

Outlook Care

Kemsing Road Respite Service

Inspection report

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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

This inspection was carried out on 25 January 2016 and was unannounced. Kemsing Road Respite Service accommodates up to eight people with a learning disability for respite care. The service is located in east Greenwich in south east London. This was our first inspection at Kemsing Road.

The service had a registered manager in post. 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 and associated Regulations about how the service is run.

People using the service said they felt safe and that staff treated them well. Appropriate recruitment checks took place before staff started work. Safeguarding adult's procedures were robust and staff understood how to safeguard the people they supported from abuse. There was a whistle-blowing procedure available and staff said they would use it if they needed to. People's medicines were managed appropriately and people received their medicines as prescribed by health care professionals.

Staff had completed training specific to the needs of people using the service and they received regular supervision. The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). They worked closely with the local authority to make sure they complied with the MCA and DoLS. People were provided with sufficient amounts of nutritional food and drink to meet their needs. People had access to a GP and other health care professionals when needed.

The service responded well to meeting people's diverse care and support needs. Their independence was respected and they were encouraged to become involved in the running of the service. People were able to maintain their normal routines and activities whilst staying at the service. The service also arranged activities with people for the things they wanted to do. Assessments were undertaken to identify people's support needs before they started using the service and they and their relatives had been consulted about their care and support needs. Care plans and risk assessments provided clear information and guidance for staff on how to support people to meet their needs. People were aware of the complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

The provider sought the views of people using the service through feedback forms. They recognised the importance of regularly monitoring the quality of the service provided to people. Staff said they enjoyed working at the service and they received good support from the manager. There was an out of hours on call system in operation that ensured management support and advice was always available when they needed it.

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. There were safeguarding adult's procedures in place and staff had a clear understanding of these procedures. There was a whistle-blowing procedure available and staff said they would use it if they needed to.

Appropriate recruitment checks took place before staff started work. People using the service and staff told us there was always enough staff on duty to meet people's needs.

People's medicines were managed appropriately and people were receiving their medicines as prescribed by health care professionals.

Is the service effective?

Good ●

The service was effective. Staff had completed an induction when they started work and received training relevant to the needs of people using the service.

The manager demonstrated a clear understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and was actively taking steps to act according to this legislation.

People had access to a GP and other health care professionals when needed.

Is the service caring?

Good ●

The service was caring. Staff treated people using the service in a caring, respectful and dignified manner.

People using the service and their relatives had been consulted about their or their relatives care and support needs. People's privacy and dignity was respected.

Is the service responsive?

Good ●

The service was responsive. The service responded well to meeting people's diverse care and support needs. Their independence was respected and they were encouraged to become involved in the running of the service.

People's needs were assessed and care files included detailed information and guidance for staff about how their needs should be met.

People were able to maintain their normal routines and activities whilst staying at the service. The service also arranged activities with people for the things they wanted to do.

People knew about the homes complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

Is the service well-led?

The service was well-led. The provider sought the views of people using the service through feedback forms. There were systems in place to monitor the quality of the service.

Staff said they enjoyed working at the home and they received good support from the manager.

There was an out of hours on call system in operation that ensured management support and advice was always available for staff when they needed it.

Good ●

Kemsing Road Respite Service

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.

Before the inspection we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

This inspection was carried out by one inspector on 25 January 2016 and was unannounced. We spent time observing the care and support being provided to people using the service. We looked at eight people's care records, staff training and recruitment records and records relating to the management of the service. We spoke with two people using the service, the relatives of four people using the service, three members of staff and the manager. We also asked a student nurse on a placement at the service, a health care professional, a social care professional and the local authority that commissions the service for their views about the service.

Not everyone at the service was able to communicate their views to us so we also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

People using the service told us they felt safe and that staff treated them well. One person said, "I like going there and I feel safe." A relative of a person using the service said, "My daughter is safe when she goes to the service. I don't need to worry about anything." Another relative said, "I know my son is safe there and is well looked after."

The service had a policy for safeguarding adults from abuse and a copy of the London Multi Agencies Procedures on Safeguarding Adults from Abuse. The manager was the safeguarding lead for the service. Staff spoken with demonstrated a clear understanding of the types of abuse that could occur. They told us the signs they would look for and what they would do if they thought someone was at risk of abuse. They said they would report any concerns they had to the manager. The manager told us they and the staff team had received training on safeguarding adults from abuse. Training records confirmed this. Staff told us they were aware of the provider's whistle-blowing procedure and they would use it if they needed to.

At the time of this inspection there was an on-going safeguarding concern being investigated by the local authority that commissions services from the provider. The local authority safeguarding team told us the manager had been very supportive of the investigation, had provided a detailed report of the incident and had identified learning areas as an outcome. We saw that the provider had taken prompt and appropriate action to address the matter and keep people using the service safe.

Recruitment checks took place before staff started work. Staff told us they went through a thorough recruitment and selection process before they started working at the service. The manager told us that recruitment records were held at the organisation's head office. They showed us staff information sheets held at the service. These sheets included criminal record check reference numbers and recorded that all other required pre-employment checks had been obtained by the human resources team. A member of the provider's human resources team confirmed that all staff had completed application forms that detailed their full employment history with explanations for any breaks in employment. They had obtained criminal record checks, two employment references, health declarations and proof of identification.

People using the service, the manager and staff told us there was always enough staff on duty to meet people's care and support needs. One person using the service said, "I am independent and don't need much help from staff but there is always somebody around when I need them." The manager told us that the numbers of people using the service fluctuated on a daily basis. They showed us a staffing rota and told us that staffing levels were arranged according to the numbers and needs of the people using the service. We saw risk assessment for ensuring the staffing levels met people's needs. This required the manager to ensure that staff numbers, gender and skill mix reflected people's care and support needs when planning the staff rota. Staff were required to check the rota on an on-going basis to assess if staffing levels continued to meet people's needs. If they identified a potential problem the manager was to be alerted and the rota would be adjusted if necessary. A member of staff said, "There are always enough staff around to meet people's support needs. If we need more staff then the manager would arrange for more staff to come."

Action was taken to assess any risks to people using the service. We saw that people's care files included risk assessments for example on choking, moving and handling, road safety and financial abuse. Risk assessments included information for staff about action to be taken to minimise the chance of risks occurring. We saw personal emergency evacuation plans for all of the people using the service. These took account of people's specific needs and how they would be evacuated in the event of an emergency such as a fire at the service. Records seen confirmed that regular fire alarm tests and evacuation drills were conducted on a quarterly basis. People's care files also included guidance for staff where people needed particular support. For example the circumstances where staff should call an ambulance if a person had a relapse in a specific medical condition. Staff were able to describe accurately the information as set out in the risk assessments and care plans. This showed they were well aware of people's individual risks and knew what to do to ensure safe care.

People were receiving their medicines as prescribed by health care professionals. The manager told us that before each admission relatives supplied the service with a list of and quantities of their relative's medicines. Relatives brought people's medicines to the service when they dropped them off and these were checked against the information supplied by their GP. This was to ensure that the right medicine was available for people during their stay. We saw that medicines were stored securely in locked cupboards in people's bedrooms. We looked at five people's medicine administration records. These indicated that people had received their medicines on time and as prescribed by their GP's. The records also included the quantity of medicines received into the service and the quantity returned to relatives when people had finished their stay. The manager told us that all staff had received training and annual competency assessments on the administration of medicines. Training records confirmed this.

Is the service effective?

Our findings

People told us staff knew them well and knew what they needed help with. One person said, "The staff know what to do to support me." A relative said, "My daughter asks to go to Kemsing Road. She loves it there. The staff always give me feedback when she comes home about the things she done during her stay. The staff really know how to look after her."

The service supports people with complex communication, profound learning disability and physical disabilities. Staff had the knowledge and skills required to meet the needs of people who used the service. A training matrix showed that staff had completed training that the provider considered mandatory. This training included first aid, food safety, medicines, moving and handling, positive behaviour management, safeguarding adults, health and safety, epilepsy and the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The local clinical commissioning group (CCG) had also provided training to staff on topics specific to people's needs for example, adapted first aid, emergency first aid, choking and health and well-being. A further training course 'Supporting People to be Healthy and Well' had been arranged for staff with the CCG in January and February 2016.

Staff told us they had completed an induction when they started work and were up to date with their training. They received regular supervision, an annual appraisal of their work performance and said they were well supported by the manager. One member of staff said, "I am up to date with all of my mandatory training. I have also had training on epilepsy awareness and moving and handling. This has helped me to support people the right way." Another member of staff said, "I have done lots of training since I started last year. We get training about people's needs. I have learned a lot of things about caring for a wide variety of people and their different needs since I came here and I can put that learning to use every day."

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The manager demonstrated a good understanding of the MCA and DoLS. They said that none of the people currently using the service required DoLS authorisations. We saw DoLS checklists in all of the people using the services care files we looked at and correspondence from the local authorities MCA Co-ordinator advising the service on the actions they would need to take to comply with the MCA and DoLS. The manager told us if they had any concerns regarding any person's ability to make decisions they would work with the person using the service, their relatives, if appropriate, and any relevant health care professionals to ensure appropriate capacity assessments were undertaken. If the person did not have the capacity to make decisions about their care,

their family members and health and social care professionals would be involved in making decisions for them in their 'best interests' in line with the Mental Capacity Act 2005.

People were provided with sufficient amounts of nutritional foods and drink to meet their needs. We observed how people were being supported and cared for at teatime. The atmosphere in the dining room was relaxed and not rushed and there was plenty of staff to assist people where required. People told us they liked the food provided at the service. A daily pictorial menu was displayed on a notice board in the dining room for people to make their choices from. One person said, "The food is very good, I get plenty. I get offered a choice of what I want to eat." People's care plans included assessments detailing their dietary requirements, food likes and dislikes, food allergies and the support they required from staff at meal times. Staff were aware of people's dietary needs and how to support them to eat and drink. For example we saw one member of staff offering a person a choice of drinks. The person communicated which drink they preferred by touching a cup indicating they wanted a cup of tea with their meal. We noted that the kitchen was exceptionally clean and well-kept and had been awarded a five star food hygiene rating.

People had access to a GP and other health care professionals when needed. Most people using the service were registered with their own GP. If required, a temporary registration with a local GP could be arranged for them. District nurses regularly visited the service to support people for example to administer specific medicines. Before each short term admission to the service relatives were required to advise the manager of any on-going health care issues. The manager said if a person was unwell their relatives and if appropriate their GP would be contacted. In an emergency an ambulance would be called to take the person to hospital.

Is the service caring?

Our findings

People said staff were caring and they liked staying at the respite service. One person said, "I love going there. There's a nice garden and I have a nice room with the big TV. I get see all my friends. I go out to a club. I like the staff too they are nice to me." Another person told us they had been placed at the service on an emergency and they were moving to their own flat at the end of the week. They said, "The place is clean, we get good food, there are things to do. I won't really miss the place as I am getting the flat I want but I will miss some of the people who come here and the staff because they have been good to me." A relative said, "The staff are lovely. I can't fault the place at all. This place is a Godsend to me and my daughter. I can't say enough good things about the manager and the staff. They invited me and my daughter to a Carol service at Christmas even though she wasn't staying there. We had a good sing along with the staff. We really felt included. I am so grateful for the service." Another relative said, "The service is a life saver. When my son comes home he is always happy. The staff and the manager are very caring, supportive and helpful." A student nurse on a placement at the service told us, "The culture of the service is caring all the way down from the manager through to the staff. The staff are very knowledgeable about people's needs. I have learned a lot since I have been here."

People using the service and their relatives told us they had been consulted about their or their relatives care and support needs. One person said, "I don't need much support but staff talked to me about some of the things I wanted to do. I think that's in my care plan." A relative told us, "I am very involved with the service when it comes to planning for my sons care. I developed a personal profile for him and gave this to the manager. I have attended all the review meetings. If I think I need to, I can call the manager and we can have another meeting. They are very accommodating, they work with me, and do all they can to meet his care needs". Another relative said, "It's a great service. We were asked lots of questions by the manager when they carried out an assessment. We went into great detail about my daughters care and support needs. Her needs are well and truly covered in her care plan. We have really good contact with the service. They would let us know if there were any problems." A third relative told us, "I met with the manager to discuss my daughter's needs. Everything is included in her care plan. I am asked to fill in a pre-check in form each time she goes there. If things change here at home I let them know and they update the care plan for when she goes back there."

We observed staff speaking with a treating people in a respectful and dignified manner. We saw two members of staff supporting a person to play a game, the person became over excited. They treated this person with gentleness and understanding until they eventually became relaxed. People's privacy and dignity was respected. Personal care was provided to people in their own en-suite bedrooms. Staff said they knocked on people's doors before entering their rooms and made sure information about them was kept confidential at all times. One person using the service said, "I can do my own personal care, the staff don't come into my room unless they ask me first."

People were provided with appropriate information about the service in the form of a 'Support Agreement'. The manager told us this was given to people when they started using the service. This included the complaints procedure and the services they provided and ensured people were aware of the standard of

care they should expect.

Is the service responsive?

Our findings

People using the service and their relatives told us the service met their care and support needs. One person who used the service told us, "The staff make sure they do what they need for the people who come here." A relative said, "We know what to expect from the service. We fill in a form each time our daughter goes there telling them about her health, medicines and anything she needs to do. The communication is really good and everything gets done." Another relative said, "They really know how to look after my daughter. They listen to what we tell them about her needs and act on it." Another third relative told us, "It's an excellent service. They know what my son needs are and how to look after him."

The service had recently developed the garden area to make it more accessible for people using the service. Sensory zones included specialist sensory touch textured equipment and games such as XOX and a basketball net. There was a visual area with colourful metal ornaments and mirrors and an allotment area for growing vegetables and herbs. There was also a raised bed so that people who used wheelchairs could grow flowers, herbs and vegetables. The manager told us that some people had grown cabbages and recently brought them home with them. There was a garden swing chair and a patio set. One person using the service told us, "I like to sit in the garden and just relax." A relative said, "I am very pleased with the sensory garden. It's has been really good for my son. He loves it."

People were encouraged to maintain their normal routines and activities whilst staying at the service. The service also arranged activities with people for things they wanted to do. For example one person had recently planned a trip out with staff. They went on a cable car and had lunch at a local attraction. We saw information about activities provided at the service was displayed on a notice board in the hallway. These activities included decorating articles to take home, a visiting music man, sensory experience, keep fit and karaoke sessions. People using the service could also visit to a dance group and a disco club. They manager told us any person staying at the service when these activities were taking place would be encouraged to attend.

People's diverse needs and independence were supported and respected. The provider had recently created a service user and staff empowerment forum. The forum focused on how people using the service could be empowered to promote choice and control in their everyday lives through active support and participation. The manager told us they aimed to empower people to become involved in running the service and we saw people had taken responsibility for some important checks. For example, we saw records of fire tests and checks to make sure the first aid box was fully equipped were carried out by people using the service. Five people had recently been supported to conduct first stage interviews with potential staff. Each person asked two questions and for one person with complex communication needs questions were delivered using picture cards and signs. Following the interviews people discussed their views with the manager about the candidates they had interviewed. The manager told us that two candidates they had identified did exceptionally well at second stage interview, had been appointed and were working at the service.

A social care professional told us they had been very impressed by service. They said that the staff and

manager had worked fantastically well with their client and transformed the person's life for the better. A health care professional told us they had done a lot of work with people using the service and staff. They said the manager and staff were very thorough when obtaining information about people's needs and they made sure all relevant risk assessments were discussed before they arrived. The staff were very competent at implementing support guidelines put in place by health care professionals.

Assessments were undertaken to identify people's support needs before they started using the service. We saw care files which contained care and health needs assessments, care plans and risk assessments. The files were well organised and easy to follow. The care plans included detailed information and guidance for staff about how each person should be supported. People using the service and their relatives had been fully consulted about their needs. Where appropriate relatives had provided detailed information and instructions for staff. For example one relative told us they had advised the service that her daughter had a problem with swallowing. They got a letter back from the manager saying staff were making sure her food was cut up. We saw guidelines were in place for staff to support this person with eating and a risk assessment was in place relating to choking. Information in all the care files we looked at had been reviewed by staff and was up to date.

People had access to specialist equipment enabling greater independence which met physical, emotional and sensory needs. Equipment included hoists, slings, wheelchairs, seating, tables, cutlery and adapted beds. We saw three rooms being prepared for people arriving later in the day. A member of staff showed us a pre-check in form they had received from a relative that included information about the person's stay. They told us that the person's support plan and risk assessments would be updated if there were any changes in the person's care and support needs. Another member of staff said they had worked at the service for nine years. They knew all of the people using the service and their relatives very well. They were aware of people's care and support needs. They told us, "The care plans include good information about people's needs. Relatives are good at letting us know if anything different needs to be done."

People using the service and their relatives said they knew about the service's complaints procedure and they would tell staff or the manager if they were unhappy or wanted to make a complaint. They said they were confident they would be listened to and their complaints would be fully investigated and action taken if necessary. One person using the service said, "I would tell the staff or the manager if I wanted to complain." A relative said, "I would raise my concerns with the manager if I had any. I am confident they would deal with them appropriately." We saw a complaints file that included a copy of the provider's complaints procedure and forms for recording and responding to complaints. The complaints procedure was also available in a picture format for the benefit of some people using the service. Complaints records showed that when concerns had been raised these were investigated and responded to appropriately and where necessary discussions were held with the complainant to resolve their concerns.

Is the service well-led?

Our findings

People using the service and their relatives spoke positively about the staff and the manager. One relative said, "The service is great. The manager and staff are great. I think it's really well run and organised." Another relative said, "I am really happy with the service. Communication is great; someone will always be there to talk to me. I think it is well managed."

An officer from the local authority that commissions the service told us Kemsing Road was considered by people using the service, relatives and health and social care professionals to be a good well-run service as they offered high quality facilities. The premises had been completely redecorated within the last two years and the new provider was very motivated. A social care professional told us the manager was compassionate and committed to developing the service and solid individual staff were also bringing stability to the service.

Throughout our inspection it was clear from the manager, staff, people using the service and relatives we spoke with that the purpose of the service was to provide people with a short term stay that fully met their needs and wishes. One member of staff said, "We want to give people and their relatives nice relaxing a break. People enjoy the hotel type experience they get here. We have a very good team and we all make sure people have a great time when they are here." Another member of staff said, "We all work together as a team, from the manager down we do our jobs." A third member of staff said, "We have a very good manager. She is very supportive to the whole team. She has an open door and we can talk to her about anything at any time."

All of the staff we spoke with said they enjoyed working at the home. There was an out of hours on call system in operation that ensured management support and advice was always available when they needed it. Staff felt they could express their views at team meetings and handovers. We saw that staff meetings were held every month. These were well attended by staff. Items discussed at the November 2015 meeting included staff practice and policies, food shopping, record keeping and administration, moving and handling, peoples care needs and incidents and accidents. A team development day on the 8 January 2016 was attended by a speech and language therapist who discussed eating and drinking guidance and answered questions in relation to swallowing and eating difficulties and those at risk of choking. The team also discussed their plans for 2016 and the services achievements and disappointments in 2015. One member of staff said, "The team meetings are very good and very informative. Our comments are always taken on board." Another member of staff said, "The team meetings help me. We talk about people's needs. We also discuss any incidents or accidents."

The provider recognised the importance of regularly monitoring the quality of the service. The manager showed us records that demonstrated regular audits were being carried out. These included health and safety, medicines administration, staff training, supervision and appraisals, and care file audits. We also saw reports from quality monitoring visits carried out by the provider. These were carried out every three months and covered different areas each time. These visits monitored the services compliance with the regulations associated with the Health and Social Care Act 2008. The report considered if the service was safe, effective, caring, responsive and well led and included recommendations for further service development. The report

concluded that the manager had the recommendations in hand.

The provider sought the views of people using the service and relatives following each short stay. One relative told us, "We are always asked what we think about the service and always happy to say how good it was." Another relative said, "I always get a questionnaire when my son comes home. I give them feedback and it's always very good." We saw service user feedback forms were given to people and their relatives at the end of their stay. The manager told us they used feedback from the forms to constantly evaluate and make improvements at the service. The provider was due to send out an easy read satisfaction surveys to people using the service in March 2016 and was currently conducting a staff survey. The manager told us the feedback from these surveys would be analysed, a report and an action plan would be drawn up and shared with people using the service, their relatives and staff.