

Acquah Lodge Limited

Acquah Lodge- 60 Dalkeith Grove

Inspection report

60 Dalkeith Grove
Stanmore
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection of Acquah Lodge- 60 Dalkeith Grove took place on the 20 December 2018 and was announced. The provider was given two days notice because the location provides a domiciliary care service. The services they provide include personal care, housework and assistance with medicines. At this inspection the service was providing care for a total of 3 people with learning difficulties living in a supported living accommodation setting located in Harrow. This is the first inspection as the service was newly registered in January 2018. The service only started caring for the three people in September 2018.

Not everyone using Acquah Lodge- 60 Dalkeith Grove received a regulated activity; CQC only inspected the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities using the service were supported to live as ordinary a life as any citizen.

There was a registered manager in post at the service. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We received positive feedback from people and relatives of people who used the service. They spoke highly of care workers and informed us that they were satisfied with the care and services provided. They informed us that people had been treated with respect and they were safe when cared for by the service. There was a safeguarding adults' policy and care workers were aware of the procedure to follow if they suspected people were being abused. The service had a policy on ensuring equality and valuing diversity. Care workers had a good understanding of equality and diversity (E & D) and protecting people's human rights. They were aware of the importance of treating people as individuals and showing respect for them regardless of their background or individual circumstances.

There were suitable arrangements for the administration of medicines. Risk assessments contained guidance to care workers on how to care for people and minimise potential risks. We however, noted that one person with epilepsy did not have a risk assessment. This was provided soon after the inspection. Personal emergency and evacuation plans (PEEPs) were prepared for people. This ensured that care workers were aware of action to take to ensure the safety of people.

The service had a recruitment procedure to ensure that care workers recruited were suitable and had the appropriate checks prior to being employed. We examined four records of care workers. We noted that these records had the necessary documentation such as a Disclosure and Barring Service check (DBS), references,

evidence of identity and permission to work in the United Kingdom.

The service had a training programme to ensure care workers were competent and able to care effectively for people. Certificates were seen in the records of care workers. We however, noted that care workers had not received all the required training such as care of people with challenging behaviour, first aid, administration of medicines, safeguarding and care of people with epilepsy. The registered manager stated that her care workers were new and she had already scheduled training for them. Care workers had the necessary support and supervision from the registered manager. Teamwork and communication within the service was good.

Care workers were caring in their approach and able to form positive relationships with people. There were arrangements for encouraging people and their representatives to express their views and make suggestions regarding the care provided and the management of the service. Individual assessments and care plans had been prepared which took into account their choices and preferences. Care workers encouraged people to be as independent as possible and participate in various academic and therapeutic activities which people expressed a preference for.

The service had a complaints procedure and people and their representatives knew who to contact if they had concerns. No complaints had been recorded. The registered manager stated that none had been received.

Infection control measures were in place and care workers observed hygienic practices.

Checks and audits of the service had been carried out. These included areas such as meals provided, medicines, incidents and health and safety.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Risk assessments were in place and they included PEEPS.

There were suitable arrangements for the administration of medicines.

Care workers were aware of the safeguarding policy and knew how to recognise and report any concerns or allegation of abuse.

Care workers were carefully recruited. There were sufficient care workers to meet people's needs.

Infection control measures were in place and care workers observed hygienic practices.

Is the service effective?

Requires Improvement ●

Some aspects of the service was not effective.

Not all care workers had received the required training. Training had been booked for those who had outstanding training needs. Supervision sessions had not been recorded. These were done after the inspection.

There were suitable arrangement to meet people's nutritional needs. People's healthcare needs had been monitored and arrangements made for these needs to be attended to.

There were arrangements for meeting The Mental Capacity Act. However, some care workers did not have an understanding of The Mental Capacity Act. Training was arranged for this after the inspection.

Is the service caring?

Good ●

The service was caring. Care workers treated people with respect and dignity.

The preferences of people had been responded to. Care workers were able to form positive relationships with people.

People and their representatives were involved in decisions regarding the care.

Is the service responsive?

Good ●

The service was responsive. Care workers listened to people and their views and responded appropriately.

Care plans addressed people's individual needs and choices. Suitable activities were arranged for people.

There were arrangements for receiving and responding to complaints

Is the service well-led?

Good ●

The service was well-led. Audits and checks of the service had been carried out.

People and their relatives expressed confidence in the management of the service.

Care workers worked well as a team and they informed us that they were well managed.

Acquah Lodge- 60 Dalkeith Grove

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 20 December 2018 and it was announced. We told the provider two days before our visit that we would be coming. We gave the provider notice of our inspection as we needed to make sure that someone was at the office in order for us to carry out the inspection. One inspector carried out this inspection. At the time of this inspection the service had three people who used their service.

Before the inspection we reviewed information we held about the service. This included any notifications and reports provided by the service.

We spoke with three people who used the service and three relatives of people who used the service. We also spoke with the registered manager and two care workers. We also obtained feedback from two social care professionals.

We reviewed a range of records about people's care and how the service was managed. These included the care records for three people using the service, four staff recruitment records, staff training and induction records. We checked the policies and procedures and the insurance certificate of the service.

Is the service safe?

Our findings

People and their representatives told us that their care workers took good care of people and people were safe with care workers. One person said, "They treat me nicely." A second person said, "The staff are good to me." A relative said, "My relative is safe when cared for by the care staff. Whenever I visit they are clean." A second relative said, "Its gone very well. My relative is happy there. The staff are hygienic and they do clean the bathrooms. The common areas are spotless." A care professional informed us that one person who used the service they supported, was well cared for. This person had behaviour which challenged the service and care worker were able to support them and manage their behaviour appropriately and to date there had not been any serious incidents. A second care professional told us that they found that care workers had ensured that the environment was clean, homely and safe for people.

When we visited the supported accommodation scheme, we observed that people were cleanly dressed and appeared well cared for. Care workers were constantly present to interact and converse with people. People appeared comfortable with their care workers and were able to approach their care workers when they wanted to talk with them.

The service had suitable arrangements in place to ensure that people were safe and protected from abuse. Care workers could give us examples of what constituted abuse and they knew what action to take if they were aware that people who used the service were being abused. They informed us that they could also report it directly to the local authority safeguarding department and the Care Quality Commission (CQC) if needed. The service had a safeguarding policy and details of the local safeguarding teams and knew how to contact them if needed. No safeguarding concerns had been reported to us. The registered manager stated that there had been none.

Risk assessments had been prepared and these contained guidance for minimising potential risks such as risks associated with behaviour which challenged the service and self-neglect. We however, noted that one person with epilepsy did not have a risk assessment. This was provided soon after the inspection. Care workers were aware of emergency arrangements for ensuring the safety of people.

We looked at the staff records and discussed staffing levels with the registered manager. There were three people who used the service. The staffing levels consisted of a minimum of at least two care workers and the registered manager during the day shifts and two care workers at night. Care workers we spoke with stated that they were able to attend safely to the needs of people. The registered manager informed us that where potential risks were identified or if needed, additional staff would be provided.

We examined a sample of four records of care workers. We noted that they had been carefully recruited. Safe recruitment processes were in place, and the required checks were undertaken prior to staff starting work. This included completion of a criminal records disclosure, evidence of identity, permission to work in the United Kingdom and a minimum of two references to ensure that staff were suitable to care for people.

There were arrangements to ensure that people received their medicines as prescribed. There was a policy

and procedure for the administration of medicines. One person was assessed as being able to self-medicate and they administered their own medicines. Another person received their medicine from care workers. Arrangements were in place for the disposal of unused medicines by returning them to the pharmacist. The service had a system for auditing the arrangements for medicines. This was carried out weekly by care workers and the registered manager. We noted that there were no gaps in the medicines administration chart (MAR) examined.

The premises had been kept clean with the help of care workers and no unpleasant odours were noted. Care workers had access to protective clothing including disposable gloves and aprons. The service had an infection control policy. The service kept a record of essential inspections and maintenance carried out on the premises. These included inspections on the electrical installation. There were arrangements for fire safety which included fire alarm checks and a fire risk assessment. Personal emergency and evacuation plans (PEEPs) were prepared for people. This ensured that care workers were aware of action to take to ensure the safety of people.

A record of accidents and incidents had been kept and where appropriate guidance was provided to care workers on preventing re-occurrences. The service had a current certificate of insurance.

Is the service effective?

Our findings

People who used the service and their relatives informed us that care workers were competent and they were satisfied with the care provided. One person stated, "The staff are good to me. They help me cook." A relative said, "They do consult with me. My relative needs a special diet. This was provided." A care professional stated that the person they supported had a medical condition which required much attention and the service had been able to manage this person's condition well.

There were arrangements to ensure that the nutritional needs of people were met. People's nutritional needs had been assessed and there was guidance for care workers on the dietary needs of people. A person who required a special diet for medical reasons had this provided. Care workers were aware of the importance of encouraging people to eat a healthy and balanced diet. The registered manager informed us that they ensured that there was protein, carbohydrates and vegetables or salad with every meal. They always had fruits such as apples, pears, grapes and bananas available for people. They also encouraged people to drink water instead of sweet or fizzy drinks and they always cooked chips in the oven instead of frying them.

Care workers were knowledgeable regarding their roles and the needs of people. We saw copies of their training certificates which set out areas of training. Topics included moving and handling, health and safety, equality and diversity and food hygiene. Care workers confirmed that they had received some of the required training for their role. Newly recruited care workers had undergone a period of induction to prepare them for their responsibilities. The induction programme was extensive and covered important topics such as Health and Safety, Infection Control and The Administering Medicines. Care workers we spoke with stated that they found the induction helpful and it prepared them for their roles. One care worker had completed the "Care Certificate". The 'Care Certificate' award replaced the 'Common Induction Standards' in April 2015. The Care Certificate provides an identified set of standards that health and social care workers should adhere to in their work. The registered manager informed us that all current care workers would be started on the Care Certificate and in future, all new care workers would be started on the Care Certificate. She stated that care workers had already started been provided a period of induction which covered some similar.

We noted that care workers had not received all the required training such as care of people with challenging behaviour, first aid, safeguarding and care of people with epilepsy. The registered manager stated that her care workers were new and she had already scheduled training for them for outstanding topics. She provided us with the dates booked for training. At the time this report was written, training had already been provided for all care workers on the care of people with epilepsy, Equality and Diversity, Safeguarding Adults, working with people with Learning Disabilities and Challenging Behaviour and Autism.

Care workers said they worked well as a team and received the support they needed. The registered manager stated that she had arranged supervision with her care workers. These had however, not been documented. Soon after the inspection she provided us with documented evidence of supervision carried out.

We checked whether the service was working within the principles of The Mental Capacity Act 2005 (MCA). The 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 decision made on their behalf must be in their best interests and as least restrictive as possible. Information regarding people's mental state and capacity to make decisions was documented in their care records. Details of people's next of kin and care professionals involved in their care were also recorded. Two people did not have capacity to make decisions. The registered manager informed us that all people using the service had close relatives such as parents or their next of kin and they would be consulted when needed. She was aware that where needed, best interest decisions would need to be recorded. The care of these two people had been reviewed recently and their social workers were in the process of applying for Court of Protection orders in respect of certain aspects of their care.

The registered manager stated that one of the care workers had received MCA training. Only one care worker had a basic understanding of the MCA. They were aware of the relevance and importance of obtaining consent from people or their representatives regarding their care. They stated that they explained what needed to be done prior to providing personal care or assisting people. They knew that if people did not have the capacity to make decisions then they should refer matters to their manager so that professionals involved and people's next of kin can be consulted. The registered manager informed us after the inspection that MCA training had been booked for care workers who needed it.

Is the service caring?

Our findings

People and their relatives were positive about the care provided and spoke highly of their care workers. They told us that care workers listened to them and were pleasant and caring towards people. They also informed us that care workers had helped people settle and feel at home in their new environment. One relative said, "My relative has settled well and is happy to return there after staying with me. The carers communicate alright with my relative. They understand when my relative is upset." Another relative said, "They treat my relative with respectful and dignity. The staff know how to manage my relative and communicate with my relative."

The service had a policy on ensuring equality and valuing diversity. Care workers we spoke with had a good understanding of equality and diversity (E & D) and people's human rights. They were aware of the importance of treating people as individuals and showing respect for them regardless of their background or individual circumstances. The registered manager stated that they provided meals which met the cultural needs of people. This was confirmed by one person we spoke with. One person attended a place of worship with their relatives. The registered manager stated that if needed, care workers would accompany this person too.

Care workers protected the privacy and dignity of people. We saw that they knocked and requested permission before going into people's rooms. They stated that they would ensure that doors were closed and curtains drawn when attending to people's personal care. They said they would also first explain to people what needed to be done and get people's consent.

The service involved people and their representatives in preparing and organising care for people. This was confirmed by people and their representatives and noted in comments made by them. There was evidence of discussions with people and their representatives either face to face, via the telephone or emails. People's views were respected regarding meals they liked and activities they wanted to be engaged in.

Care plans included information that showed people or their relatives had been consulted about their individual needs and the type of tasks people needed help with. This was confirmed by people and their relatives. We saw information in people's care plans about their choices and preferences. People we spoke with confirmed that they could have meals they liked and they engaged in activities they enjoyed.

We discussed the steps taken by the service to comply with the Accessible Information Standard. All organisations that provide NHS or adult social care must follow this standard by law. This standard tells organisations how they should make sure that people who used the service who have a disability, impairment or sensory loss can understand the information they are given. The service had an Accessible Information policy. Some notices had been produced in big print so that people could see them easily. The complaints policy and menu were in pictorial form. The care plans had not been produced in pictorial format. The registered manager stated that this would be done soon.

Is the service responsive?

Our findings

The service actively sought to assist people in improving their life and their mental health. People and relatives informed us that they were satisfied with the care provided and their care workers were responsive to their needs. One person said, "The staff help me. They take me out to the restaurant, cinema and other places." A relative said, "My relative is well cared for. Staff know how to care for my relative and they encourage my relative to go out." Another relative stated that the registered manager talked with them regarding the care provided and she responded promptly to any concerns expressed." Two care professionals informed us that the people they supported had made improvements and care workers knew how to respond to the care needs of people.

The service provided care which was individualised and person-centred. People's needs had been carefully assessed before services were provided. The registered manager had met with people and their relatives prior to them transferring from their previous accommodation. Detailed assessments were carried out and these included information about a range of needs including health, nutrition, mobility, medical, activities they enjoyed, religious and communication needs. Care plans were then prepared with assistance from people's representatives. This was confirmed by them. People or their relatives had signed their care plans to evidence this.

Care workers had been given guidance on how to meet people's needs. We noted that care workers were aware of action to take if a person with epilepsy had a seizure. This included calling the emergency services. A relative confirmed that care workers had been given appropriate guidance regarding this condition. We discussed with care workers how they would care for people with behaviour which challenged the service. Care workers could tell us action they would take when responding and how they would seek to defuse the situation. They said they would reassure people and observe them. When needed they would move other people away to keep them safe. They would also assess the need for administering as required medicines. Care professionals and relatives informed us that care workers were capable of managing people's behaviour effectively.

Reviews of care had been arranged with people and their representatives and care professionals involved with their care. This was confirmed by those who provided us with feedback. They stated that the registered manager and care workers listened to them and provided appropriate care.

Care workers encouraged people to be as independent as possible and participate in various academic and therapeutic activities which they had expressed a preference for. Activities organised for people included visits to restaurants, walks in the park, ball games, tennis, bowling, going to college, attending a part time job and visits to their family homes. Care workers also assisted people in food preparation. People's relatives informed us that people had been encouraged to be active and engaged in suitable activities.

The service had a complaints procedure and this was included in the service user guide. People's representatives knew how to complain. However, they stated that they were satisfied with the services and

had no need to complain. No complaints had been recorded. The registered manager stated that none had been received.

Is the service well-led?

Our findings

We received positive feedback regarding the management of the service. Relatives were happy with the care provided and expressed confidence in the management of the service. One of them stated, "My relative is very happy there. The manager is really good!" Another relative said, "My relative is getting good care. There is good communication with the service. The manager and staff know how to care for my relative."

Feedback from two care professionals indicated that they were satisfied and impressed with the management of the service. One of them stated that there was good communication with the staff. This professional had noticed improvement in the person they supported and stated that the service had promoted the person's choice and independence.

The service had essential policies and procedures to provide guidance for care workers. These included the safeguarding procedure, medicines policy, equality and diversity and complaints procedure.

The service had started some checks on areas such as medicines, incidents, health and safety and care documentation. The registered manager stated that the service had only just started having contracts for care and they would be carrying out more checks and audits soon. She also stated that audits would be carried out every six months and this would be done by an external care professional.

There was a management structure. The registered manager was supported by a team of care workers. Team meetings had been held and the minutes of these were available. Care workers informed us that they were happy working for the service and they found the registered manager to be supportive and approachable. They stated that communication was good and they had been informed about their roles and responsibilities.

Satisfaction surveys of the service and care provided had not yet been carried out. The registered manager explained that they would be carrying out surveys in the coming year. However, the service had started to have a record of compliments received. These included the following:

"Just wanted to say thank you so much for today. Means a lot and eased my worries. You are truly amazing."

"Thank you for taking care of my relative."