

London Borough of Southwark

# Orient St Adult Respite Unit

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

Orient St Adult Respite Unit is a care home and provides respite care for up to five adults with learning disabilities. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. Orient St Adult Respite Unit shares the building, some facilities, the registered manager and staff with a respite unit for children and young people with learning disabilities; which service is regulated by the Office for Standards in Education, Children's Services and Skills (Ofsted).

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 the time of our inspection, Orient St Adult Respite Unit was providing support to four people.

At the last inspection on 13 May 2016, the overall rating for the service was Good.

There was a registered manager in post. A registered manager is a person who has registered with the CQC 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.

We carried out this unannounced inspection of the service on 3 July 2018. At this inspection, we rated the service Requires Improvement overall for the first time. This was because aspects of the service were not safe and well led. Staff felt that there were not always sufficient numbers of them deployed to care and support for people. Staff worked under pressure to meet people's needs and there were not effective systems in place to manage emergency admissions. The provider had started recruiting additional staff to resolve the staffing level concerns. Checks and audits were carried on the quality of care. However, improvements were not always done in a timely manner.

People received their medicines when needed. However, staff did not have sufficient guidance on how to manage 'when required' medicines. Staff underwent medicines management training and a competency assessment.

Risk assessments and management plans were appropriate for people who used respite services on a regular basis. However, risk assessments for emergency admissions at the service did not always reflect people's needs and the support they required.

Staff understood safeguarding procedures to follow to identify and report abuse to protect people from

harm. The provider's recruitment procedures were appropriate in ensuring that only staff deemed suitable delivered care to people.

Staff received support, training and supervision to enable them to deliver care. The registered manager monitored staff performance and development needs.

People were treated with kindness and compassion. Staff respected people's dignity and privacy. People enjoyed positive caring relationships with the staff who provided their care.

People had access to healthcare services and the support they required to maintain their health and well-being. Staff involved people in menu planning, meal preparation and maintaining a healthy diet. People were encouraged to develop their daily living skills and to do as much as possible for themselves.

People were supported 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 continued to deliver care and support in line with the requirements of the Mental Capacity Act 2005. People received the support they required to consent to care. Staff acted in people's best interests when they were unable to make decisions for themselves.

People's care delivery met their individual needs, preferences and choices. People using the service and their relatives took part in making decisions about their care. Staff undertook regular reviews of people's needs and the support they required. Care plans showed staff delivered support that reflected people's needs.

People had the support they required in taking part in activities and interests of their choosing. People had received a copy of the complaints procedure and knew how to raise concerns about any aspect of their care. People's views and ideas about the service were sought and their feedback was acted on to improve care delivery.

The registered manager and staff were focussed on delivering person centred care. The registered manager worked closely with other agencies. However, some clarity in the processes was required to ensure that emergency admissions resulted in people receiving good care.

We have made a recommendation on medicines management.

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

We always ask the following five questions of services.

### Is the service safe?

Aspects of the service were not safe. The process for emergency respite admissions was not sufficiently robust to identify risks to people's health and well-being. Staff lacked guidance on how to manage emergency respite admissions in the absence of the registered manager.

Staff worked under pressure and shifts were not always covered. Staff required guidance on how to manage people's 'when required' medicines.

Appropriate recruitment processes were followed to employ staff who were suitable to deliver care. Staff knew how to support people in a way that reduced the risk of abuse

People lived in premises that were monitored for their safety. Staff followed good hygiene practices in the prevention and control of infection.

**Requires Improvement** ●

### Is the service effective?

**Good** ●

The service remains Good.

### Is the service caring?

**Good** ●

The service remains Good.

### Is the service responsive?

**Good** ●

The service remains Good.

### Is the service well-led?

**Requires Improvement** ●

Aspects of the service were not managed effectively. The registered manager and provider undertook checks and audits to review the quality of the service. However, issues identified including repairs were not completed in a timely manner.

The registered manager and provider had failed to develop effective systems for managing emergency admissions which posed a potential additional risk to people using the service and staff.

# Orient St Adult Respite Unit

## **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.

The unannounced inspection took place on 3 July 2018 and was carried out by one inspector.

Before the inspection, we reviewed information we held about the service including statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. Statutory notifications include information about important events which the provider is required to send us by law. We used this information to plan the inspection.

During the inspection, we spoke with two people using the service, three members of care staff, two deputy managers and the registered manager. We reviewed four people's care plans and their medicines management records. We looked at three staff files, duty rosters, and training, supervision and appraisal records. We reviewed records related to the management of the service including accidents and incidents and audit reports.

After the inspection, we spoke with two relatives of people using the service. We received feedback from a team of health and social care professionals who were involved with the service. The registered manager also sent us information about the management of the service that was not available at the time of our visit.

# Is the service safe?

## Our findings

Risks to people's health and wellbeing were assessed and managed. However, staff told us they faced a difficulty in identifying risks to people who were brought to the service on emergency admission. Staff indicated they were put under pressure by health and social care professionals to make emergency admissions. This they said did not always give them the opportunity to assess the risks associated with each person's health needs and risks to their well-being. A comment from a team of health and social care professionals indicated that there was a lack of guidance for staff and it was unclear who to talk to when there was need to make an emergency placement.

There were no clear guidelines for staff to follow in the event of an emergency admission. Staff told us they would benefit from a better planned emergency admission process where they had an opportunity to get as much as information as possible about a person before accepting them for a respite session. Staff said it would be helpful if they had step by step procedures to enable them to make decisions that supported safe admissions. They said this would help them to identify, understand and minimise any risks to the person and other people using the service. The lack of clear guidance for staff about how emergency admissions were to be managed posed a potential risk to people's safety as staff were not fully equipped to support these.

The registered manager ensured each person had a risk assessment and management plan and that this was reviewed regularly to ensure staff delivered appropriate care whilst encouraging each person to maintain their independence. For example, when a person showed a decline in their mental health, the registered manager had assigned two members of staff to ensure the person received care in a manner that minimised the risk of harm. Records showed staff made changes to people's care plans to reflect any risks identified, for example when a person displayed behaviours that challenged the service and others.

Staffing levels did not always match the required levels to meet people's needs. Staff told us they sometimes worked under pressure due to emergency admissions. Comments included, "It can be very hectic and sometimes we feel the pressure to complete tasks", "Managers need to look closely at numbers of staff on duty because we have seen an increase in emergency admissions" and "At times we feel too stretched." The registered manager considered each person's needs and the support they required to determine staffing levels. However, members of staff explained that due to the unplanned nature of emergency admissions, risks to people's health and well-being were not fully known at the time of assessment and admission. This led to instances where they had to prioritise certain tasks more than others. Staff told us and duty rosters showed adjustments were made when needed although there were occasions when shifts had not been covered. Rotas were covered with a few occasions when no staff had been available. The registered manager relied on permanent staff to pick up additional shifts. The registered manager told us that they had staff vacancies but had embarked on a recruitment exercise to reduce the reliance of covering shifts through overtime by staff. We will review the impact of the recruitment exercise in addressing the staffing issues at the next inspection.

People continued to receive care provided by staff who had undergone appropriate recruitment checks.

New staff completed an application form and attended interviews. Criminal record checks, proof of identity, right to work in the UK and employment references were obtained to ensure staff recruited to work at the service were suitable for their role.

People received the support they required to take their medicines. Staff underwent training and an assessment of their competency before they started to manage people's medicines. Staff carried out assessments about each person's ability to manage their medicines. Staff followed the provider's policies and procedures on medicines management. However, staff told us they did not have sufficient guidance about how to manage people's off the counter medicines which people took alongside their prescribed medicines. Staff did not monitor the room temperature in which the medicines cabinet was kept. We raised this issue with the registered manager who told us they would act to ensure systems were put in place to monitor the room temperature. Medicines administration records were accurately completed and indicated that people had received their prescribed medicines. Staff kept medicines securely stored in a lockable cabinet. However, the temperature of the room in which medicines were stored was not monitored. We highlighted this issue to the registered manager who told us they would take action to rectify this.

We have made a recommendation that the provider seek guidance from reputable sources on medicines management.

People lived in premises that underwent checks for their safety. Gas, water sources and electrical appliance checks showed that these were safe for people to use. The provider carried out audits on the health and safety of premises, equipment, fire doors and emergency lighting to ensure that these were in good functional order. Staff told us they reported and recorded faults and damages to equipment and assets in a timely manner. However, these were not addressed in a timely manner. We reviewed the maintenance book and logs showing how issues raised were addressed. Timescales were variable with some repairs taking over two months to resolve. The registered manager told us that the provider's contractors were responsible for carrying out the repairs. We were not confident that the provider and registered manager attended to issues raised in a timely manner, which could put people's health and well-being at risk.

People were supported by staff who protected them from the risk of abuse. Staff knew how to identify and report signs of abuse and told us they would report to the registered manager any concerns. Staff had access to the safeguarding procedures and knew how to whistle blow to external agencies such as the local authority to help people keep safe. The provider ensured staff received training in safeguarding adults and attended refresher courses to equip them with knowledge on how to protect people from harm and discrimination. Staff's knowledge about supporting people who were lesbian, gay, bisexual or transgender (LGBT) was variable. Staff understood that they could not discriminate against people because of their sexual orientation. However, they did not have sufficient knowledge about how to support a person. Safeguarding reports were made to health and social care professionals involved in a person's care when staff had concerns about their safety and well-being.

People received care in a manner that minimised the risk of infection. Staff understood their responsibility to maintain high standards of hygiene when delivering care and had received training on the prevention and control of infection. Comments included, "We wash our hands before and after preparing food and use hand sanitising gels and paper towels" and "I use disposal gloves and wear an apron when delivering personal care." We observed the environment was clean and floors and surfaces were regularly washed and disinfected. Staff told us they had access to personal protective equipment (PPE), hand wash liquid and paper towels.

## Is the service effective?

### Our findings

People received care in line with best practice evidence. People using the service, their relatives and health and social care professionals were involved in assessing and reviewing their needs. Care plans were developed which showed planning of each person's care delivery. Staff followed guidance to meet people's needs. Staff attended online and classroom based training to enable them to deliver care effectively. However, some members of staff told us they felt it would be more beneficial to have reflective sessions on the online training received to make it more effective. We spoke with the registered manager about this who confirmed that while they had face to face training on mandatory courses, he would consider having discussions about online training. Records confirmed staff were trained in areas that included medicines management, safeguarding adults, Mental Capacity Act 2005, de-escalation techniques, infection control and food hygiene. Staff told us and records confirmed they had supervision to talk about their work, training and development needs although these were not consistently undertaken. Appraisals for the current year were in progress. The registered manager monitored when staff were due for training and refresher courses and ensured they attended.

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 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 to deprive a person of their liberty were being met. People received support in line with the requirements of MCA and DoLS.

People consented to care and treatment. Health and social care professionals involved in people's care assessed and reviewed regularly their ability to make specific decisions about their care. People received support from health and social care professionals when they were unable to make decisions about their care and support. Staff had information and about each person's ability and the support they required to consent to care. Staff understood and put into practice the MCA training to deliver care in line with its requirements. Daily observation records showed staff delivered care in line with best interests decisions made by health and social care professionals

The registered manager and staff understood their responsibilities towards restricting people's liberties. Applications were made to the relevant authorities for DoLS authorisations to ensure people received the care they required. People received the support they needed in line with the restrictions placed on them by the local authority involved in their care.

People were supported to eat healthily to meet their nutrition and hydration needs. People took part in planning their meals and were encouraged to have fresh food, fruit and vegetables. Staff encouraged and supported people to develop their cooking skills and prepare their meals. We observed three people preparing breakfast with minimal support as stated in their care records. Records showed people's dietary, food preferences, likes and dislikes were catered for.



People continued to have their health needs met. People maintained links with their local GPs. Staff supported people to access healthcare services when needed, for example when a person's health declined while on respite. Staff had information about people's health needs and how they were to support each person to maintain good health. Records showed staff involved healthcare professionals in a timely manner when there were changes to people's health. Care records indicated that staff followed guidance to ensure people received appropriate support with their health needs.

The service was adapted to meet people's needs. People had access to electric hoists, ramps and assisted bathrooms to provide support to those with mobility issues. People had access to a well-maintained courtyard and garden to relax and play outdoor games. A well-equipped sensory room provided people with a room for relaxation and stimulation of their communication needs.

## Is the service caring?

### Our findings

People using the service and their relatives were happy with the care provided. Their comments included, "Exceptionally good service", "[Staff] are very good, caring and attentive" and "I am happy here. I get on well with everyone." We observed that interactions between people and staff were pleasant and respectful during breakfast time and throughout the day. Staff listened to people as they discussed their plans for the day. There was a pleasant and friendly atmosphere which enabled people to enjoy their time at the service.

People using the service, their relatives when appropriate, and health and social care professionals were involved in planning and making decisions in relation to their care and support. Members of staff were assigned to take lead roles in providing support to specific people in the planning and delivery of care. Care plans contained details about the support each person required, how they wanted care delivered and took into account their likes and dislikes, interests, preferences and choices in relation to their daily living. Daily observation logs showed people received care in the manner they preferred.

Staff knew people well and understood their communication needs. Care records contained details about how each person communicated their needs such as likes, dislikes, preferences and feelings of pain or happiness. For example, staff understood how to support a person when they showed behaviours that challenged the service or were uncomfortable with their surroundings. A member of staff told us, "[Person] will not engage in any activity if there are not ready. We have to give the person time to process what is being said." Staff told us they knew how to manage difficult situations and there was guidance on how to support people in a caring manner. Staff ensured people had access to advocacy services to ensure their voices and views were heard.

People continued to receive care that staff delivered with dignity and respect. Staff told us they treated people in the same manner regardless of differences in race, gender and sexual orientation. Staff understood how to challenge discriminatory practices to ensure people received care and support consistent with their human rights. People had their privacy respected when staff provided personal care, administered medicines or discussed concerns about any aspect of care delivery. Care records were kept in lockable offices and cabinets, on password protected computers and only accessible to authorised staff to maintain people's confidentiality.

People received support that encouraged them to develop and maintain daily living skills. People undertook tasks they were capable of and received support when needed such as taking care of their personal hygiene, meal preparation and maintaining a routine like going to college. We observed members of staff interacting pleasantly with three people who were preparing their breakfast without taking over tasks. People showed that they were comfortable with the caring way staff supported them when preparing their breakfast and making plans about how they spent the day.

People had access to information in a format they understood. This ensured information was suitable for people's communication needs which complied with the Accessible Information Standard (AIS). AIS is a framework and a legal requirement for all providers to ensure people with a disability or sensory loss can

access and understand information they are given.

## Is the service responsive?

### Our findings

People received the support they required to meet their individual needs. People's needs were reviewed when they made a booking for respite and on their arrival at the service. This enabled the registered manager to arrange resources and staff required to meet people's needs. Care records showed that support plans were updated to reflect the changes in people's needs and the support they required. Staff told us the key working system enabled them to respond to each person's individual needs in a timely manner. This was because staff were assigned to identify, update and report on people's needs such as mental and physical health, day to day activity, aspirations and goals. Keyworkers updated the registered manager and their colleagues about any changes to people's health. Records showed that staff delivered care that responded to people's needs, for example when a person displayed behaviours that challenged the service and others. Staff followed the guidance in place to support the person in a manner that reduced the likelihood of harm and a decline of their health.

People were supported to take part in activities of their choosing. Each person had an activities programme designed to meet their individual likes and preferences. Staff encouraged people to prepare and attend activities at the home and in the wider community. People's care records showed the areas they required support with such as attending college and day centres. Staff involved people in activities at the service which included board and ball games, going for walks, arts and crafts, cooking, spending time in the sensory room and watching television. We observed people preparing to go out as indicated in their care plans, for example one person attended a day centre.

People using the service and their relatives knew how to raise any concerns about care delivery. People had access to a copy of the complaints procedure and were confident that the registered manager would resolve any concerns raised. Staff told us they encouraged people to speak out if they were unhappy with any aspect of the service. At the time of the inspection, there had not been any complaints about the service in the past 12 months.

## Is the service well-led?

### Our findings

The provider had systems in place to identify and address areas of improvement. Audits were carried out on care plans, risk assessments and management plans, and handling of people's medicines to improve care delivery. Staff told us they made timely reports of issues requiring repairs but explained that these were not always attended to within a reasonable time. We reviewed the incident book and requested additional evidence about the timescales taken to resolve repairs and maintenance issues. We received the information after the inspection. For example, door repairs had taken over two months to be fixed. Staff and the registered manager attributed delays to the contracting team who carried out the repairs. We also noted that some actions in the audit of February 2018 had not been acted on, such as monitoring the room temperature in which medicines were kept.

We found that the provider had failed to ensure that effective systems were developed to manage emergency admissions to the service increasing risks to people using the service and staff.

People using the service and their relatives told us they received person centred care designed to meet their individual needs. A relative commented, "[Staff] meet [person's] needs." Staff told us they supported people to remain independent and commented, "Our aim is to support each person to lead an independent live as possible" and "We want people to continue with their lives, just as when they are at home."

People using the service, their relatives and staff knew the registered manager. They described the registered manager as approachable and supportive. People could share their views about the service, and the provider and registered manager took their feedback to make changes. The service had undergone refurbishment which included installation of a sensory room and an upgrade of the outdoor facilities to ensure people had access to meaningful resources to meet their needs. People had one to one meetings with staff to talk about any developments they wanted for their care delivery. Staff told us they worked flexibly around people's needs to ensure they provided them with the care they needed.

Staff attended staff meetings and daily handover where they received information about people's needs and any changes to the service. Staff told us information sharing and communication between staff and the managers was good. Staff had opportunities to share their views about the service. Minutes of staff meetings showed staff received updates about people's needs and the support each person required, health and safety issues, developments at the service and any concerns they had. The provider and registered manager submitted notifications to the Care Quality Commission as required by law.

The registered manager worked with other agencies in the planning and delivery of people's care. However, a team of health and social care professionals highlighted the need for the registered manager to strengthen existing relationships to ensure that people using the service benefitted from best practice guidance in a timely manner. The registered manager attended networking groups and meetings with the provider to learn and adopt best practice and developments in the care sector.