Look Ahead Care and Support Limited

Luton Road

Inspection report

3-13 Luton Road
London
E13 8HD

Date of inspection visit:
04 November 2016
09 November 2016

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22 December 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on the 4 and 9 November 2016 and was announced. At the last inspection the service was meeting the legal requirements.

Luton Road is a supported living service currently providing accommodation and support to 11 people with a learning disability. Each person had their own flat with a bathroom and kitchen. There was a communal kitchen in both sites for people to use.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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.

People had risk assessments to protect them whilst in their flats and also in the community. Risk was assessed regularly and staff could explain people's individual risks and what should be done to safeguard them.

People were kept safe from abuse as staff knew how to identify abuse and who to report it to. People also knew they could report concerns to staff and safeguarding was discussed during people's key working sessions and house meetings.

Medicines were managed safely and management carried out checks to audit the competency of staff to ensure medicines were stored, recorded and administered safely. People at the service knew the times they received medicines from staff.

Safe recruitment was carried out with the involvement of people during the interview process. Staff had to complete a number of pre-employment checks to ensure suitability to work with people in a care setting.

Equipment used during the service was regularly checked and staff performed visual checks to ensure safety.

Staff received regular supervision and an annual appraisal. Training was also available to keep staff knowledge and skills up to date.

People were asked for their consent before being given care and staff demonstrated they understood the principles of the Mental Capacity Act 2005.

People's meals were prepared with the support of staff and staff explained the importance of healthy eating to people. Health professionals were involved in care planning and staff showed they understood what had been written to ensure people were eating healthily and safely during mealtimes.

People were supported by caring staff who took the time to listen them. Privacy and dignity was maintained and staff maintained people's confidentiality when having talking to them.

People had personalised care plans which detailed information about the person, their life history, skills and goals they wanted to achieve. People had a keyworker who they met with monthly to discuss progress towards these goals.

Staff were supported by the registered manager they thought was very good and took the time to listen to them and give advice. Regular audits were performed to ensure the quality of the service.

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.

Staff protected people from abuse and knew how to escalate concerns to management and to other outside agencies.

The service had safe recruitment procedures and had enough staff to meet people's needs.

Medicines were handled, administered and stored safely and staff explained how to give medicine safely to people.

Risk was identified and managed to keep people safe while in the service and in the community.

The service had enough staff on duty.

Is the service effective?

Good

The service was effective.

Staff received regular support from management at the service. Supervision, appraisal and training was provided by the service.

The service followed legal requirements relating to the MCA 2005. Staff understood mental capacity and that people were assumed to have capacity, staff sought people's consent before giving care.

Staff supported people to prepare healthy meals at the service and to join in the preparation of the communal meal.

People attended health appointments made by staff and saw health professionals to maintain their health

Is the service caring?

Good

The service was caring.

People were cared for by kind and patient staff. People spoke positively of all staff at the service.

People were supported to go on trips they wanted and staff provided encouragement to people who were reluctant to go.

People's privacy and dignity was respected.

People's end of life wishes were documented, but the service did not directly speak with people about their end of life wishes.

Is the service responsive?

Good

The service was responsive.

People had personalised care plans where aspirations and goals achieved had been documented.

The service provided support to ensure people could communicate by having staff who could speak someone's language.

People took part in a number of activities of their choosing.

People were supported to make complaints by the service and complaints made by relatives were responded to in line with the policy.

Is the service well-led?

Good

The service was well led.

People and staff had positive interactions with management.

The registered manager had an open door policy and was available to provide advice within the service.

Records were secured and organised well.

The service completed a number of audits to ensure the quality of the service.

Luton Road

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 was planned to check 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.

This inspection took place on 4 and 9 November 2016 and was announced. The provider was given 24 hours' notice because the location provides a supported living service and people are often out during the day; we needed to be sure that someone would be in.

The inspection was carried out by one inspector.

The registered provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke to the registered manager, deputy manager, an occupational therapist and two support staff. We spoke to five people who used the service.

We reviewed three staff files which included recruitment records, training, supervision and appraisal records. We reviewed four care plans.

Policies and procedures were also reviewed during the inspection which included safeguarding, whistleblowing, risk assessments, behavioural guidelines and medicine administration records.

We looked at other records which included monthly audits and health and safety checks.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "I feel safe in my flat." Another person told us, "I like my flat, everything feels safe."

Staff explained they kept people safe by ensuring visitors showed identification and purpose of their visit. The registered manager told us external contractors were accompanied in the service. The service had CCTV to monitor who was arriving at the service and this also kept people safe. Staff also performed monthly flat checks to ensure the safety of people's home environment and suitability of their premises. One member of staff said, "I check there are no loose cables and that the cooker is switched off." The same member of staff said, "I make sure COSHH liquids are locked away."

The service had a safeguarding and whistleblowing policy. The registered manager and staff explained the different types of abuse and how they would escalate matters where someone was at risk. Staff told us they would inform the manager with concerns and if they wanted to take matters further they would approach social services and the Care Quality Commission.

During people's key working session staff would always speak to people to see if they were happy which included asking how they were feeling, were they worried about anything or anyone at the service. The purpose was to protect people from feeling bullied or harassed. A member of staff said, "I check to see if they are interacting or whether they are withdrawn, I'd inform the manager."

People's finances were managed safely and records showed that staff provided receipts for all purchases made and documented what had been bought in people's individual finance book. We looked at one person's finances and the information recorded was correct once the money had been counted. The deputy manager audited peoples finances monthly and showed us how they checked everything was in order.

Safe recruitment was carried out and the service ensured that staff had completed pre-employment checks before they could start work. This included providing identification, two references and a disclosure and barring service (DBS) check to check staff were safe to work with people in the care setting. The recruitment policy for the service confirmed people were also involved in the recruitment process and met prospective new staff to see if they thought they were suitable.

Medicines were handled safely and staff had been trained in the safe management of medicines. Systems for the receipt, returns, storage and administration of medicines were safe. The service discussed safe medicine management during team meetings and staff had observed practice as a further safety and competence check. People had their own medicine file which had details of the medicines taken and information about those medicines to help staff understanding. Medicines were securely locked in their flat and only accessible by staff, medicines administration records (MAR) charts were accurately completed with staff signatures, showing no gaps in when medicines were administered. One person said, "My keyworker gives me my medicines and tells me when I need them. I have them every time at 8.pm." The deputy manager audited medicines monthly to check records had been completed correctly.

The registered manager explained that their health and safety policy was a key policy in keeping people at the service safe. A number of checks were performed, daily, weekly, monthly and quarterly to ensure the safe running of the service.

Risk was assessed constantly to ensure the safety of people and their wellbeing. Risk assessments were robust and detailed clearly how risk was to be mitigated. People had risk management plans and assessments were carried out for all aspects of people's care, including and not limited to going out in the community and holidays. The service observed changes in people that would prompt a review of the risk assessment sooner than six months. The registered manager said, "Staff need to be aware of changes in cognition and ability to walk."

Where people used equipment this was assessed for suitability and safety. Staff had identified a piece of equipment that needed to be adjusted so that personal care could be provided safely to someone in bed. We discussed with the registered manager that this was the case and spoke to an occupational therapist who confirmed a new bed would be ordered for the safety of the person and staff supporting them.

Records showed equipment in the service received external maintenance checks as per the manufacturers guidance. Staff also performed visual checks but these were not recorded. One person said, "They fixed my walker for me."

The service had enough staff and staff were visible across the two sites. There was 24 hour support for people and a manager was on call if there was an emergency during the night. Where people needed support to attend appointments staff did this and the registered manager advised they brought in extra staff if needed.

During the inspection we observed staff respond promptly in an emergency and kept people safe, people were placed in the recovery position and not left unattended. Staff quickly located hospital passports and current medication to provide to the emergency services.

Daily fridge and freezer checks were carried out and pre-inspection audits were carried out which covered infection control, the environment and health and safety.

Good

Is the service effective?

Our findings

People spoke positively about staff and how they supported them. One person said, "Staff are helpful ."

Staff had to complete an induction period of eight weeks and six month probation period. An induction handbook was provided to staff to support during their induction period which incorporated the care certificate. The care certificate is a set of standards that social care and health workers follow in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers.

Staff were well supported and records confirmed they received regular supervision and annual appraisal. The registered manager said, "Staff receive supervision every four to six weeks and it covered observed practice. Staff also have coaching sessions, team building and reflective practice." A member of staff said, "I have supervision with the team leader every month and can bring up issues about work, they're very helpful."

Staff received regular training and accessed it through the providers training academy. Training was delivered in the following areas every three years; medicines, safeguarding, first aid, epilepsy, health and safety, food safety infection control, mental capacity act and fire awareness. Records confirmed that staff had attended training and where they had been unable to attend a course they had attended an alternative date.

The Mental Capacity Act 2005 (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 made on their behalf must be in their best interests and as least restrictive as possible..

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Records confirmed that the service were having people assessed and appropriate applications were to be sent to the Court of Protection.

The registered manager and staff explained they always asked for people's consent before delivering care. The service supported people to access advocates who had no family involvement to help with decision making. The service also held best interest meetings. For example, where medical decisions were needed a multidisciplinary approach was adopted and people's social worker and GP were involved. The registered manager said, "We always ask what people want." Staff understood the principles of assessing capacity and assuming people at the service had capacity to make decisions. One member of staff said, "They [people who used the service] will tell you what they want, you don't rule out people have no capacity, as some people have a little and are able to make decisions."

People were supported by staff to make healthy meals in their flats and we observed people taking part in

the preparation of an evening meal in the communal kitchen at the service. People chose what they wanted to eat and cultural specific food were also prepared for people wanted support to make them. One person knew the importance of healthy eating and that staff had explained the implications of having certain food. They said, "I like the food here, I can't have salt though, it was explained because of my heart." This meant staff were giving people information about healthy eating so that people could make healthy choices.

The service worked with other health providers in joint partnership where people required specific support with mealtimes. Clear guidelines were in place from the speech and language therapist (SALT) explaining how to safely support people to minimise the risk of choking and staff who worked with people demonstrated they understood how to effectively support them.

Health action plans, hospital and communication passports were also within people's care plans to support staff at the service to communicate effectively with people.
People were supported to attend health appointments with their key worker or a member of staff. Records confirmed people visited the chiropodist, social worker, psychologist and physiotherapist.

Good

Is the service caring?

Our findings

People spoke positively about the staff and told us that staff were caring. One person said, "It's really wonderful living here. The staff are nice here." Another person said, "I like it here."

People were supported by staff who took the time to get to know people and who were knowledgeable about people's likes and dislikes. Different methods of communication people used were known by staff. For example, some people did not fully verbalise everything and used key pads to explain what they needed. We saw staff take the time to listen so they could respond appropriately to people. The registered manger spoke with relatives and they tended to provide more detailed historical information to the service to help staff get to know them better. Staff showed they knew particular foods people liked with a member of staff saying, "[Person] loves prawns , yogurt and ice cream but she must always have a lot of healthy meals."

The registered manager encouraged kindness and respect from staff and stated they had seen staff be very patient with people.

We observed kind interactions between people and staff at the service. For example staff would ask people if they could help them with making toast or make them a hot drink and staff would sit with people having a chat together, further building trusting relationships with them. Another person told us they could speak to any staff and when a staff member walked past they said, "I like [staff] and the staff member kindly replied "I like you too."

A member of staff said, " I key work with [person who used the service] and I do a lot of caring things, [person] was always saying they want to go to Disneyland on holiday. [Person] went to Disneyland, that's a great turnaround for them and a great achievement for me." This meant staff listened to people's wishes and helped to facilitate them for a positive outcome.

People's privacy and dignity was respected at the service. The registered manager said, "We respect people's personal alone time, time when they want to receive personal care and leaving people to sleep if when they want to." We observed staff knock on people's front door before entering and seeking permission before entering their flat. People's flats had their own bathroom facilities that helped maintain privacy.

The registered manager explained nobody had expressed they identified as being lesbian, gay, bi-sexual or transgender but that they would support people if they did. The service had guidance for staff to help people express themselves. The service supported people to maintain relationships with their relatives and with other people outside of the service and provided information on being safe in those relationships. People also had friendships with other people living at the service. One person said, "I have a friend I like to make her coffee in my flat."

People's end of life wishes had been documented but this had been completed by people's families. Discussions with people directly had not taken place within the service as some people did not wish to discuss this.

Good

Is the service responsive?

Our findings

People received personalised care and support according to their needs and preferences. People's flats were all personalised by them with their own choice of decoration and furniture.

Care plans were up to date and had clear labelled sections. People had a one page profile in their care plan which detailed what was important to them, what people like and admire about them and how to support them. One person who communicated in their native language at times was supported by a member of staff who also spoke that language. This meant that the person could always be understood to express their needs.

Support needs in people's care plans contained an assessment of physical health, current medication, nutrition, mental health and behavioural management plans. For example information was given on how to respond to someone displaying a particular type of behaviour, staff would intervene by using calming techniques and making them a cup of tea. Staff were guided to support people with detailed guidance. For example, where personal care support was given, the temperature of the water, the amount and type of cleanser to use was clearly documented in people's care plan.

Care plans detailed people's achievements and aspirations so there was always something to work towards. For example, a goal was to support people to go on holiday which was achieved. Another person enjoyed gardening and picture records showed staff supported them to plant and harvest their crops. Staff explained how this person had achieved their goal as they had been able to grow their own food.

Staff reviewed the care plan to see whether people had achieved previous goals every six months or sooner if needed. The review involved people's keyworker, the person, relatives and other interested parties.

People we spoke with knew they had a care file and a folder with information about them that they talked about with their key worker. One person said, "I've see my care plan and sit with [keyworker]." Another person said, "My folder is upstairs in my flat." People knew who their key worker was and records showed that people met with them monthly to discuss their needs, which included finances, emotional support, happy with neighbours and happy living at the service.

House meetings took place weekly where people could also have a communal meal. One person told us they had fish and chips and others had a pizza. Records confirmed these meetings took place weekly and staff discussed how people were, safeguarding and upcoming activities. People took part in a number of activities which included, music sensory at the local college, music session at the service, communal cooking, arts and crafts, baking, bingo, movie night and disco night. Some people did not wish to participate in activities and this was respected by the service.

People were supported to attend the church of their choice. The registered manager gave an example of a church close to the service but was not the desired church for the person. The registered manager said, "We need to support [person] to attend the church she wants to." This meant that the service were listening to

what people wanted.

During one to one sessions and house meetings people were supported and encouraged to make complaints. Records showed no complaints had been submitted by people living at the service. Where relatives had submitted a complaint this had been logged and responded to in accordance with the service policy.

The service had information on how to make complaints displayed in the hallway and they had a 'complaints and feedback form' people could send to the provider. However this form was not confidential as people's information could be seen. The registered manager agreed that the form was not confidential and would raise the format with senior management.

Relatives gave the service positive feedback by sending thank you cards and by completing a family members questionnaire. Some feedback included; "Thank you for all the kindness" and "Staff are really caring and enable [person] to live independently."

Good

Is the service well-led?

Our findings

The service had a registered manager who was on site daily there was also a deputy manager for additional support with the day to running of the service.

The atmosphere in the service was calm and management and staff were observed to be positive and enthusiastic in their work. People at the service was settled at the service and spoke well of the management of the service. People knew who the manager was and observations confirmed that this happened as people spoke to the registered manager and deputy manager for support.

Staff spoke positively about the registered manager. Staff told us the registered manager was open and shared information with them as a team. One member of staff said, "[Registered manager] is new, he's supportive I have nothing negative to say about him." Another member of staff said of the registered manager and deputy manager at the service, "They work well together. I can go to either of them."

The registered manager explained they aimed to make themselves available to staff and people as much as possible in order to support them at the service. The registered manager also understood their responsibilities to ensure people at the service received a high quality service that met their needs and they were responsive to matters that arose on behalf of people and took action. For example prompt reviews were requested on behalf of people at the service to minimise risks to them at to staff.

The registered manager felt well supported by the team and senior management at the service. The registered manager said, "I have good support from buddy sites and can get advice from them and head office give good support."

The registered manager had an awareness of the challenges at the service and how they planned to meet those, in particular people's changing needs. For example, the registered manager said, "We need to document more closely the changes in people so we can evidence this in people's reviews."

Records at the service were managed well, the registered manager and staff were able to locate records quickly and observations confirmed documents were kept secure.

The registered manager attended monthly management meetings and staff had monthly team meetings and records confirmed these took place and that staff met to discuss people and matters important to the running of the service such as recruitment, joint working and day trips for people.

Records confirmed audits were carried out to monitor the quality of the service. These included a monthly finance check and medication audit. Records showed there had been no medicine or financial errors at the last check on the 31 October 2016.

The service was visited by the local authority contracting team on the 8 July 2016 and their report showed that the service was performing well and there were no areas of serious concern. Action points had been

identified that the service had worked towards. For example to repair the bathroom in someone's flat and to confirm a health appointment had been made for someone at the service.