

Look Ahead Care and Support Limited

Felstead Street

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 29 and 30 March 2016. Breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to staffing and safe care and treatment. We undertook this focused inspection on the 23 December 2016 to check that they had followed their plan and to confirm that they now met legal requirements.

This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Felstead Street' on our website at www.cqc.org.uk

Felstead Street provides accommodation and care for 24 people with mental health needs. On the ground floor, the service provides long-term care for up to 15 people. The first floor provides rehabilitative support for up to nine people to help them prepare for independent living. The first floor is named the Felstead Street Independent Project (FSIP). This floor is overseen by Look Ahead and the community mental health team provide life skills workshops to help people learn independent living skills in the community. At the time of the inspection there were 23 people living in the service.

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 2008 and associated Regulations about how the service is run.

During this inspection, we found that the provider had followed their plan which they had told us would be completed by October 2016 and legal requirements had been met.

There was enough staff to safely support people in the service. Processes were in place to monitor the staffing levels. One to one support was carried out monthly with people's allocated support workers. Staff had received training that reflected the needs of people who used the service.

Safe food hygiene practices were implemented and maintained. Meetings were held with people and staff to keep them informed of the importance of best practice when handling food. Staff training in food safety and nutrition was up to date.

Systems were in place to effectively improve the quality of care delivered and sustain improvements.

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 ●

We found that action had been taken to improve safety.

Staffing levels had been improved to ensure that people's care and support needs were met.

Staff had received training that was reflective of the needs of people who used the service.

This meant that the provider was now meeting the legal requirements and we have improved the rating for this question from requires improvement to good.

Is the service effective?

Good ●

We found that action had been taken to improve the effectiveness of the service.

Good food hygiene practices were followed by staff and people who used the service were supported with this.

Quality audits were carried out by the provider to monitor that standards were maintained.

This meant that the provider was now meeting the legal requirements and we have improved the rating for this question from requires improvement to good.

Felstead Street

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.

We undertook a focused inspection of Felstead Street on 23 December 2016. This inspection was completed to ensure improvements to meet legal requirements planned by the provider after our comprehensive inspection on 29 and 30 March 2016 had been made. We inspected the service against two of the five questions we ask about services: is the service safe and is the service effective? This was because the service was not meeting some of the legal requirements. One inspector carried out the inspection.

During our inspection, we spoke with three support workers, the operations manager and the registered manager. We reviewed a range of key documents that included staff rotas, minutes of meetings, staff training records, quality audits, the service specification and records in relation to four people's care. We also checked the kitchen on the first floor of the service and observed people receiving care.

Is the service safe?

Our findings

At our last comprehensive inspection on 29 and 30 March 2016, we found that there was not always a suitable number of staff on duty to ensure that people's needs were met and further training was required in relation to incidents that had occurred.

At this inspection, we found that the provider had followed their action plan to address the shortfalls in relation to this regulation.

At our previous inspection, we found feedback that highlighted a concern that there were delays with access to the building and support was observed to be hurried in the reception area. At this inspection, we found that staff had been recruited to work on the reception area five days a week during the core hours; the busiest times the service operated. We observed that people received assistance as required and this was unhurried; we saw there was enough staff on duty and visitors were able to access the building.

Shift and rota planners were used to monitor staffing levels and prepare for any planned leave staff booked. The registered manager informed us there was a staff restructure in April 2016. All the posts with the exception of one had been filled; and the provider was due to recruit to this position in January 2017. In the interim, the position was covered by the provider's bank staff and in addition to this an apprentice support worker had been recruited. The operations manager described how the provider determined staffing levels based on quality audits and that they conducted announced and unannounced spot checks, in order to ascertain that sufficient staff were deployed to ensure people's needs were met safely.

At our previous inspection, we found written records to show that a staff member had been unable to attend monthly key work sessions due to their increased workload. At this inspection, we found there was a staff allocation sheet where people had chosen their keyworker. Staff held monthly meetings with people and we found that these meetings had taken place. Six staff were allocated as the main key workers. The staff ratio was recorded as one staff to four people. Where people had refused to attend these sessions we saw written records to demonstrate that these meetings were still carried out based on observations and previous conversations with people. Records showed that one key worker had gone the extra mile with one person that resulted in reducing the person's social isolation in the community and increased their confidence. Relatives were involved in people's care, for example, staff had invited them to an open day to show relatives their family member's achievements. Key work meetings covered all aspects of people's care and support including their medicines, physical and mental well-being, health and safety and specific gender care.

The care workers told us there was enough staff in the service. They explained that the provider no longer recruited assistant support workers, who had previously been employed to support people with their support needs but not their care records. This change had been implemented to ensure that all the staff supported people with their individual needs and were able to complete and update the required care records.

At our previous inspection, we found that staff had not received behaviour management training when repeated incidents had occurred in the service. At this inspection, we found seven out of ten staff had received training in managing challenging behaviour, and three staff members had been booked to attend the course on further dates. Where people's behaviour challenged the service, we found there was a clear plan in place to mitigate further risks.

We have improved the rating for this question from requires improvement to good because we found that concerns had been addressed by the provider. They had put the appropriate measures in place to address concerns and improvements had been sustained.

Is the service effective?

Our findings

At our last comprehensive inspection on 29 and 30 March 2016, we that found people were not always supported to follow good food hygiene practices.

At this inspection, we checked to see if the necessary improvements had been made on the first floor of the home in relation to safe food hygiene. We found that the provider had followed the action plan they had written to address the shortfalls in relation to this regulation.

We checked the first floor kitchen and found the areas to be clean. The registered manager told us the kitchen had been deep cleaned and foods in the communal fridge were labelled and sealed with the date of opening and stored appropriately. Fridge and food temperature checks were regularly carried out. Kitchen monitoring forms were completed daily by support workers and the registered manager made regular checks to see if this had been carried out. These checks included the disposal of perishable items and the areas of the kitchen that were required to be cleaned. A poster was displayed in the kitchen to promote and remind people about safe food hygiene practices.

Individual and group meetings held with people using the service included discussions about good food hygiene practices, healthy eating and demonstrated how they were supported with this. We saw minutes of meetings held with the community mental health team and the provider. This was to discuss the need to share joint responsibility in relation to monitoring food hygiene and the cleanliness of the kitchen areas. The message book was used to ensure effective and consistent monitoring of the kitchen areas was maintained. Records confirmed that staff were up to date with their training in food safety and nutrition.

Thorough quality audits had been carried out by the provider in October 2016 based on the Care Quality Commission (CQC) five key questions; Is the service safe, effective, caring, responsive and well led. This was to make sure the improvements were made within the required timescales and that the standards were regularly reviewed.

We have improved the rating for this question from requires improvement to good because we found that concerns had been addressed by the provider. They had put the appropriate measures in place to address concerns and improvements had been sustained.