

Name of Supported Living :	Care London (Haven Lodge) (Mental Health)
CQC ID:	Not Applicable
CQC Rating:	Not Applicable
Date of Visit	15/03/2023
LBN Officer:	Abiodun Ojo

Summary of **Actions**

Area	SCORE
Staffing	100%
Health & Safety	100%
Care Plans	99%
MCA & DOLS	100%
Resident Observations & Discussions	
Staff Observations & Discussions	
Medication	100%

Final RAG rating

Guidance to QA	Home details	Officer Input
Click here to open - www.cqc.org.uk then search home	Name of Service :	Care London (Haven Lodge) (Mental health)
	CQC ID:	No
	CQC Rating:	Not applicable
SIP = Service Improvement Plan	SIP plan in place	NO
	Address of Care Home:	54Terrace Road Plaistow E13 0PB
	Care Home Phone:	02038 595 682 07493 651 189
	Name of Manager:	Ismaeel
	Home / Managers E-Mail address:	ismaeel@lhccgroup.co.uk
	Name of Regional Manager:	Yusouf Mahamed
	Regional Manager's E-Mail address:	yusouf@lhccgroup.co.uk
	Name of Owner of Home:	Eshan MahomedTeeluck
	Date of Previous Visit:	26/09/2022
	Date of Visit	15/03/2023
	Start Time	10:00
	End Time	
	LBN Officer:	Abiodun Ojo
SCROLL TO TOP		

Guidance to QA Officer	Is there evidence of :	A	C	Score	NOTES & Actions; Staffing	ACTIONS; Staffing
	Staff initials -	SA	AR			
	Appication fully completed and includes full employment history	YES	YES	100%	SA - 12/09/22 AR - 20/06/21	
	Contract signed and dated	YES	YES	100%	SA - 1/12/2022 AR - 25/08/21	
Is a DBS for staff in file less than 3 years old	DBS - valid and in date	YES	YES	100%	SA - 07/12/22 AR - 19/08/21	
	Evidence of completed induction	YES	YES	100%	SA - 05/01/23 AR - 30/08/21	
	Evidence of regular appraisals	YES	YES	100%	SA - Not due for an appraisal. AR - 26/08/22	
	Health questionnaire completed	YES	YES	100%	SA - 12/09/22 AR - 20/06/21	
	Interview notes signed and dated	YES	YES	100%	SA - 14/09/22 AR - 10/06/21	
	Proof of Identity	YES	YES	100%	SA - Indian Passport AR - Maritius Passport	
	Right to work	YES	YES	100%	SA - Resident permit AR - Resident permit	
	Supervision notes - regular and up to date	YES	YES	100%	SA - Not due for supervision, just completed probabtion. AR - 09/12/22 , 15/02/23	
	Team meeting have taken place, minutes are available, and up to date	YES	YES	100%	Team meeting held on 22/01/23 and minutes available to view.	
	Training Matrix shows annual training has taken place	YES	YES	100%	Training Matrix is up to date.	

	Two references on file	YES	YES	100%	2 references on file for employee (Employment & character)
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SCROLL TO TOP

TOTAL 100%

Guidance to QA Officer	Is there evidence of :	Y/N	NOTES; Health & Safety
	Incident, accident & Safeguarding Logs	YES	Incident & accident are managed effectively. Safeguarding raised regarding PN on 07/02/23 and closed on 2/03/23
	H&S procedures	YES	PAT certificate 27/01/23, Electrical installation 22/03/2019 (Valid for 5 years) , Gas safety record 18/04/22. Employers liability certificate expires 08/11/23
	H&S audits	YES	Daily health & safety checks 15/03/23 , Weekly fire alarm 15/03/23 , monthly emergency lighting system record 15/03/23 , Yearly fire extinguisher checks 14/02/23 , Monthly central heating system check 02/23
	Fire Risk assessment	YES	16/06/2020
	Fire Drills and outcomes	YES	04/01/23 04/10/22 Outcomes : All resident proceeded to the fire assesmby swiftly. 4 resident were absent from the building .
	Manager's audits	YES	Medication audit, health &safety 16/01/2023
	Managers spot checks	YES	26/02/23 , 21/01/23
	IPC process in place and being followed	YES	In place and followed. Health & safety posters in place for guidance.
	Area manager's last report	YES	16/01/2023
	Home environment	YES	The home is clean , well maintained and free from odour .

SCROLL to TOP

Total **100%**

Guidance to QA Officer	Is there evidence of :	A	B	Score	NOTES; Care Plans
	<i>Intial of residents</i>	TC	JH		Outcome clealy stated on support plan, Key working sessions completed every month.
	Daily notes	YES	YES	100%	Dalily notes are completed and detailed how service user's day went and the support provided by staff.
	repositioning	N/A	N/A	87%	Residents can reposition without support
	fluid	N/A	N/A	87%	Service users can decide fluid of choice
	Nutrition	YES	YES	100%	TJ - prepare meal under staff supervision 08/11/22
	mobility	N/A	N/A	87%	Residents mobilise independently
	Personl Care	YES	YES	100%	TJ - Staff prompt and encourage service user with personal care and hygiene 08/11/22 JH - Requires encouragement from staff with personal hygiene 02/11/2022
	transfers	N/A	N/A	87%	Residents can transfer independently
	Skin integrity	N/A	N/A	87%	No issues or concerns with skin integrity
	Waterlow	N/A	N/A	87%	Can weight bear
	weight chart	YES	YES	100%	TJ - weight monitored monthly 103.4 kg 06/03/23 (weight is stable) JH - weight is stable 129.5kg (06/03/23)
	person centred evidence	YES	YES	100%	Person centred care evidenced in regards to maintaning a healthy environment.
Resident's view captured and reflected	YES	YES	100%	service users signed their support plan to evidence their consent.	
family involvement and Advocacy	YES	YES	100%	TJ - mother is involved in care JH - No family involvement	

choking risk	N/A	N/A	87%	Can swallow without issues
communication	N/A	N/A	87%	Communicate verbally
body mapping	N/A	N/A	87%	No injuries sustained
Risk assessments including - mobility , choking, skin , infection, etc	YES	YES	100%	TJ - Relapse in mental health , substance misuse , risk of fire , Violence and aggression & sexual assault 08/11/2022 JH - Relapse in mental health , sexually inappropriate behaviour, Subastance misuse , self neglect , physical violence , Fire risk
Medication info documented	YES	YES	100%	Medication information documented.
PEEPs	YES	YES	100%	TJ - staff to guide service user out of the building in the event of a fire emergency. 13/01/23 JH - staff to guide service user out of the building in the event of a fire emergency 13/01/23
Continence care	N/A	N/A	87%	Can access toilet independently
Activities	YES	YES	100%	TJ - attends Art classes on Thursday. JH - goes to the gym

SCROLL to TOP

99%

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Guidance to QA Officer	Is there evidence of :	Y/N	NOTES; MARS
	POA	N/A	
	Deputyship	N/A	
	MCA	YES	
	IMCA / RPR involved where required	YES	TJ - Finance managed by client affairs JH - Finance managed by client affairs
	Best interest	N/A	
	DOLs	N/A	
	DNACPR	N/A	
	Family contact	YES	TJ - Mother makes contact JH - No family contact
	professional contact	YES	GP, social worker,
	outcomes	YES	Placement review TC – 05.01.23 JH – 21.10.22

SCROLL to TOP	Total	100%
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Guidance to QA Officer	Initials	Notes; Resident Discussions
	MG	Discussion with resident who was asked if they were happy at the service and they get all the support. According to the resident, I get all the support that I need from the staff. Resident did not say much before leaving the room.

SCROLL to TOP

Interview with QA Officer	Initials	Notes; Staff Discussions
understanding of covid /PPE, DOLS,	VM	I worked as a team leader, to ensure that service user receive the right support and also complete reports. My understanding of Safeguarding is when someone is vulnerable and to protect them from abuse. If I witness anything regarding safeguarding I will report it to the manager. if nothing was done i will escalate or Whistleblow to the safeguarding team. Yes, i know who to contact for support and i can say that i get the support and training that i need to discharge my duties.
MCA, Safeguarding , whistle blowing		

SCROLL to TOP

Guidance to QA Officer	Is there evidence of :	A	B	Score	NOTES; Medication	ACTIONS; Medication
	<i>Is MARs sheet completed</i>	<i>TC</i>	<i>JH</i>			
	All medication prescribed administered	YES	YES	100%	Residents Self medicates	
	Errors noted	YES	YES	100%	No errors identified	
	PRN record completed	YES	YES	100%	No PRN medication prescribed	
	PRN protocols	YES	YES	100%	Not applicable	
	Medication administration /competency training completed	YES	YES	100%	Medication administration training completed and up to date.	
	MARs sheet information clear	YES	YES	100%	information on Mar sheet is clear	
	Signed	YES	YES	100%	Signed	
	covert medication	YES	YES	100%	Not applicable	
	Dated	YES	YES	100%	dated	
	Medication count complete and correct	YES	YES	100%	Medication count is complete and correct	

SCROLL to TOP

100%

Actions for service

Drop Down List	CQC Rating	RED	Amber	Green
N/A	Awaiting 1st CQC Inspection	< 65%	66% to 99%	100%
YES	Outstanding	0.649	0.9999	1
NO	Good	64.90%	99.99%	100.00%
	Requires improvement	65%	99%	100%
	Inadequate			

75 - 85