Look Ahead Care and Support Limited

Common Road

Inspection report

131 Common Road
Slough
Berkshire
SL3 8SX

Tel: 01753592454
Website: www.lookahead.org.uk

Date of inspection visit:
13 March 2018

Date of publication:
27 April 2018

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

Our inspection took place on 13 March 2018 and was announced.

Common Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. We regulate both the premises and the care provided, and both were looked at during this inspection.

The service accommodated one person in a residential house. There was a bedroom, bathroom, combined lounge and dining room with a yard at the rear of the house. There was also a staff office.

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

The provider is required to have a registered manager as part of their conditions of registration. 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. At the time of our inspection, there was a registered manager in post.

At our last inspection on 13 October 2015 we rated the service "good". At this inspection we found the evidence continued to support the rating of "good" and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated good:

We found the person was protected against abuse or neglect. The person had personalised risk assessments tailored to their personal requirements. We saw sufficient staff were deployed to provide support to the person and ensure their safety. Medicines were safely managed. The premises were clean and tidy.

The service was compliant with the requirements of the Mental Capacity Act 2005 (MCA) and associated codes of practice. The person was assisted to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

Staff received appropriate induction, training, supervision and support. This ensured their knowledge, skills and experience were suitable to care for the person. The person's care preferences, likes and dislikes were

assessed, recorded and respected. Access to other community healthcare professionals ensured the person could maintain a healthy lifestyle .
Staff had developed a friendly relationship with the person who used the service and their relatives. There was complimentary feedback from the person and their relative about the care, staff and service. The person's privacy was respected and they received dignified support from staff.

The service provided person-centred care. The person's care plans were holistic and contained information on how staff could support the person in the best way. We saw there was an appropriate complaints system in place. The person had a say in how their care was planned and delivered. Staff actively listened to and abided by the person's choices.

The service was well-led. There was a positive workplace culture and staff felt that management listened to what they had to say. The management used robust methods to measure the safety and quality of care. The service had developed strong relationships with the social and healthcare community in the area. The service followed the principles of the Accessible Information Standard.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains good.	**Good**
Is the service effective? The service has improved to good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Common 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.

Our inspection took place on 13 March 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Our inspection was completed by one adult social care inspector and a specialist advisor. Our specialist advisor was a registered mental health nurse.

We reviewed information we already held about the service. This included notifications we had received. A notification is information about important events which the service is required to send us by law. We also requested information from relatives, local authorities, clinical commissioning groups (CCGs) and other health or social care professionals. We checked records held by the Information Commissioner's Office (ICO), the Food Standards Agency (FSA) and the local fire inspectorate.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with the person who used the service and received feedback from one relative.

We spoke with the provider's registered manager and team leader. We also spoke with four care workers about the person's accommodation and personal care.

We looked at the person's care records, a staff personnel file, the medicines administration record and other records about the management of the service. After the inspection, we asked the registered manager to send us further documentation and we received and reviewed this information. This evidence was included

as part of our inspection.

Good

Is the service safe?

Our findings

Appropriate measures were in place to protect the person from abuse, neglect, discrimination or poor care. Systems included policies and procedures about safeguarding and whistleblowing, contact details for the local authority and staff training at induction and annually. The person's finances were protected by robust recording of the budget and auditing of funds spent. We were told of one instance where the service successfully acted on an issue with the person's finance that arose from the community. These measures ensured that the person, vulnerable to abuse, was protected.

Risk assessments were in place to protect the person from the risk of harm and ensure their welfare. An appropriate array of risks were assessed and documented. For example, risk assessments included those related to the person's care and risks from behaviour that challenged the service. These also included information about risks from inside the premises as well as during the person's access to the community. Each risk assessment included information about the source of the risk, the level of risk, the steps in place to reduce the risk and the level of the risk. Risk assessments were regularly reviewed to ensure the information within them was up-to-date. Changes to risk assessments were made where the level of risk altered or when new mitigation steps were identified to further protect the person who used the service.

Prior to our inspection, we sought information about the premises safety from the fire inspectorate and local authority environmental health. They were unaware the address was a care home. We informed the registered manager and on the day of our inspection the service was registered with both agencies as a care home. Risks from the building and premises were adequately assessed and mitigated. This included fire safety, gas safety, portable appliance testing, Legionella prevention and control and electrical fixed wiring. When damage to the building occurred, repairs were organised to ensure the person's safety.

Staffing was based on the person's level of independence and to ensure their safety. During the day shift, two care workers continuously supported the person. At night, one care worker was on shift and another care worker slept in the building, and woken if needed. There were a couple of full time care worker vacancies. The registered manager explained the strategies used to recruit to the permanent roles. We saw safe recruitment procedures were used to ensure only fit and proper staff were employed. A personnel file we checked contained all of the necessary information required prior to the staff member's employment. There were sufficient staff deployed and robust recruitment procedures in place which ensured the safety of the person.

Systems were in place that showed the person's medicines were managed consistently. Staff received appropriate training and competency assessments. Medicines were obtained, stored, administered and discarded appropriately. Two care workers worked together to administer the person's medicines. They checked the documentation to ensure no medicines were missed and to prevent any medicines incidents. The management team audited medicines and associated processes regularly to check the systems in place ensured the person's safety.

All areas of the service were clean, including communal areas, the bathrooms and toilet. There were

appropriate handwashing facilities. Staff wore personal protective equipment (such as disposable gloves) only when necessary. This showed the service ensured the care and support was personalised and tailored to a residential environment. Staff received training in infection prevention and control, and food hygiene. Food was safely stored, prepared and saved and appropriate records were kept. The person was kept safe from the risk of an infection.

Accident and incident reports were completed when injuries occurred or when there was behaviour that challenged staff. These were reviewed by the registered manager and notes were made to reflect any investigations or actions completed. The management team reviewed incident reports to look for trends or themes, so that measures could be used to prevent future recurrence. The person's care plan was updated as needed to reflect significant events.

Good

Is the service effective?

Our findings

At our last inspection on 13 October 2015 we rated this key question "requires improvement". This was because the person's mental capacity assessment did not contain evidence in relation to appointeeships. We consider the service has made satisfactory changes to remedy this issue. Our rating for this key question has therefore changed to "good".

The staff had taken steps to ensure information about the person's financial arrangements were correctly and sufficiently recorded in the care documentation. This ensured information was available to all staff and any visiting health or social care professionals.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff received training in the MCA and DoLS. Staff deemed the person had capacity to make single decisions for themselves, unless it was assessed otherwise. We saw evidence of best interest decision-making recorded in the care notes. The person's liberty was restricted for their safety and an appropriate DoLS authorisation was in place from a local authority. DoLS applications and authorisations were stored within the care documentation. The service correctly notified of us of all such authorisations.

The person's choices and preferences were detailed in the care documentation. The records showed the inclusion, as far as possible, of the person in the development of their care package. The person was also completely involved in their day-to-day care choices. For example, workers told us a staff member sat down with the person when planning what food to prepare for the day. Staff used pictures to help in the selection of the food that met the person's likes and dislikes. The person liked to go shopping in the local area, and the actions of staff enabled this. The person's cultural and spiritual needs were respected. To meet the person's preferences, they were supported to go to church on Sundays and also staff support him in cooking a favourite Sunday roast dinner. Additionally, the person's family members were fully involved in the ongoing care package and staff had regular conversations with them about the care package and any changes.

The registered manager told us when new staff were appointed, they received an induction and attended training in the topics deemed mandatory by the provider. These were in areas such as fire training, safeguarding, and first aid. The training staff received was relevant to the role they performed and ensured the person received appropriate care. Records showed staff training was mainly up-to-date. We spoke to the registered manager regarding two subjects where staff training required further repetition to update their knowledge. Where staff required additional training because of their role, this was provided. Staff took part in supervision sessions and performance appraisals. Staff had obtained or were completing further qualifications in health and social care.

Shopping was completed weekly and involved the person with the support of staff. The staff explained they had encouraged the person to have a healthy, balanced diet and had successfully reduced the use of a product the person consumed in excess. The person was still able to purchase the item, but staff used positive redirection to encourage the person to try alternatives. This resulted in a large reduction of the person consuming the item and ultimately leading to less impact on their overall health. The person's likes and dislikes were used to formulate a menu for each week. The person enjoyed occasional take-away meals and dined out often. Staff knew the cafes and pubs the person liked, and actively supported them to attend these. The person was weighed weekly to monitor for weight loss or gain. The person's nutrition and hydration was effectively managed.

There was a positive team environment at the service and staff worked well together to ensure the person's needs were met effectively. There were also good professional links within the provider and with other community bodies. For example, the provider held regular registered manager meetings to share best practice ideas between services. The person attended the local club for people with learning disabilities. This encouraged their interaction in the wider community and prevented social isolation. The service also took part in the local authority learning disability team meetings, networked with the London learning disability forum and was part of the registered care provider's association. The joined-up working with others, and the use of best practice guidance, benefitted the person's care and support.

The person had an extensive support network of health and social care professionals to ensure their best health. Health professionals and other stakeholders involved with the person's care were contacted weekly by the registered manager with key updates about welfare including blood glucose levels, activities and any incidents so progress was monitored and reviewed. The health professionals, including a specific mental health and learning disabilities liaison nurse used the information to provide regular, responsive feedback to assist the team. The person had regular monitoring by a GP for their medical conditions, and actively participated in their health reviews. The person kept a journal with all of their appointments, and during our inspection showed this to us and staff talking about upcoming events.

The house, situated in a residential setting, was suitable for the intended purpose. Some adaptations were made to ensure the person's safety. For example, this included covering over television sets with perspex and ensuring radiator covers were fitted. There was modern fittings and furniture with a complete redecoration of the interior of the house in 2017. The person's bedroom was decorated according to their preferences, including their favourite colour. On the day of our inspection, a contractor visited to make repairs of damaged equipment. The registered manager explained the ongoing programme to improve the premises. For example, there was a plan to erect a shed in the yard so the person could complete more activities they liked.

Good

Is the service caring?

Our findings

The person who used the service provided limited information to us about their care, but their comments were positive. We asked about the premises, staff, food and social life and the person said they liked all these facets of their care package. The person told us, "I am happy here." The person's relative told us, "I think they (staff) have done a fantastic job with (the person). As you may know, (the person) has a complex learning disability and challenging behaviour and the management and staff have been fantastic, supportive and sensitive to (the person's) needs. The staff are professional, friendly, they get on well with (the person) and the needs are properly met. (The person) has made a huge improvement since moving to this placement. I think I can say on behalf of my other siblings that the staff have done a fantastic job." This was evidence the staff had develop a caring relationship with person and provided appropriate support to foster independence in the wider community setting.

Staff interacted with the person in a positive, sensitive way. Discussions and activities with the person were in a friendly, yet professional manner. Staff had developed a strong bond with the person, and each knew the other party well. We observed laughter and fun within the service, between staff and the person.

The person was supported to maintain relationships that were important to them. A relative told us they were very satisfied with the person's care, and that staff were hard-working and dedicated. Staff facilitated ongoing relationships between the person and their extensive relatives' network. The person was able to communicate regularly with their relatives by either calling them, visiting them or the relative attending the service.

The person was able to indicate their own choices and staff actively took note of them. The service also actively sought the person's, relatives' and others' feedback about care. The information received was used to both formulate and revise the person's package of care. The person and others were involved in decisions related to the care and treatment.

The person's cultural, linguistic and spiritual needs were respected and promoted. The person had experienced a bereavement and demonstrated an emotional attachment to the family member. Staff had successfully used strategies to help the person after the event. This included the use of photographs and talking about memories of the family member. In addition, staff facilitated remembrance with the person by carefully planning the anniversary of the bereavement. Staff realised that the period of time might cause different or negative emotions from the person. The management team explained the strategies they planned to use to ensure a positive experience for the person. We observed the person was treated equally and fairly during our inspection.

The person's privacy and dignity was protected and promoted. Staff spoke with the person in a polite manner and called them by their name each team they initiated a conversation. The person had their own bedroom and bathroom and could have the doors open or closed when they wanted. The person was well-groomed and liked to choose their own clothing. Staff respected these choices. The person wanted to have a haircut on a specific date, and staff held a discussion with them about the date and his preference for the

barber.

Confidential information about the person who used the service and staff was protected. At the time of the inspection, the provider was registered with the Information Commissioner's Office (ICO). The Data Protection Act 1998 requires every organisation that processes personal information to register with the ICO unless they are exempt. We found the service complied with the relevant legislative requirements for record keeping. Records were secured away when not in use. The person's and staff's confidential information was protected.

Good

Is the service responsive?

Our findings

The person received personalised care that was tailored to their unique circumstances. The management team explained the person's background and experiences to us. This previously created a detrimental impact on the person's life, which the service always took into account when planning care, supporting the person and trying new things. Prior to moving to Common Road the person had lived in the same location for approximately 14 years. The service exercised caution to ensure that the person's transition to a life in the broader community was effective. The clear objective of the person's care was to provide maximum freedom, independence and a life similar to that of someone living in the wider community.

The person's independence was fostered immensely by the staff of the service. When they moved to Common Road, the person was almost entirely dependent on the staff for completion of the activities of daily living. With tenacity and continued determination, and despite some setbacks, the service had created a massive change in the person's life. There were numerous examples of how the person's life was transformed. Over time, they were able to commence preparing drinks and cooking meals, with only indirect staff supervision. The person had managed to commence monitoring their own health condition with a medical device. Staff had assisted the person to learn how to take a sample, how to use the machine and what the result meant. The person participated in the recording of the results, which were healthy and within normal range.

The person's integration into the community had increased as the service had promoted socialisation for the person. This included increasing the number of locations the person visited, prompting the person to form positive relationships with other people who used adult social care services, exploring and testing different activities and hobbies. The registered manager explained an incident involving the person that occurred in the community. Staff used positive behaviour management strategies to deal with the situation, protect the person and ensure safety. The information from the incident was used to further shape the person's support, so that the person and staff knew the behaviour was not appropriate and should not be repeated. The management team told us of more plans they had for maximising the person's role in the local community. This included an ambitious plan for education and work; these were parts of the person's life that were previously unexplored.

The registered manager told us they had explored the person's sexuality and preferences with them. This was an important aspect for the service to examine, ask the person about and make adjustments for. The staff told us the person was also fixated on particular pictures. In order to ensure their privacy and cater to their wish, staff had discussed some posters the person might like in line with their sexuality. The registered manager showed us the posters in the person's room. This showed the service ensured the person could look at the posters when they wanted and that the person's needs were met.

The person's care plan contained clear evidence of easy-to-read words, symbols and pictures. This ensured the person had an opportunity to understand the content. The care plan contained pictures of activities that the person had participated in which provided a useful story board. There was also a diary which the person used to write and record his activities and keep appointments in. The service ensured the person had access

to a meaningful social life. The person had a mobile phone to communicate with his other siblings. They were taken on regular drives to the country side and shopping within the local area. The person also attended Mencap (a community organisation for people with learning disabilities) group activities in the local area. However, at the time of our inspection the person was not able to use the internet or a computer. This was something that the staff had already identified as a future developmental goal for the person and service.

An appropriate complaints management system was in place. The registered manager was able to explain how complaints would be handled and showed us the documents they used to record concerns or complaints. We had received no complaints about the service. However, the service had received complaints unrelated to the care. The examples of communication between the service and the complainant we examined were appropriate. Where necessary, the registered manager offered to meet with any complainant to discuss the matters and ensure issues were resolved amicably. The service had actively listened to one complainant and was awaiting a specialist report about the matter. The registered manager told us this would inform whether the service should take any further actions. The service's complaints policy provided satisfactory information about other places to make complaints, such as the local authority and Ombudsman.

At the time of our inspection, the person was not in receipt of end of life care. However we spoke with the registered manager to ascertain what planning, if any, the service and person had completed regarding end of life. The registered manager explained this was a difficult subject to raise with the person. They told us they were aware that end of life planning was an important subject and that the service was exploring methods they could use to facilitate this.

Good

Is the service well-led?

Our findings

The service was required to have a statement of purpose (SoP). A SoP documents key information such as the aims and objectives of the service, contact details, information about the registered manager and provider and the legal status of the service. We found the SoP for the service was contained all of the necessary information and was up-to-date.

There were times when the service was legally required to notify us of certain events which occurred. When we spoke with the registered manager, they were able to explain the circumstances under which they would send statutory notifications to us. We checked our records prior to the inspection and saw that the service had notified us of relevant events. This ensured we were able to monitor the quality and safety of the service between our inspections.

Prior to our inspection, we reviewed the information submitted to us as part of the Provider Information Return (PIR). The registered manager wrote that the core values of the service were "...trust, partnership, aspiration and excellence." At our site visit, the registered manager and team leader explained the ethos of the service and provider to us. This reiterated the principles previously submitted by way of the PIR. This service clearly aimed to provide safe and high quality care, whilst maintaining a focus on a homely environment. We also received a copy of a presentation after our inspection which confirmed what the management team had explained and what we found during our inspection. This showed a credible strategy and vision was in already in place at the service.

Staff we spoke with explained a positive workplace culture at the service and within the provider. They were easily able to articulate the vision of the organisation and gave examples of how the activities carried out at the premises met those values. They were fully aware of how to raise concerns using local policies and procedures. There were monthly general staff meetings to discuss the operational matters of the service. Staff described a good working relationship with the management team and other staff who were employed at the provider-level. The staff reported that the management were supportive; they were provided with good training and supervision.

The provider had an up-to-date equality, diversity and human rights policy and procedure which staff were also aware of. This showed any person who used the service would be respected by staff regardless of their cultural, religious, or linguistic backgrounds. The person's characteristics were actively protected by staff and the management team. This had occurred on more than one occasion when there were instances in public places where the person's behaviour was confrontational with strangers. Staff ensured the person's protection by speaking with the members of public and provided an explanation to prevent any form of discrimination. The registered manager also told us the principles applied to the workforce and we observed this. Staff treated each other with respect and dignity. The service had satisfactorily assessed and implemented the principles of equality, diversity and human rights in the provision of care and the daily operations.

A robust suite of quality audits and checks were used to gauge the safety of care and governance of the

service. These were completed according to a set frequency and various staff were assigned the responsibility for their completion and cross-checking the results. Areas subject to audit included the person's finances, care documentation, staff files (including recruitment, training and supervisions), health and safety. When necessary, any areas identified for improvement started to be recorded into a continuous improvement plan (a list of actions to be taken). Risks were rated according to the priority required for completion. The service had made improvements to the quality of the person's care and the governance of the service overall. This ensured person received care that was personalised, informed by best practise and protected them from harm.

The Accessible Information Standard (AIS) is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The service assessed and recorded the person's cognitive function, communication barriers and methods of ensuring meaningful information were provided. For example, the service commenced the use of "books beyond words". These were story and pictorial-based materials which could demonstrate to the person everyday tasks of living. The registered manager told us there were books for visiting the dentist, diabetes, making friends and safeguarding. Other strategies were also in place which fostered the person's understanding of information staff provided to them.

The service had established and maintained effective working relationships with a range of community partners. These included health and social care professionals who assisted in the provision of care to the person, but also other agencies such as the local authority and commissioner of care. The links with the community stakeholders ensured that the person received safe and quality care. The service also paid notice to any reviews or feedback from the community professionals, and adjusted the person's care when necessary.