

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

Toby Lodge

141 White Horse Road, London, E1 0NW

Tel: 07917893417

Date of Inspection: 26 September 2013

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Staffing	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Venus Health Care Group Limited
Registered Managers	Mrs. Zivile Praniene Ms. Ramune Rutkauskaite
Overview of the service	Toby Lodge is a residential care home operated by Venus Health Care Group Limited. It provides care, support and accommodation, but not nursing care, for up to eight people with a learning disability and/or mental health care needs.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

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.

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 26 September 2013, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with staff.

What people told us and what we found

At the time of our inspection there were two people using the service. We spoke with both people, the manager and area manager, and one support worker. One person using the service told us they were happy and enjoyed attending college. The other person told us they had settled at Toby Lodge and liked their new room.

We saw that people were asked about their choices and staff sought their consent before providing support. The care plans showed that people's health and social care needs were identified and appropriate care was delivered to meet these needs.

Systems were in place to safeguard people and there were sufficient staff rostered during the day and at night-time, in order to support both people using the service.

Toby Lodge provided people and their representatives with information about how to make a complaint and advised how they would investigate and seek to resolve any concerns.

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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

We looked at two care plans which showed that people's ability to make decisions for themselves had been formally assessed, so that any decisions made on their behalf were in their best interests. We saw that the provider had sought the involvement of an advocate for one person, in order to promote the person's welfare and support their human rights.

Both people using the service were able to discuss how they gave their consent to care on a day-to-day basis. The care plans showed that meetings were held for people to give their views and consent regarding their care and support. For example, both people told us they liked to practice their faiths and chose to attend their own place of worship every week with staff support. We saw that staff asked people for their consent to show us their activity charts and photographs taken during recent outings.

The manager and staff had received training on the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. Staff were able to explain how their training enabled them to support people at Toby Lodge.

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Both care plans showed that care and support was planned and delivered using a person-centred approach. The care plans contained information about people's likes and dislikes, and the level of support they needed. Each care plan had risk assessments that were relevant to the person's care. This meant the need to keep people safe was balanced with their wishes for independence and access to community amenities.

Both people had a specific plan to address their health care needs. This meant staff understood how to support people with their daily and long-term health care needs, and staff were able to share relevant information with medical and health care professionals in either community or hospital settings.

Both people were actively supported to pursue their interests and hobbies. People told us they liked going out with staff to parks, the local city farm, cafes and lunch clubs. One person told us they had taken up horse-riding and liked it. The care plans showed that people were consulted about how they wished to spend their time, which included socialising with family members and learning how to be more independent with household tasks. People were offered activities which were age-appropriate and met their cultural needs, for example, one person attended a club for older people and a different club for people who shared their culture. Other regular activities for people included swimming, shopping and music classes.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We saw that people had positive relationships with staff and told us they felt safe and happy living at Toby Lodge. One person said, "it's good, I go out with [my keyworker]."

Staff had received safeguarding training and were able to explain how they would protect vulnerable people from the risk of abuse. We were shown the service's safeguarding policy and procedure. We spoke with the manager regarding a recent safeguarding notification, which had been appropriately managed by the service. There were no safeguarding concerns at the time of this inspection visit.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

People using the service told us they went out every day with support from staff and they enjoyed the wide range of social and cultural activities that staff supported them with.

We looked at the rotas for three weeks. They showed there were enough staff on duty to take people out or support them with their activities or personal care within Toby Lodge. The manager worked mainly during the week but was rostered for occasional weekend duties. There was clear guidance for staff about who to contact when the manager was not at work.

Staff had received induction training when they started working at Toby Lodge, which included training about the needs of the two people living at the service and the procedures to follow to ensure people received safe and appropriate support.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

People were made aware of the complaints system. This was provided in a format that met their needs. We saw that both people using the service had been given copies of the provider's complaints guidance, which was produced in written and pictorial formats. The manager told us that she spoke regularly with people, and their families, to check if they were happy with their care and the quality of the service. The service had not received any complaints.

We looked at the provider's complaints procedure. The provider might wish to note that the Care Quality Commission does not investigate individual complaints.

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.

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