Islington Social Services

# Islington Social Services - 28a King Henrys Walk

## Inspection report

28A King Henrys Walk
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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

28a King Henrys Walk is a home providing respite residential care and support for up to 10 people with learning disabilities and other complex needs. Over 50 people use the service for short stays, although in emergencies two of the home's ten beds were kept available to offer urgent placements. This was the case for two people using the service when we visited.

The service is run by Islington Council social services department. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At our previous inspection on 31 March 2016, we found that the service was meeting the regulations we looked at and the overall rating was Good.

At this inspection we found the service remained Good.

At the time of our inspection a manager was employed at the service and was undertaking the registration process with the Care Quality Commission. 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.

The service is owned and run by the London Borough of Islington and used the authority's borough wide safeguarding vulnerable adults from abuse procedures. The four members of care staff we spoke with said that they had training about protecting people from abuse, which training records confirmed. All staff we spoke with had a good understanding of how to keep people safe from harm and how to respond if any concerns arose.

We saw that risks assessments concerning people's day to day support needs, healthcare conditions and risks associated with daily living and activities were detailed, and regularly reviewed. The instructions for staff were clear. These instructions informed staff about actions to be taken to reduce these risks and how to respond if new risks emerged.

There were policies, procedures and information available in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards [DoLS] to ensure that people who could not make decisions for themselves were protected. The service was applying MCA and DoLS safeguards appropriately and making the necessary applications for assessments when these were required, which was rare, and informing the CQC when DoLS approvals had been granted.

Care was planned and delivered in a consistent way and the service had good procedures in place to plan

for every stay that people had at the service. Information and guidance provided to staff was clear.

Care plans showed that the service developed methods of communication best suited to people's needs. The care plans described how they could ascertain each person's wishes to maximise opportunities for people to make as many choices that they were meaningfully able to make.

The service and the provider carried out regular audits of all aspects of the service. The provider carried out regular external reviews of the service and sought people's feedback on how the service operated.

At this inspection we found that the service met all of the regulations that we looked at.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

| | |
|---|---|
| **Is the service safe?**<br>The service remains good. | **Good** |
| **Is the service effective?**<br>The service remains good. | **Good** |
| **Is the service caring?**<br>The service remains good. | **Good** |
| **Is the service responsive?**<br>The service remains good. | **Good** |
| **Is the service well-led?**<br>The service remains good. | **Good** |

# Islington Social Services - 28a King Henrys Walk

**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 was unannounced which meant the provider and staff did not know we were coming. The inspection took place on 26 and 30 October 2018 and was carried out by one inspector.

Before the inspection we looked at notifications that we may have received and communications with people, their relatives and other professionals, such as the local authority safeguarding and commissioning teams as well as other health and social care professionals.

We used a number of different methods to help us understand the experiences of people using the service. The people using the service had complex needs and for some people there was limited or no conversational communication which meant that not everyone was able to tell us their views. We gathered evidence of people's experiences by talking with two people and by observing interactions with staff. We also looked at how the service communicated with people, their families, advocates and other care professionals. We also spoke with the manager, a deputy manager and four members of the care staff team.

As part of this inspection we reviewed five people's care plans. We looked at the medicines management, training, appraisal and supervision records for the staff team. We reviewed other records such as complaints information, quality monitoring and audit information, maintenance, safety and fire records.

Good

# Is the service safe?

## Our findings

The care staff we spoke with said that they had training about protecting vulnerable adults from abuse and training records confirmed this. Care staff were familiar with the action they needed to take if any concerns arose and described this to us in detail. Staff had initial safeguarding induction training when they joined the service which was then followed up with periodic refresher training. The service used the organisational policy and procedure for protection of people from abuse.

The authority had procedures for the safe recruitment of staff, which included background checks, employment history, verification of references and qualifications. We were shown confirmation that these checks had taken place and that staff were suitable to work with people using the service.

The staff rota showed there were enough suitable numbers of staff on duty to support people and additional staff could be used from an agency depending on the support needs of different people using the service. One to one support was available for people if this was needed and this was being provided to one person using the service at the time of this inspection. The service demonstrated that support was provided flexibly in response to people's needs.

Risk assessments were included in people's care plan. Everyday potential risks, for example going out of the service alone and being safe at the home, were identified. Risk assessments included people's physical condition [including epilepsy], activities and behaviours that some people required support to manage. We saw detailed examples of how risk assessments were tailored to each person's specific care needs. Risk assessments were being reviewed at least yearly but were also discussed and updated as necessary when planning for people's stay.

Guidance was available to staff about medicines policy, procedure and practice. Guidelines were also available for each person who may require emergency medication, for example if suffering from repeated epileptic seizures. We spoke with one member of staff regarding the process for handling and administering medicine and they were able to tell us about the procedures. Care staff verified what people's current medicine needs were at the time that people came to stay at the service. All prescribed medicines were available at the home on the day of our inspection visit. We found no gaps in the recording of when medicines were given to people.

The provider had arrangements in place to deal with emergencies related to people's individual's needs, or common potential emergencies such as risk of fire or other environmental health and safety issues. Fire alarms were rested regularly and other safety checks, for example gas and electrical safety, were being carried out.  At the time of this inspection a major refurbishment and upgrade of the fire protection and warning system was underway as a result of advice provided by the London Fire Brigade.

Good

# Is the service effective?

## Our findings

We looked at staff training records and these showed that staff attended regular training updates which included refresher training on standard core skills that staff were required to have. The four care staff we spoke with had a positive view about their training and how they were supported to do their work. They told us, "I have supervision every four weeks, but sometimes less than that if I am on leave", "We talk about developments, my keywork clients" and "I have supervision and this is written down and agreed between me and my supervisor." The provider had systems in place to ensure that staff training was kept current and up to date. Training due, or not yet completed, was recorded and followed up by the provider through the training department. Compliance with training, was however, not an issue at the service.

When we asked staff about supervision meetings staff all said they happened every four to six weeks. Records we looked at confirmed this and also that an annual appraisal system was in place.

Throughout our inspection we observed staff communicating effectively about people's support needs, their plans for the day and how staffing resources would be allocated. This showed that staff planned their work well and tailored their communication to organising how they would work together to meet people's needs.

Consent to care was sought from people using the service where possible which we saw on care plans we viewed, or if this direct consent was not possible it was obtained from a relative or advocate.

People who lacked mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this was in their best interests and legally authorised under the Mental Capacity Act 2005 [MCA]. The 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 staff we spoke with understood their responsibilities under the Mental Capacity Act [MCA] 2005. Staff were also aware of the Deprivation of Liberty Safeguards [DoLS]. The staff we spoke with were able to tell us what this meant in terms of their day to day care and support for people. Where DoLS decisions had been made, although rarely needed for people at the home, this was recorded. This was the case for a person who was using the service when we visited.

Breakfast and lunches were prepared by staff. People could choose what they wanted to eat. People were often out during the day at day centre's or colleges, so lunch was often taken elsewhere.

A chef worked from mid-afternoon most weekdays and prepared the evening meal. The chef offered evening meal choices each day and the menus were based on who would be staying each evening and their preferences and dietary needs.

People were supported to maintain good health. As a part of the booking procedure for short stays, people's health care needs were discussed in case there had been any changes which the service needed to be aware of. The community nursing service also visited to attend to people that required any nursing procedure to be carried out or to administer specific medicines that were necessary, for example, medicines needing to be administered via a peg [this is a feeding tube that is used for some people who have swallowing difficulties]. There had been some difficulties with acquiring community nursing service input when this had been arranged by the service although the provider was working to lessen these difficulties and looking at alternative ways of improving the reliability of this support. We noted that no harm had resulted from this when difficulties had arisen and the service had responded appropriately each time.

Good

# Is the service caring?

## Our findings

People we spoke with were not able to answer detailed questions, however, they had no hesitation when approaching staff who paid attention to people's needs and responded appropriately to them. Care staff were knowledgeable about how to engage with people in the way that best suited people's needs.

Care staff told us, "We are led by what people need" and "We always try to make sure that people can make choices and decisions for themselves and we never assume people have no ability to do that."

The provider trained staff in using 'PROACT SCIP' (Positive Range of Options to Avoid Crisis and use Therapy Strategies for Crisis Intervention and Prevention). One person we observed was reminded about agreements they had made regarding certain behaviour. Staff did this in a respectful way and repeated their requests to this person but did so in a way that was non-confrontational. Our observations showed that people were supported to be involved in their care and did not assume that people lacked the ability to do so.

Care plans included information about people's cultural and religious heritage, daily activities, including leisure time activities, communication and guidance about how care should be provided. In conversation with care staff it was evident that they knew people very well, demonstrated by the fact that there was no need for any member of staff to look at other documents to remind themselves of people's care needs when we spoke with them. Care plans described what should be done to respect and involve people in maintaining their individuality and beliefs.

No relatives made contact with us during this inspection. However, we found by looking at care plans that relatives, where they were involved, had been included in their family member's decision making as had associated professionals. Where people did not have family members who could do this an advocacy service was used and this was the case for two people using the service when we visited.

A review by an independent organisation that was carried out in April 2018 commented that "People said they like how they have friends at King Henrys Walk but also how they still see their friends like people at college and day centre when they are staying. People said they felt it was easy to ask staff if they would like to go or try something new."

People's independence was promoted. On the first day of the inspection there were three people using the service and this had reduced to two when we visited on the second day. Care staff were focused and attentive to what people needed and how to make activities for the day take place. In one instance, someone who was currently living full time at the home preferred spending most of their time with a relative, often staying overnight. They were contacted regularly by care staff to check they were ok and what their plans were. This regular contact by phone had been agreed with the person and was not an intrusive measure.

Good

# Is the service responsive?

## Our findings

Care plans covered personal, physical, social and emotional support needs. Care plans were updated before each person's planned stay to ensure that information remained accurate and reflected each person's current care and support needs. This was well organised and meant that information was readily available and their stay could be properly planned.

Care staff were able to describe how ensured personalised care. Staff were able to tell us about their knowledge of people who had been staying. A survey by an independent organisation in April 2018 commented that, "People [using the service] said they can easily to go to staff office if need anything as door is always open. They shared people have nice chats in the lounge around hand over times. One person said they only eat halal meat and staff are very good at making sure this is right. One person said they like that their social worker and key workers know and work with the team at KHW." The report also said "Family members shared that they liked use of photos as reference at King Henry Walk but also how staff are good at communicating with people who do not use words, such as eye movements and hand gestures."

The service took steps to ensure that information that was provided to people was offered in accessible ways. This included using pictures and symbols, Makaton sign language as well as consideration of how verbal communication was undertaken. We were told by the manager that no-one using the service at present needed verbal communication using another language, however, the techniques described above were in use regularly.

The vast majority of the people who used the service lived with family members, although two people using the service at the time of this inspection no longer did so and alternative long-term arrangements were being made with them. Care staff were able to demonstrate how the service was supporting these people in making, and achieving, their goals for where they would like to live in the future. We found that careful consideration was being given to this and this also demonstrated the flexibility of the service in responding to people's needs where they needed longer term, rather than short stay, support.

The complaints system allowed people to make a complaint to anyone working at the home or to the provider directly. The complaints information gave details about what action would be taken to resolve a complaint, who would take the action and what people could do if they remained dissatisfied with how their complaint had been handled. We looked at the complaints record for the last twelve months and none had been made. The provider monitored complaints received in order to identify any trends that may emerge and learning points to be taken forward.

Good

# Is the service well-led?

## Our findings

The current manager at the home had moved from a different service operated by the same provider. This person had already applied for registration with CQC and their application was being processed.

Staff we spoke with believed they worked well together and were supportive of each other.

There was a clear management structure in place and staff were aware of their roles and responsibilities. Staff told us they felt encouraged by developments and changes that were being discussed and that senior staff were approachable and supportive.

Care staff told us that there were regular team meetings, which we confirmed by looking at the minutes of the meetings held in the last three months. These meetings provided the opportunity for the whole team to discuss care at the home, developments at the service and other topics.

The provider had a system for monitoring the quality of care. Feedback was sought after each person's short stay at the home, coffee mornings and using an independent organisation that carried out surveys and visits to the service. The most recent of these in April 2018 commented that feedback from people using the service and relatives was highly positive. As an example, the report highlighted that "Family members shared that they were very happy with high quality of support and felt that they were involved in planning support. One family member said they also feel supported by staff as are encouraged to call up service if they need respite, especially as family member often wakes in the night. Also, that service can sometimes accommodate you at last minute e.g. with an appointment. We also heard how service was good when person was transitioning from children to adult services."

The home's management team were required to submit monthly monitoring reports to the provider about the day to day operation of the service, which they did.

The provider had an organisational governance procedure designed to keep the performance of the service under regular review and to learn from areas for improvement that were identified. We were told by the manager and other staff that in recent weeks discussion was started about proposals and plans for the service to develop. Although no firm conclusions had been arrived at this demonstrated that there was a commitment to making change and moving forward with how the service delivered support.