One staff member told us, "I would go straight to the office (to report allegations of abuse)."

#### Staffing and recruitment

- Staff told us there were enough staff to meet people's needs although they said the use of agency staff had been high.
- We spoke with the unit manager for day and residential care who told us the service should have four more care assistants employed. They said they had identified four new care assistants to fill these roles and they would commence working once all necessary pre-employment checks were carried out.
- During our inspection we observed staff were able to respond to people in a prompt manner and people told us there were enough staff.

#### Preventing and controlling infection

- Policies were in place providing guidance to staff about infection control measures. Staff told us they wore protective clothing such as gloves and aprons when providing support with personal care.
- We noted on the day of inspection the premises were visibly clean and free from offensive odours.

#### Learning lessons when things go wrong

- Steps were taken to learn from issues that arose. As mentioned, extra staff had been recruited and in the meantime the service had agreed with the agency supplying staff that they send the same regular staff to provide continuity of care.
- Accidents and incidents were recorded and reviewed by senior staff to see what steps could be taken to reduce the re-occurrence of similar issues.



# 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.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they began using the service. This was done by a senior staff member who met with the person and their relatives to carry out an assessment.
- The purpose of the assessment was to determine what the person's needs were and whether or not the service was able to meet those needs. Records showed assessments covered needs related to personal care, communication, mobility, medicines and equality and diversity needs such as religion, culture and sexuality.

Staff support: induction, training, skills and experience

- New staff had an induction programme which included shadowing experienced staff along with classroom based and on-line training.
- Staff told us, and records confirmed, that they had access to on-going training. One staff member said, "We did moving and handling, first aid, we did about care plans, dementia and safeguarding."
- Records showed training covered topics including the Mental Capacity Act 2005 and Deprivation of Liberties, safeguarding adults, infection control, dementia care and fire safety.
- Care staff were expected to undertake medical emergency training. However, the training matrix stated that this training was not applicable to the two staff employed to work in the kitchen. One of those staff had a certificate that showed the undertook this training in 2008 and we did not find evidence that the other kitchen staff had ever taken it. We discussed this with senior staff and after our inspection they informed us that the two kitchen staff had been booked to attend medical emergency training on the 13 June 2019.
- Staff received regular one to one supervision from a senior member of staff. They also had an annual review and appraisal of their performance and development needs.

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

- People told us they liked the food, one person said, "The food is quite good, we have a change."
- We saw that people were provided with a choice of meals. There was a three-week rolling menu which included choices and reflected people's cultural background. People who had differing cultural food requirements were catered for.
- Where people required support with eating this was done in a caring and sensitive manner, with staff giving gentle encouragement to people to eat.
- People's weight was monitored and where there were concerns relating to nutrition other professionals including GP's and speech and language therapists were involved.

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

- Records showed people were supported to access healthcare professionals including GP's, district nurses, opticians and speech and language therapists. A GP visited the service each week.
- We spoke with a visiting health care professional on the day of inspection. They told us staff were good at following any guidance they were given in relation to people's care and that referrals were made in a timely fashion.
- Relatives told us they were kept informed if there were any concerns about people's health. One said, "They are very good at keeping in touch with me. They will call an ambulance and it will arrive immediately. I live five minutes away."

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

- Adaptions were in place to help make the service accessible to people with mobility issues. Each of the three floors were connected by a lift and corridors were wide enough to allow people's using wheelchairs to pass each other. The grounds and gardens were accessible to people and hand rails were fitted in bathrooms.
- Since the previous inspection work had been done on the premises to make it more compatible with people's needs. For example, activity stations had been set up in corridors. Further planned developments including converting a room currently used for storage into a bar.
- Steps had been taken to make the premises safe including fire, gas and electrical safety checks.

#### 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- We saw that where people had been deprived of their liberty this had been done in line with legislation and in the person's best interest, after the completion of mental capacity assessments.
- Mental capacity assessments had been carried out into decisions around personal care and medicines. People's relatives were involved in making decisions on behalf of people who lacked capacity.

# Is the service caring?

## Our findings

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

Good:  People were supported and treated with dignity and respect; and involved as partners in their care.

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

- The service sought to meet people's equality and diversity needs. One person was supported to pray in their room each day and a member of a religious establishment visited the service to provide spiritual support.
- People were supported to eat food that reflected their culture.
- Pre-admission assessments covered people's sexuality, religion and culture. The acting manager told us that no-one using the service at the time of inspection identified as LGBT. However, they added that if anyone did the service would seek to meet their needs and provide support in this area.

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

- People and their relatives were involved in devising and reviewing their care plans. Plans had been signed by people to indicate their agreement with them.
- People had signed consent forms to indicate they consented to the care been provided to them in line with their assessed needs.
- Staff told us they supported people to make decisions about the care provided and sought people's consent. For example, one member of staff said, "We always ask them what they want to wear."

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated in a caring manner by staff. One person said, "Staff know me as a person, they know what I like and what I do not like. I have a good relationship with my carer, we chat and laugh together." Another person said, "Yes, they do treat me with dignity, they show that they care for me and they respect me as well. For example, if I ask them to do something, they do it."
- Staff told us how they supported people in a way that promoted their privacy and dignity. One staff member told us, "We always have to introduce ourselves. We ask them what they want." The same staff member told us how they promoted people's independence, saying, "Some people can wash their face and hands, we ask them." Another staff member said, when supporting people with personal care, "We always knock on the door first and shout out who we are. We make sure the door and curtains are closed so no one can see in."
- Each person had their own bedrooms with ensuite facilities. Bedrooms were homely in appearance and contained personal possessions such as family photographs and televisions.
- Confidential records were stored securely in locked cabinets and on password protected electronic devices. Staff understood the importance of respecting people's privacy and of not sharing information about people unless authorised to do so.

# Is the service responsive?

## Our findings

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

Good:  People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were in place which set out how to support people in a personalised manner and were of a good standard. They included information about people's preferences, for example in relation to food and what they liked to be called.
- Care plans covered needs including mobility, personal care, communication and social and leisure activities. They also included information about people's life history such as where they grew up and their employment. This information helped staff to get to know people.
- We saw that care plans were subject to review which meant they were able to reflect people's needs as they changed over time.
- People were supported to engage in various activities. There was an activities timetable and on the day of inspection we witnessed bingo and a quiz taking place. Other activities included ball games, skittles and outside entertainers visiting.
- People confirmed activities took place. One said, "I watch TV, play games, we do silly things like sticks, a quiz here and there."
- The unit manager for day and residential care told us they had identified that the post of a designated activities coordinator would benefit people. They said they had put this proposal forward to the local authority who ran the home and were hoping for it to be approved. They said the chances of approval for this post were high.

Improving care quality in response to complaints or concerns

- People knew who to complain to. One person said, "If I had a complaint, I would talk to the key worker and they would sort it out." A relative told us, "If I had a complaint, I would go to the manager first."
- The service had a complaints procedure in place. This included details of who people could complain to if they were not satisfied with the response from the service and timescales for dealing with complaints.
- Each person was provided with a copy of the procedure and it was on display within the service to help make it accessible.
- We saw that complaints had been recorded and dealt with in line with the policy, and to the satisfaction of the complainant where possible.
- Compliments were recorded, and we found a number of people and relatives had complimented the service on the care and support it provided. For example, A relative had written, "I would describe Kallar Lodge as a very friendly environment, very clean. All the staff are friendly."

End of life care and support

- Where people were in the end of life care stages care plans were in place about this. The service worked with other agencies to meet people's needs at that time.

- Where appropriate, 'Do Not Attempt Resuscitation' forms where in place for people which had been signed by their doctor.

# 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.

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; continuous learning and improving care

- Although systems were in place to monitor and assess the performance of the service, these were not always effective. For example, risk assessments were subject to review. However, these reviews had failed to identify that some people did not have risk assessments in place for all the risks they faced. Further, reviews failed to identify that some risk assessments were not person centred and that there were ineffective systems in place for carrying out actions that would mitigate risks. For example, in relation to the checking of people's blood glucose levels where they had diabetes.
- The service carried out its own checks on medicines, but these did not include checking that medicine administration records were signed as appropriate by staff or checking the stock of controlled drugs. The service had also failed to act upon an audit of their medicine practices carried out by the supplying pharmacist on 18 March 2019. This also found that medicine charts were not completed consistently and that controlled drugs stocks were not checked.
- The failure to identify failings with risk assessments and medicines potentially put people at risk and was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- At the time of inspection, the service did not have a registered manager in place. The previous registered manager resigned in March 2019. An acting manager had been appointed and they were in the process of applying to register with the Care Quality Commission. Their manager told us that at this time they were spending a lot of time at the service giving support to the acting manager.
- Staff spoke positively about the senior staff at the service and said there was good teamwork. One member of staff said, "I have always liked (acting manager). I can go to them, I can talk to them. When the other manager was here I could not talk to them." People also were positive about senior staff. One person said, "I know the manager, they are very approachable. They come around to talk to us."

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

- Surveys were carried out of staff, people who used the service and relatives. Completed surveys contained mostly positive feedback.

- Staff team meetings were held. Two meetings covering the same issues were held on consecutive days to maximise the number of staff who were able to attend. Minutes of staff meetings showed they included discussions about the management arrangements at the service, the Care Quality Commission, the physical environment, staff sickness and activities.
- Staff said they found these meetings useful, one staff member commented, "We talk about everything, the care, (training) courses, do we have any ideas, mobile phones."

#### Working in partnership with others

- Senior staff told us they had worked to develop good relationships with family members and had an open-door policy towards them.
- The provider worked with other agencies to develop networks and good practice. For example, the senior staff attended a provider's forum run by the local authority for providers of residential care. The last forum meeting discussed issues relating to medicines and was addressed by a GP. They also worked with Dementia UK who provided support and advice on good practice with regard to dementia care.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Safe care was not always provided in a safe way for service users. Appropriate assessments had not always been carried out of the risks to the health and safety of service users receiving care and the registered person had not done all that was reasonably practical to mitigate against such risks. Arrangements were not in place for the proper and safe management of medicines. Regulation 12 (1) (2) (a) (b) (g)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes were not operated effectively to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users who may be at risk which arise from the carrying on of the regulated activity. Regulation 17 (1) (2) (b)</p>