

Islington Social Services

Islington Social Services - 3 Wray Court

Inspection report

Islington Council Housing and Adult Social Services
Department
3 Wray Court, Tollington Place
London
N4 3QS

Tel: 02072813613

Website: www.islington.gov.uk

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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?	Requires Improvement ●

Summary of findings

Overall summary

3 Wray Court is a home providing residential care and support for eight people with learning disabilities. The service is run by Islington Council Social Services department.

This inspection took place on 26 February 2016 and was unannounced. At our previous inspection on 15 and 22 April 2014 we found that the service was meeting the regulations we looked at.

At the time of our inspection there was no registered manager and the previous registered manager had left over six months ago. Under the Health and Social Care Act 2008, the provider of this service is subject to a registered manager condition under Regulation 5 of the Care Quality Commission (Registration) Regulations 2009. For this reason we have rated the well-led section of this report as requires improvement. 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 adults from abuse procedures. The members of staff we spoke with said that they had training about protecting people from abuse, which we verified on training records. We found that staff had a good understanding of how to keep people safe from harm and this knowledge helped to protect the people using the service.

Risk assessments concerning people's day to day support needs, healthcare conditions and risks associated with daily living and activities were detailed, and were regularly reviewed. The instructions for staff were clear and described what action staff should take 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.

We found that people's health care needs were assessed, and care planned and delivered in a consistent way. We found that the information and guidance provided to staff about how best to support people was clear. This included how people's healthcare and nutritional needs were met.

Significant efforts were made to engage and stimulate people with activities whether these were day to day living activities or those for leisure time. One to one time was often provided for people to maximise their opportunities to engage in everyday life experiences.

The care plans we looked at showed that staff had 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. We saw that staff were respectful towards people and the way we observed them interacting with people demonstrated recognition of each person as an individual.

The service complied with the provider's requirement to carry out regular audits of all aspects of the service. The provider carried out regular reviews of the service and regularly sought people's feedback on how well the service operated.

At this inspection we found that the service met all but one of the regulations that we looked at, in so far as the service did not currently have a registered manager in post and was therefore in breach of Regulation 5 of the Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. People's personal safety and any risks associated with their care were identified and reviewed.

The local authority that operated the service had systems in place to ensure that recruitment of staff was safe. This included required background checks, employment history and reference verification as well as checking that staff were qualified when they had stated that they had relevant

Is the service effective?

Good ●

The service was effective. People received effective care because staff received regular training and supervision as well as appraisals.

There was clear knowledge about how to assess and monitor people's capacity to make decisions about their own care and support.

People were provided with a healthy and balanced diet which took account of their own preferences and allowed for choice.

Healthcare needs were responded to properly and quickly with changes to each person's health being identified and acted upon.

Is the service caring?

Good ●

The service was caring. Throughout our inspection, staff were observed interacting with people in a way that showed they treated each person as individuals and they demonstrated concern for people's wellbeing.

Staff had a good knowledge of people's unique characters and personalities, as well as their understanding of how to communicate and ascertain people's wants and needs.

Is the service responsive?

Good ●

The service was responsive. We found that people were actively engaged in making as many decisions about their care as far as

they were able to. This included the involvement of relatives and other professionals where people needed this to happen.

Complaints and concerns were listened to and acted upon.

Is the service well-led?

The service was usually well led. Staff who spoke with us were confident about how the home was managed, however, there had been no registered manager for over six months.

The provider had a system for monitoring the quality of care. The service sought feedback from families and health and social care professionals and acted on this feedback.

Requires Improvement 

Islington Social Services - 3 Wray Court

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 February 2016 and was carried out by one inspector.

Before the inspection we looked at notifications that we had 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 limited or no conversational communication which meant that not everyone was able to tell us their views. We gathered evidence of people's experiences of the service by observing interactions with staff and by reviewing communication that staff had with people's families, advocates and other care professionals. We also spoke with the deputy manager, a visiting day service coordinator and four members of the staff team.

As part of this inspection we reviewed three 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.

Is the service safe?

Our findings

The service had access to the organisational policy and procedure for protection of people from abuse. The service was owned and run by the London Borough of Islington and used the authority's borough wide protection procedures.

It was the policy of the service provider to ensure that staff had initial safeguarding induction training when they started to work at the service, which was then followed up with periodic refresher training. Our review of staff training records confirmed that staff training did occur and there was a good knowledge among the staff we spoke with of what protecting people meant and how staff played an important part in keeping people safe.

The authority had procedures for the safe recruitment of staff. These procedures included background checks, employment history, references and qualifications (where relevant) all having been verified. The deputy manager did not have access to these records for staff so we were unable to confirm this at this inspection. Our review of the staff rota and deployment of staff around the home showed there were enough staff on duty to give people individual attention and meet their care and support needs, with one to one support being offered most days to each person.

People's needs were assessed taking into consideration general and specific risks. For example, we found risk assessments in people's care plan files that covered areas such as epilepsy, behaviour, activities and signs that showed someone may be becoming unwell. We saw clear and detailed examples of how these assessments were tailored to each person as well as risks that were common for all people, for example going out into the community and using public transport. We found risk assessments were being reviewed at regular intervals or at times when a potential risk, for example undertaking a new activity, may have required updating.

We spoke with one member of staff regarding the process for handling and administering medicine and they were able to tell us in detail about the correct procedures. Medicines were prescribed by a local GP practice and when they were delivered they were checked by the senior person on duty at the time. Each person had their medicines stored separately on pre packed monitored dosage cards (for tablet medicines) or in separate bottles labelled with their own name for liquid medicines. We looked at the medicines administration record (MAR) sheet for each person living at the home and these included each medicine, the dosage and any known allergies. Medicines were managed safely and no errors have been reported to the commission.

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 tested regularly and other safety checks, for example gas and electrical safety, were being carried out.

Is the service effective?

Our findings

A social care professional who spoke with us and had specific knowledge of working with people with autism told us they were very confident in the staff team's experience / skills in working with people experiencing this disability. We observed a discussion between this person and staff members about what activities people had been undertaking and how they had responded during their day at a specialist day resource.

We looked at records which showed that staff received regular training, and supervision. The provider had systems in place to ensure that staff training was kept current and up to date. Where staff were about to, or had exceeded, the necessary timescale for refresher training this was flagged up by the provider's training department and action was taken to ensure that staff attended the required courses. We found that this system worked well.

The staff we spoke with told us they had effective training, which included more specialised training about caring for people with autism in particular and other complex needs. They also told us they received supervision usually each month. When we looked at the frequency of staff supervision records for the whole staff team we found this was usually happening consistently for all staff, other than if people were on leave. The staff we spoke with thought they were well supported and trained for their work.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf for people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lacked mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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.

We found that there was evidence of the home obtaining people's signed consent, or more usually consent agreed by a relative or advocate to their care.

All of the staff we spoke with had a good knowledge of their responsibilities under the Mental Capacity Act (MCA) 2005. Staff were also aware of the Deprivation of Liberty Safeguards (DoLS). The staff 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 the records reflected this where a DoLS authorisation had been granted to restrict a person's liberty and when these authorisations were due to be reviewed and reapplied for if required.

Breakfast and lunches were prepared by staff, involving people as much as they were able to be involved. People could choose before each meal what they wanted. People were often out during the day so lunch was often taken at cafés or wherever a person was engaging in an activity.

A chef worked from mid-afternoon each weekday and prepared the evening meal. The chef offered evening meal choices per day. We found that these choices were based on people's preferences and took account of their dietary needs such as culturally or health related needs. We also found that nutritionist advice was available from the local health care services when required.

People were supported to maintain good health. Staff told us they felt that healthcare needs were addressed and we observed conversations between staff about how people were feeling and regarding appointments people were attending.

Is the service caring?

Our findings

A social care professional who contacted said that the staff team do care about people who use the service and they had never had any cause to think otherwise.

The interactions we observed between staff and people living at the home were sensitive and caring.

Staff were able to tell us about people's communication needs and all the methods used and were aware of how best to communicate with each person. We saw staff using objects of reference, such as pictures and Makaton, which is a form of sign language, to communicate with individuals. We observed this throughout our visit on a number of occasions and saw that staff engaged well with people and understood what each person's responses meant.

The provider had organised training in 'PROACT SCIP' (Positive Range of Options to Avoid Crisis and use Therapy Strategies for Crisis Intervention and Prevention). This technique seeks to avoid the use of physical interventions and focus on recognising people's feelings and what may cause them distress. Staff told us the provider ensured all permanent staff were adept in various techniques of non-verbal communication. Our observations and conversations with staff showed that people were supported to be as much involved in their care as they could meaningfully be and were meaningfully able to do.

People's individual care plans included information about their cultural and religious heritage, daily activities, including leisure time activities, communication and guidance about how personal care should be provided. We found that staff knew about people's unique heritage and had care plan's which described what should be done to respect and involve people in maintaining their individuality and beliefs.

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.

People's independence was promoted. On the day of the inspection there were eight people using the service. We saw that staff were engaging well with people to prepare for their day and take part in their activity programme, whether this is day to day living or recreation and leisure activities. The home provided one to one support for most people each day. Some people were supported at times by more than one member of staff in an activity or event that required this additional input. We found that the service considered it as highly important to maximise people's opportunity to maintain as much autonomy as they could.

Is the service responsive?

Our findings

Care plans covered personal, physical, social and emotional support needs. Care plans were updated at regular intervals to ensure that information remained accurate and reflected each person's current care and support needs.

We asked staff what they did to ensure personalised care. We were told about people's needs in detail and staff demonstrated a clear knowledge of the people they supported and their goals and aspirations.

The service was accredited by the National Autistic Society and to maintain this accreditation, were required to show that it used best practise in supporting people with autism. At the time of this inspection the deputy manager told us that the re-validation of this accreditation was due to take place shortly. The care plans we viewed showed in detail how each person lived their day to day life and how staff should enable each person to be meaningfully involved. Staff we spoke with were able to describe how this was put into practice and believed that since this accreditation two years ago the service worked in a targeted way to meet the needs of people with autism.

Staff were able to demonstrate how the service supported people to maintain important relationships, particularly with members of their family. We saw examples of the steps taken to ensure that contact with family was maintained and actively supported where families were involved.

The complaints system allowed people to make a complaint to anyone working at the home or to the provider directly. This was presented in picture as well as word formats and staff described how they would support people to understand what this meant. 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. People using the service had a range of different abilities. We were informed by the deputy manager that no complaints had been received by the home in the last twelve months.

Is the service well-led?

Our findings

The visiting professional who was present during our inspection told us they thought the service was well organised and they worked cooperatively in order to meet people's needs. The recently appointed deputy manager told us that since the departure of the previous registered manager in July 2015, a new manager had been appointed but this person had subsequently left two weeks prior to our visit. The home had not had a registered manager in post for over six months.

This was in breach of Regulation 5 of the Care Quality Commission (Registration) Regulations 2009

We asked staff about the leadership and management of the home and were told that staff worked well together and were supportive of each other.

There was a clear management structure in place for senior and junior staff at the home as well as the provider organisation and staff were aware of their roles and responsibilities. Staff told us they felt comfortable to approach senior staff.

We found that there was clear communication between the staff team at the service. Staff views about how the service operated were respected as was evident from conversations that we had with staff and that we observed during the staff team handover. Staff told us that there were regular team meetings, which we confirmed by looking at the minutes of the most recent three months staff meetings, where staff had the opportunity to discuss care at the home and other topics.

The provider had a system for monitoring the quality of care. The home was required to submit monthly monitoring reports to the provider about the day to day operation of the service. Written feedback survey questionnaires were used and included feedback from families who had contact with the service and health and social care professionals. We looked at the most recently collated feedback from these surveys which were issued in April 2015. These showed that those families and professionals that responded were usually satisfied with how the service was operating.

The provider had an organisational governance procedure which was designed to keep the performance of the service under regular review and to learn from areas for improvement that were identified. We found that the service developed plans to address the matters raised and took action to implement changes and improvements.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 5 Registration Regulations 2009 (Schedule 1) Registered manager condition There was no registered manager in post.