Richmond Psychosocial Foundation International

89 Heathfield North

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 was an unannounced inspection that took place on 30 June and 3 July 2017.

The service provides supported living care for up to three people with learning disabilities and is located in the Twickenham area.

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 and associated Regulations about how the service is run.

In May 2015, our inspection found that the service required improvement in the area safe regarding a small proportion of the medicine records that were incomplete for creams administered. All the other key questions were rated good with an overall good rating. At this inspection the service was rated overall good and good for all the key questions.

People we spoke with told us that the staff provided good support for them when they needed it. They had close bonds with the people who lived next door which was a care home for people with learning disabilities that shared the same staff and was part of the same organisation. They had access to activities they had chosen and did them as a group or individually including with people from the learning disability care home. This depended upon their preference and the type and nature of the activities.

During our visit people came and went as they pleased and the service provided a warm and inclusive atmosphere.

The staff were familiar with people using the service and the field of work that they as staff were engaged in. Their work skills and training enabled them to meet people's needs and provide support in a professional, friendly and supportive way. They were professional in their approach and accessible to people using the service and their relatives. Staff said the training they received was good and enabled them to do their jobs.

People had support plans, that were up to date and underpinned by risk assessments and other documents that contained clearly recorded, fully completed, and regularly reviewed information. This enabled staff to perform their duties. Staff records were also up to date.

People were supported and advised to have healthy, balanced diets that also met their likes and preferences whilst protecting them from nutrition and hydration associated risks. People were encouraged to discuss health needs with staff and had access to community based health professionals, when required.

The registered manager was approachable, responsive, encouraged feedback from people and monitored and assessed the quality of the service provided.

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.

People said they felt safe using the service. They lived in a risk assessed environment and the service had safeguarding procedures that staff followed. The staff were recruited using a robust procedure and there were enough staff to support people and meet their needs.

People's medicine was safely administered and records kept up to date. Medicine was safely stored and disposed of.

Is the service effective?

Good

The service was effective.

People's needs were met by trained staff.

People's care plans monitored their food and fluid intake to make sure they were nourished, hydrated and balanced diets were encouraged.

The service was aware of the Mental Capacity Act and its responsibilities regarding it.

Is the service caring?

Good

The service was caring.

People felt valued, respected and were involved in planning and decision making about their care. The care was centred on people's individual needs.

Staff knew people's background, interests and personal preferences well and understood their cultural needs. They provided support in a kind, professional, caring and attentive way. They were patient and gave encouragement when supporting people.

Is the service responsive?

Good

The service was responsive.

People chose and embarked on a range of work, recreational and educational activities. Their care plans identified the support they needed to be involved in their chosen activities and daily notes confirmed they had taken part. People said that concerns raised were discussed and addressed as a matter of urgency.

Is the service well-led?

Good

The service was well-led.

The service had a positive culture that was focussed on people as individuals. People were familiar with who the manager and staff were. The manager and staff enabled people to make decisions by encouraging an inclusive atmosphere.

Staff were well supported by the registered manager and CEO.

The quality assurance, feedback and recording systems covered all aspects of the service monitoring standards and driving improvement.

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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.

This was an unannounced inspection and took place on 30 June and 3 July 2017.

This inspection was carried out by one inspector.

There were three people using the service. We spoke with two people, two care workers and the registered manager and Chief Executive Officer.

Before the inspection, the 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. The PIR was complete and provided us with information about how the provider ensured the service was safe, effective, caring, responsive and well-led. We also considered notifications made to us by the provider, safeguarding alerts raised regarding people using the service and information we held on our database about the service and provider.

During our visit we observed care and support provided, was shown around the home and checked records, policies and procedures. These included the staff training, supervision and appraisal systems and the service maintenance and quality assurance systems.

We looked at the personal care and support plans for one people using the service and one staff file.

Good

Is the service safe?

Our findings

People told us they felt safe using the service and living in supported living accommodation. One person said, "I feel safe here."

Staff had received safeguarding training, understood how to raise a safeguarding alert and when this should happen. There was no current safeguarding activity. Previous safeguarding issues had been suitably reported, investigated, recorded and learnt from.

Staff also knew what constituted abuse and this was included as part of their training. Staff knew what action to take if they encountered it and this matched the organisation's procedures. During our visit people were treated equally by staff and given the support required to meet their needs.

People's support plans contained risk assessments that enabled them to take acceptable risks and enjoy their lives in safety whilst not restricting them. These included risk assessments about their health and aspects of people's daily living including work, learning and social activities as appropriate. The risks were reviewed regularly and updated if people's needs and interests changed.

Staff shared information regarding risks to people. This included passing on and discussing any incidents of risk during shift handovers and staff meetings. There were also general risk assessments for the supported living environment and equipment used that were reviewed and updated. Equipment was regularly serviced and maintained. There were also accident and incident records kept and a whistle-blowing procedure that staff were aware of and understood.

The staff recruitment procedure recorded all stages of the process. The service used a recruitment agency that provided a short-list of candidates for interview after considering prospective staff's CVs and a short telephone interview. The candidates were then invited to attend an interview. The interview contained scenario based questions to identify people's skills and knowledge of learning disabilities. References were taken up and security checks carried out prior to starting in post. There was also a six month probationary period and initial review after three months.

Support staff provided was flexible to meet people's needs and the staffing levels during our visit reflected this with people doing the activities they required support with safely. There were suitable arrangements for cover in the absence of staff due to annual leave or sickness. The service had access to bank staff and to promote continuity of care, they requested staff who had worked at the home before and who people using the service were familiar with.

The service had disciplinary policies and procedures that were contained in the staff handbook and staff confirmed they had read and understood these.

We checked the medicine administration records for all people using the service and found that the records were complete. The medicines kept at the home were safely stored in a locked facility and appropriately

disposed of if no longer required. The staff who administered medicines were trained and this training was refreshed annually. They also had access to updated guidance about the safe management of medicines.

Good

Is the service effective?

Our findings

People said they made their own decisions about their care and support and the way it was provided. One person said, "I do my own cooking." Someone else said "I like to have my meals on my own, it's my choice."

Staff received mandatory induction and refresher training and the service training matrix identified when refresher training was due. This training included infection control, restraint and de-escalation processes, fire awareness, food hygiene, equality and diversity and first aid. The registered manager explained that the service induction encompassed the 'Care Certificate Common Standards' and the expectation was that the certificate modules would be completed within two months. There were monthly staff meetings that gave an opportunity to identify further training needs. Two monthly supervision sessions and annual appraisals were partly used to identify any gaps in training. Staff had training and development plans in place. Experiences were also shared with other services within the organisation. When new staff were recruited they would shadow more experienced staff during shifts to enhance their knowledge of people using the service and the home's operational procedures. The induction process also included familiarisation with the organisation and the service that included people using the service, their care plans and behavioural assessments, home layout, policies, procedures and shadowing staff on shift.

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.

We checked whether the service was working within the principles of the MCA and that applications must be made to the Court of Protection if appropriate. No applications were made to the Court of Protection as this was not appropriate for people using the service. Staff were aware of the Mental Capacity Act 2005 (MCA), 'Best Interests' decision making process, when people were unable to make decisions themselves and staff had received appropriate training. The registered manager was aware that they were required to identify if people using the service were subject to any aspect of the MCA, for example requiring someone to act for them under the Court of Protection or Office of the Public Guardian.

The care plans included sections for health, nutrition and diet. If required nutritional assessments were carried out and regularly updated. Where appropriate weight charts were kept and staff monitored and recorded what and how much people had to eat. Staff said any concerns were raised and discussed with the person's GP. Nutritional advice and guidance was provided by staff and there were regular visits by health care professionals in the community if required although people were encouraged to make appointments and visit chiropodists, dentists and their GP where possible. People had regular health checks. The records demonstrated that referrals were made to relevant health services as required and they were regularly

liaised with.

Good

Is the service caring?

Our findings

People were assisted to make decisions about their lives, the activities they wanted to do and support they required to do them. Staff were aware of people's support needs, routines and preferences. They provided comfortable and relaxed support that people enjoyed. One person told us, "Staff here are very good."

People said they felt treated with dignity by staff who listened to them and respected their wishes and views. Staff met their needs and they were supported to do the things they wanted to do. This was reflected in the staff practices we saw with staff seeking people's opinions, listening to them and acting upon them. This was when they knew we were present and when they did not. Staff received training about respecting people's rights, dignity and treating them with respect.

The care practices also showed that staff were skilled, patient, put people first and made the effort to ensure people enjoyed their lives. People were greeted when they came in, asked what they had been doing and about their day. This was by other people using the service and people in the home next door, as well as staff and added to the family environment. People were also encouraged to have meals together, if they wanted to make them an inclusive communal event.

People's care plans contained personal information including race, religion, disability, likes, dislikes and beliefs. This information enabled staff to respect people, their wishes and meet their needs. This was demonstrated by the range of activity options offered to people, by staff during our visit that was based on recorded likes and dislikes.

There was access to an advocacy service that people said they were aware of.

The home had a confidentiality policy and procedure that staff said they understood and followed. Confidentiality awareness was included in the induction process and further information was contained in the staff handbook.

There was a visitor's policy which stated that visitors were welcome at any time with the agreement of the people using the service. People said they had visitors whenever they wished, and they were always made welcome and treated with courtesy.

Good

Is the service responsive?

Our findings

People said that they were asked for their views and opinions by the registered manager and staff. This also happened during our visit. One person said, "Staff support me well and I enjoy going out to clubs." Another person told us, "I can't think of anything to improve living here."

People were given time to decide the support they wanted and when by staff. If there was a problem, it was resolved quickly.

The local authority referred people and provided assessment information. Information from their previous placement was also requested if available. This information was initially shared by the organisation's management team to identify if people's needs could be met. People were then invited to visit the supported living placement for an onsite needs assessment by the registered manager. The registered manager said this was important as it gave a more focussed view of what people's needs may be in that particular environment and how long it may take them to settle in. People, their families and other representatives were fully consulted and involved in the decision-making process prior to moving in. They were invited to visit as many times as they wished before deciding if they wanted to use the service. The registered manager and staff would add to the assessment information during the course of these visits. People were provided with written information about the service and organisation.

There were regular reviews to check that the supported living placement was working. If there was a problem with the placement, alternatives would be discussed, considered and information provided to prospective services where needs might be better met. People's needs were also regularly reviewed, re-assessed with them and their relatives and support plans updated to reflect any change in their needs.

Initially people's support plans were based on the assessment information provided. They became more individualised and person focused as they were developed by lead staff working with people. The support plans were live documents that were added to as more information became available and they became more refined with peoples' likes, dislikes, needs and wishes being further identified. This gave people the opportunity to identify current and new activities they may wish to do. They also contained individual communication plans and guidance.

The support plans contained sections for all aspects of health and wellbeing. They included care and medical history, mobility, personal care, recreation and activities, last wishes and behavioural management strategy. They were part pictorial to make them easier for people to use. They had goals that were identified and agreed with people where possible. The goals were underpinned by risks assessments and reviewed monthly by keyworkers who involved people. If goals were met they were replaced with new ones. They recorded people's interests and the support required for them to participate in them. Daily notes identified if the activities had taken place.

Activities were a combination of individual and group with a balance between home and community based. Each person had their own weekly individual activity plan. The activities were wide ranging and included

work, education and leisure. One person said, "I have plenty to do." The activities included working at a department store, volunteering, attending clubs, sensory sessions, drama and swimming. People also improved their life skills by taking responsibility for tasks such as cooking, clearing the table and washing up after meals, putting out the rubbish and keeping their rooms tidy.

One person said they knew about the complaints procedure and how to use it. The procedure was included in the information provided for them and was part pictorial. There was a system for logging, recording and investigating complaints. Complaints made were acted upon and learnt from with care and support being adjusted accordingly.

There was a whistle-blowing procedure that staff said they would be comfortable using. They were also aware of their duty to enable people using the service to make complaints or raise concerns.

Good

Is the service well-led?

Our findings

During the visit we found the registered manager and staff were approachable and open, listened to people, taking on board what they had to say and acting in response to people's views and needs. One person said, "The manager is good."

The organisation's vision and values were clearly set out. Staff understood them and said they were explained during induction training and regularly revisited. The management and staff practices reflected the vision and values as they went about their duties. Staff treated people equally, with compassion and did not talk down to them.

The organisation had a new Chief Executive Officer (CEO), who spent a lot of time with people using the service and there were now much clearer lines of communication within the organisation and specific areas of responsibility and culpability.

Staff told us the registered manager and CEO were very supportive. Their suggestions to improve the service were listened to and given serious consideration. Staff told us they really enjoyed working at the home.

There was a clear policy and procedure to inform other services within the community or elsewhere of relevant information regarding changes in need and support as required.

The home's records showed that safeguarding alerts and accidents and incidents were fully investigated, documented and procedures followed correctly. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.

The new CEO was looking to introduce further quality assurance processes such as manager peer monitoring visits within the organisation. The service had a quality assurance system that regularly checked care plans, risk assessments and daily notes were up to date. Health and safety checks were completed that included the building, fridge and freezer temperatures, fire alarms and call points, hot water temperatures and any electrical goods. Equipment used was regularly serviced and maintained under contract. The service conducted regular quality checks.