

*We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## Manor Lodge

32-34 Manor Road, London, HA1 2PD

Tel: 02084273211

Date of Inspection: 09 January 2013

Date of Publication: February 2013

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Safety and suitability of premises</b>	✓	Met this standard
<b>Supporting workers</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard

## Details about this location

Registered Provider	R M D Enterprises Limited
Registered Manager	Mrs. Laura Fernandes
Overview of the service	Manor Lodge is a 16 bed residential service providing support for older people. It does not provide nursing care. It is registered for the regulated activity of accommodation for persons who require nursing or personal care.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 9 January 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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People we spoke with told us they were happy with the home and the care they received. People said "I like it here" and "without caring I wouldn't be able to do anything". We found that staff were able to meet the individual needs of the people who use the service.

We also spoke with the relatives of people who use the service who were equally happy. One comment was, "I can relax 100%. The care here is fantastic". Another relative said, "all staff are nice. I've never seen anyone who isn't smiling". We spoke with one relative who stated that the home had helped her mother to walk again.

The staff we spoke with had been working at the service for many years. They had undertaken additional training courses to improve their skills and qualifications. Staff said "it's a good working atmosphere. We work like a team".

The service had person centred care plans in place and encouraged people to be independent. Dignity and privacy was respected and the home provided a safe environment. Although there were regular reviews of care plans and daily record sheets filled in for each person, the policies were several years old.

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases

we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence was respected and supported. They were able to participate in making decisions relating to their care.

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### Reasons for our judgement

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People who use the service were supported to be independent. We saw that they were encouraged to be independently mobile and staff assisted only when necessary. People told us their needs were being met and that they were able to raise any concerns.

People told us that staff addressed them with their preferred name. We saw that staff respected people's privacy by knocking on doors and waiting for an answer before entering rooms.

People told us that their cultural and religious beliefs were respected. Staff said they were aware of people's needs. We saw that people were given choices of hot food for lunch and the meals met their dietary and cultural needs. People said that everyone was involved creating the menu. There was an alternative selection of meals to choose from if people were not happy.

People who use the service told us they were assisted in making appointments with their Doctor. They said they were able to get up or go to bed whenever they wanted.

People said that annual surveys took place and there were service user meetings. We saw that the service gathered the views of people and their relatives. Changes had been made in response to these views.

We looked at care plans with the permission of the people they were about and found that these were individualised. People and relatives had been involved in writing the care plans.

People should get safe and appropriate care that meets their needs and supports their rights

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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We saw that people had care plans that met their individual needs. These included their likes and dislikes, how they liked to be addressed and choices they had made with regards to food and the time they went to bed. The staff addressed people with their preferred name. People and their relatives had been involved in their care plan and had signed these. Care plans were reviewed every month.

Care plans addressed how much assistance each person required in getting washed and dressed.

Care was delivered according to the needs of people who used the service. Staff were seen to give assistance to those who asked or needed it. This care was delivered in a way that ensured people's safety and welfare.

People said they were involved in activities. These included, entertainers, trips out and Church services. There was an activity board in the lounge which listed on the activities which were taking place.

Appropriate emergency procedures were in place. One relative who we spoke with told us that the home keeps them well informed.

## Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

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### Our judgement

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The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

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### Reasons for our judgement

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We saw that there was a maintenance program in place and the building was clean and free of odours. There was a signing in book for all visitors. The service was accessible for wheelchair users and there were ramps at the front and rear of the premises.

Some of the bedrooms had sloping ceilings and there were caution and warning notices in place to make people aware of this potential hazard. People told us they were able to decorate their rooms any way they wished. We saw that people had brought their own furniture.

The service conducted weekly fire alarm tests and had carried out several fire drills over the last two years. We saw that reports of these were made and feedback was received to improve evacuation plans. There was a record of annual portable appliance testing and there was a current gas safety certificate.

The service had a folder of policies and procedures and staff were aware of the contents through training. The provider might like to note that some of the policies were several years old.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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### **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment to appropriate standards

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### **Reasons for our judgement**

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We spoke with several members of staff who informed us that they were supported by the provider. They said that they had monthly team meetings and they could speak with the manager at anytime to discuss any issues. They said there was a good working atmosphere and they worked as a team.

Two of the staff members we spoke with had undertaken professional training to improve their qualifications. There was a training program in place and regular training courses were arranged for the staff to keep their skills up to date. These included first aid and moving and handling.

The staff had individual meetings with their line manager every four months but there was no written feedback for staff.

Staff were aware of safeguarding and whistleblowing procedures.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had systems in place to regularly assess and monitor the quality of service that people received.

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### Reasons for our judgement

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People who use the service and their relatives were asked for their views about the service and the care they received by the provider. We saw evidence of annual quality assurance surveys from people who use the service and their relatives. The provider took account of these surveys to improve the service.

We also saw there were procedures in place for making complaints. Information about how to make a complaint was visible in all bedrooms and there was a complaints book easily accessible. We spoke with two relatives who stated that they knew how to complain but had no cause to. People we spoke with stated that if they had any complaints or concerns they would raise them straight away.

There were records of accidents and incidents. The staff we spoke with were aware of the procedures for requesting the services of doctors and other medical staff in order for treatment to be delivered to people who use the service.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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