

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: 05 March 2014

Date of Publication: March 2014

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Care and welfare of people who use services	✓	Met this standard
Management of medicines	✓	Met this standard
Supporting workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	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 care home that provides personal care and accommodation for up to sixteen older people. It does not provide nursing care.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
Our judgements for each standard inspected:	
Care and welfare of people who use services	6
Management of medicines	8
Supporting workers	10
Assessing and monitoring the quality of service provision	11
About CQC Inspections	13
How we define our judgements	14
Glossary of terms we use in this report	16
Contact us	18

Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Manor Lodge had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Management of medicines
- Supporting workers
- Assessing and monitoring the quality of service provision

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 5 March 2014, 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 and talked with carers and / or family members.

What people told us and what we found

During our inspection on the 7th November 2013 we found concerns with four essential standards that we inspected. The provider supplied us with action plans to address the concerns. We carried out an unannounced inspection on the 5th March 2014 to check for compliance with the compliance actions and with the enforcement action taken in the form of a warning notice.

During this inspection we found that the provider had taken proper steps to demonstrate compliance in all the areas where there had been concerns. These areas included Care and welfare, Management of medicines, Supporting workers and Assessing and monitoring the quality of service provision.

We spoke with six people who used the service, four visitors, four care staff, the registered manager and an owner of the care home. People who used the service told us that they were happy living in the home. They said the staff were kind and treated them well. Comments from people included "its fine here," "The food is good," and "The staff are very nice."

Relatives of people who used the service spoke highly of the care provided by the home and made positive comments about the registered manager. Comments from relatives of people who used the service included "Nothing is too much trouble for the staff and the manager," "They are all very kind," "Staff are very good at what they do," "They are very kind and positive," "I feel involved and listened to," and "I have recommended the place to several people."

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

More information about the provider

Please see our website 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

Care and welfare of people who use services

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We found during the inspection on the 7th November 2013 that not all care plans had been signed by the person who used the service or by someone acting on their behalf if the person did not have the capacity to do so. During this inspection on the 5th March 2014 we looked at four peoples' care plans. We found that they had each been signed by the person who used the service and had been recently reviewed. People who used the service that we spoke with, confirmed that they had participated in regular review of their care plans.

Visitors told us that they were regularly consulted and informed of any changes in the needs of their relative living in the home. They confirmed that they participated in the review of the person's care plan. We saw that there was a record of each person's six monthly care plan review including those reviews that were planned to take place during 2014.

We found during the inspection on the 7th November 2013 that people's care and treatment did not reflect published research evidence and guidance. At that time we could not find any policies or procedures that referred to good practice guidance issued by appropriate professional and expert bodies. Written procedures that guided practice had not been amended to reflect up-to-date information. Staff were not provided with suitable information to protect people who used the service against risks of receiving inappropriate or unsafe care. During this inspection we found that information and guidance about good practice was available and that staff had signed that they had read information from professional and expert bodies.

We found during the inspection on the 7th November 2013 that fire instructions were not clearly displayed in each bedroom and there were no individual emergency evacuation plans. During this inspection we found that each person who used the service had a Personal Emergency Evacuation Plan displayed in people's rooms which included fire evacuation instructions.

We found during the inspection on the 7th November 2013 that policies and procedures including the infection control policy had not been reviewed and updated to reflect the requirements of the Code of practice for health and social care on the prevention and control of infections and related guidance (the Code). During this inspection we found that the infection control policy had been reviewed and updated to reflect the requirements of the Code. We found that staff had signed that they had read the policies including the updated infection control policy.

We found during the inspection on the 7th November 2013 that there was an absence of hand washing instructions, anti-bacterial liquid soap and hand sanitisers at the point of care. During this inspection we found hand washing instructions were now displayed throughout the home close to each hand basin. Anti-bacterial liquid soap was also available in each person's bedroom and in bathroom, kitchen and toilet facilities. The provider told us that they would provide a hand sanitiser near the entrance (and possibly in other areas) of the home for visitors and others to use to minimise the risk of any spread of infection in the home.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People are protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

During our inspection on the 7th November 2013 we found that people were not protected against the risks associated with medicines because the provider had not put appropriate arrangements in place to manage medicines. As a result of this we took enforcement action in the form of a warning notice.

We found during the inspection on the 7th November 2013 that the home's medicines policy had not been followed for safe storage of medicines. The medicines cabinet and the medicines fridge were not locked. This meant that people including people who used the service were not protected from the risks associated with the unsafe use and management of medicines. Following the inspection the provider supplied us with photographic evidence that the fridge and the new medicines cabinet both had locks. The registered manager told us that both medicines storage facilities were always locked when not in use. During this inspection we found that the fridge and the medicines cabinet were locked. The registered manager told us that she monitors this closely.

We found during the inspection on the 7th November 2013 that it was not evident that the home's medicines policy had been reviewed and updated since 2006. It did not include any statement relating to controlled drugs, which are medicines that require additional security. The medicines policy did not include reference to up-to-date published guidance to enable staff to handle and manage medicines safely and effectively. This meant the people who used the service were not protected against the risks associated with the management of medicines because there was no up-to-date published guidance, policy, or medicines information in place to guide and support staff.

During this inspection we found that the medicines policy had been reviewed in November 2013 and had been updated to include appropriate information about the management of controlled drugs. The medicines policy referred to published guidance and legislation including Misuse of Drugs Act (Safe Custody) Regulations 2001 (as amended 2007) with regard to managing medicines safely. The provider and the registered manager told us that the reviewed medication policy had been discussed with staff and staff had been asked to read it. Records showed us that staff had signed to indicate that they had read the updated medicines policy.

We found during the inspection on the 7th November 2013 that staff had no access to safety alerts or a means of instantly reporting adverse reactions or side effects of medicines. During this inspection we found that there were records of safety alerts including medical device alerts. Staff had signed that they had read those alerts. The registered manager told us that the provider had made arrangements to supply the home with details of all safety alerts including those from the Medicines and Healthcare Products Regulatory Agency (MHRA).

We found during the inspection on the 7th November 2013 that staff training records indicated that the most recent medicines management training update for staff was provided in 2010. Three staff told us during that inspection that they had not had their skills and competence in medicines management assessed or measured on an on-going basis. During this inspection records including training showed that we found that staff had received medicines training on the 27th November 2013. We also found that some staff had received medication training in 2011 and 2012. Four staff we spoke with told us that they had received refresher medicines training and felt competent in the management of medicines.

We found during the inspection on the 7th November 2013 that the medicines fridge that stored medicines that required refrigeration had its temperature monitored but there were no written instructions available to guide staff on the action to take if the temperature fell outside the normal safe range. Staff we spoke with during that inspection were not able to describe the procedure they would follow if the temperature of the fridge was outside the safe temperature range. This did not protect people from the risks associated with the unsafe use and management of medicines. During this inspection we found that there was a written procedure for staff to follow when the temperature of the fridge was outside the safe temperature range. We looked at records of the daily monitoring of the fridge temperature. We found that temperatures recorded were in the safe range for storing medication and staff were aware of the action that they needed to take if the temperature recorded was out of the safe temperature range.

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

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

During our inspection on the 7th November 2013 we found that there was no documented policy for staff supervision. Following the inspection the provider told us that there had been a supervision policy in place. During this inspection we found that records confirmed this.

During our inspection on the 7th November 2013 we found that there were records of one-to-one staff supervision meetings. However, we could find no record of how individual staff performance and staff training and development needs were assessed, identified, agreed or acted upon. During this inspection records showed that staff took part in regular one-to-one supervision meetings during which their training and personal development needs were discussed. We saw that there was a record of a staff supervision matrix which showed the dates of each staff member's supervision meetings carried out and planned in 2014.

During our inspection on the 7th November 2013 we found that there was no record of training or development that had been booked or planned for staff. During this inspection we found that staff had an individual training record which showed that they received appropriate training with regard to their role and responsibilities. Records showed that recent staff training included infection control, moving and handling and fire safety had taken place. Further staff training including safeguarding adults training was planned to take place on the 10th March 2014. Staff we spoke with told us that they felt well supported and received the training that they needed. During our inspection on the 7th November 2013 we found that there was no record of staff appraisals. Records during this inspection showed that a member of staff had recently received an appraisal. The registered manager told us that appraisals had been planned for other staff.

During our inspection on the 7th November 2013 we found that learning was not supported by appropriate resources and staff had no access to a computer. This meant that staff did not have immediate access to up-to-date information. During this inspection (5th March 2014) we found that staff had access to a computer.

Relatives of people who used the service told us that "Staff are very good at what they do," and "They are very kind, positive and emphatic."

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

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

During our inspection on the 7th November 2013 we found that the home's policies had not been updated since they were first introduced. There was also no record of the identity of the reviewer, the author of the policy or confirmation that staff were aware of the policies. During this inspection we found that policies including the infection control and the medication policies had been recently reviewed and updated. There was a record of the policies reviewed and staff had signed that they had read the policies.

During the inspection on the 7th November 2013 we found that there was no formal monitoring and review system in place such as a clinical audit. Records from the provider informed us that a medicines audit had been carried out by a pharmacist on the 28th November 2013. The provider told us that it was planned that this would be an annual audit. We found that accidents and incidents were recorded. We were provided with an example of the action taken following an incident when a person had a fall. This included contact with a 'falls' clinic and the person's GP. The registered manager spoke about learning and of making improvements to the service following regular review of accidents and incidents.

During our inspection on the 7th November 2013 we found that there had been no complaints recorded since 2008. During this inspection complaints were discussed with the registered manager and the provider. They informed us that they responded promptly to all concerns about the service raised by people. Visitors we spoke with confirmed that. The registered manager and the provider told us that the recording of complaints/concerns could be better. They confirmed that they would start to record all 'concerns' about the service brought to their attention and would include details of the action taken to resolve them.

During our inspection on the 7th November 2013 we found that relatives and people who used the service told us that they had not attended any meetings to feedback about the service. During this inspection we found records of recent meetings with people who used the service and with relatives/representatives that had been carried out. These meetings had been well attended. Records showed and people told us that they had been regularly asked for their view of the service. We found that a survey of feedback from people who

used the service and relatives/representatives had been carried out in 2013. The registered manager told us that a survey was in the process of being completed for 2014. Comments from people who used the service included "It is fine here," and "The staff are nice."

Comments from relatives of people who used the service included "It is great here," "It is home from home, and very welcoming" "They always ask if I have any concerns, and they are always responded to quickly" "I am very satisfied," and "I have recommended the home to seven or eight people."

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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.

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.

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

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)

(Registered) Provider

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'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
