

Community Integrated Care Lowdell Close

Inspection report

186-188 Lowdell Close
Yiewsley
West Drayton
Middlesex
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Website: www.communityintegratedcare.co.uk/

Date of inspection visit:

21 July 2022

22 July 2022






Date of publication:

06 October 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
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

About the service

Lowdell Close is a residential care home providing personal care for up to four people. The service provides support and care to adults with a learning disability. At the time of the inspection there were four people using the service.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

People's experience of using this service and what we found

The service was not able to demonstrate how they were meeting some of the underpinning principles of right support, right care, right culture.

Right culture

The provider's monitoring processes were not always effective because records of people's care and the management of the service were not always accurate and complete.

Staff knew and understood people and were responsive to their needs.

People and those important to them, including advocates, were involved in their care.

The provider had a clear vision for the service based on a culture of improvement to enhance people's quality of life.

Right support

The service gave people care and support to meet their sensory and physical needs, but the environment was not always well-maintained.

People were able to personalise their rooms.

Staff communicated with people in ways that met their needs.

Staff supported people with their medicines safely.

Staff supported people to meet their health needs and worked with other agencies to do so.

Staff aimed to help people have a meaningful everyday life by supporting them to take part in activities at home, in the community and online.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity.

They understood and responded to people's individual needs. We have made a recommendation about end

of life care planning.

People could take part in activities and pursue interests that were tailored to them. Staff worked to give people opportunities to try new activities that might enrich their lives.

The service had enough staff to keep people safe. Staff had training on how to recognise and report abuse and they knew how to apply it. The service worked with other agencies to do so.

Staff received training and an induction to help them support people.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Last rating and update

This service was registered with us on 21 June 2021 and this is the first inspection. The last rating for the service under the previous provider was requires improvement, published on 12 September 2020.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Lowdell Close

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Lowdell Close is a 'care home'. 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 we looked at both during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was not a registered manager in post. The service manager was also in the process of applying to become registered.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are

required to send us annually with key information about their service, what they do well, and improvements they plan to make. We contacted the local Healthwatch branch to ask if they had received any information about the service; they had not. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

Inspection activity started on 13 July 2022 and ended on 8 August 2022. We visited the home on 21 and 22 July 2022. We spoke with three members of staff including the service leader and regional manager and the relative of a person who lived at the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed a range of records relating to the management of the service, including procedures, checks and audits and medicines support records for two people.

After our visit we spoke with three relatives of people who use the service and two professionals who have worked with the service recently. We continued to seek clarification from the provider to validate evidence found. We looked at two people's support plans, training and quality assurance records, and recruitment information for two staff.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. We have rated this key question requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Preventing and controlling infection including the cleanliness of premises

- Risks to people's safety were not always assessed, monitored and addressed so people were supported to stay safe at all times.
- Areas of the communal kitchen flooring and the flooring, tiles and toilet pipe boxing in the downstairs bathroom were broken and ingrained with dirt and mould. These presented risks to the health and well-being of people and staff. This indicated the provider had not consistently managed environmental-related risks in the premises so as to address these concerns before they progressed to such an extent. However, the managers demonstrated that by the time we visited they had assessed these and other repairs needed in the home and were working closely with the service's housing provider to have them addressed. They provided assurance of a variety of remedial works planned to take place and by when the kitchen and bathroom concerns would be fixed.
- The service used infection, prevention and control measures to otherwise keep people safe, and staff supported people to follow them. For example, helping people use hand sanitiser. We observed staff cleaning the home periodically during our visit.
- The service helped to prevent visitors from catching and spreading infections and supported visits for people living in the home in line with current guidance.
- The service made sure that infection outbreaks could be effectively prevented or managed. There were plans to alert other agencies to concerns affecting people's health and wellbeing.
- Staff were provided with enough supplies of personal protective equipment (PPE), such as masks, gloves and aprons and had received training on how to use this effectively. We observed staff used PPE effectively and safely and a professional told us they had observed this as well.
- The provider tested for infection in people using the service and staff. The provider's infection prevention and control policy was up to date.
- There were fire safety arrangements in place, including plans to help people to evacuate in an emergency. We saw the provider had completed a fire safety risk management plan to and worked with the housing provider to address the remedial actions this had identified.
- The manager and staff conducted checks to maintain the environment. These included water temperature monitoring and electrical and gas safety tests.

Using medicines safely

- People were supported by staff who followed systems and processes to administer, record and store medicines appropriately, including controlled drugs.
- Staff used medicines administrations records (MARs) to document when they supported people to take medicines. Most of the MARs we reviewed had been completed appropriately, but there were some gaps on two days in the week before our visit where staff had not recorded whether a person had received some of their medicines. We discussed this with the manager who investigated promptly and assured the person had received them.
- The manager completed regular audits of medicines support but these had not been recorded in the two weeks prior to our visit. We saw they completed such an audit during our inspection.
- People could take their medicines in private when appropriate and safe.
- Staff had completed medicines support training and the manager had assessed their competency to provide this safely. There were protocols for supporting people to take emergency 'when required' medicine.

Systems and processes to safeguard people from the risk from abuse

- People were kept safe from avoidable harm because staff knew them and understood how to protect them from abuse. The service worked with other agencies to do so.
- Staff had training on how to recognise and report abuse and staff knew how to apply this, including using whistleblowing processes. This is when an employee reports wrongdoing at work to their employer or someone in authority in the public interests. Staff were confident they would be listened to. The manager promoted staff awareness during regular supervision meetings.

Staffing and recruitment

- The service had enough staff to meet people's personal care and health needs and keep them safe.
- Staffing rotas indicated the same staff usually worked at the service which meant people could experience consistency with who provided their care and support. A relative told us there had been a lot of staffing changes earlier in the year, but felt this had improved and settled down.
- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted.
- Staff recruitment and induction training processes promoted safety, including those for agency staff. We saw staff knew how to take into account people's individual needs and wishes.
- The provider had appropriate recruitment processes to help make sure they only employed suitable staff. These included checking an applicant's work history, identity and with the Disclosure and Barring Service (DBS). The DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Learning lessons when things go wrong

- The service managed incidents affecting people's safety. The manager investigated incidents and near misses when these were reported appropriately, implemented improvements and shared lessons learned from these.
- We saw that when things had gone wrong, the manager apologised and gave people and relatives information and suitable support.
- The provider's systems identified learning and improvement actions from events from across its services. Support staff were also aware of this reporting system and that it was monitored by senior managers. This helped to ensure people received safe care because the provider learned from safety alerts and incidents.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection of this newly registered service. We have rated this key question good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support, training, skills and experience

- Staff we spoke with appeared competent and knowledgeable about people's needs. They had completed a variety of training to promote their competence such as moving and positioning, first aid, mental capacity awareness, data protection and safeguarding.
- The service supported a person for whom clinicians had previously advised palliative care management, but the manager and person's relative informed us this situation was being reviewed due to the person's improved health. It was not clear, though, if staff had received training on providing end of life care for when the person required this. However, the provider had recently informed us they were looking to source this training for the staff.
- New staff received an induction and support to introduce them to their role and the individual needs of the people. A member of staff told us they were given time to 'shadow' other staff when they first started and this "eased you in and gave [me] confidence when I was then on shift." We saw the provider supported new staff to undertake the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The manager supported staff with regular supervisions and appraisals. Staff told us they found these helpful and supportive.

Adapting service, design, decoration to meet people's needs

- The home was airy, ventilated and suitably lit to meet people's needs. People were able to personalise their rooms with support so these reflected their interests.
- We saw the provider had recently tidied the garden so this was in a good condition for people to access. A relative told us the garden was looking better. Staff had set up a water feature, some tactile potted plants that people using wheelchairs could access and colourful windmills to make this a stimulating environment. Throughout our visit we saw some people choosing to go outside and staff support them there.
- There were several noticeboards in communal areas. Some provided information just for staff, some displayed pictures of people taking part in activities.
- Staff used mobility hoists and adjustable beds and baths to support people. We saw this equipment was checked regularly so it was safe to use.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The people had lived at the home for many years so there had been no assessments of needs for people new to the service since our last inspection.

- We saw the manager had recently transferred people's support plans to the new provider's online support planning system. The plans we saw were personalised and reflected people's strengths and health and social care needs. Relatives were involved in reviewing people's plans.
- Care plans set out basic information about people's communication and sensory needs. We observed staff support people in line with these plans. Plans reflected issues such as people's age, ethnicity and gender.

Supporting people to eat and drink enough to maintain a balanced diet

- People received support to eat and drink enough to maintain a balanced diet.
- We observed staff offer and prepare drinks and snacks for people throughout the day. Staff supported people to eat and drink in a relaxed and unhurried manner.
- Staff encouraged people to eat a healthy and varied diet to help them to try to stay at a healthy weight. A relative told us staff support their family member to eat healthy meals.
- People with complex needs received support to eat and drink in a way that met their personal preferences as far as possible. There was guidance in place for staff to support them to eat safely.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service supported people to meet their day-to-day health needs.
- The service referred people to health care professionals to support their wellbeing and help them to live healthy lives. A professional told us staff supported their involvement to promote people's healthcare and commented, "They seem to know everything about the residents [and] all the staff are able to tell me anything I need to know."
- The service ensured people were provided with joined-up support so they could access health centres, education and social events.
- The manager and staff worked well with other services and professionals to prevent readmission or admission to hospital. Staff supported people to manage their oral care and see a dentist regularly.
- Multi-disciplinary team professionals, such as district nursing and mental health support, were involved in people's care.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We saw the service supported people in line with the MCA and feedback from a professional also indicated this.
- The provider had worked with the local authority when they found a person lacked the mental capacity to agree to their care arrangements and these may have amounted to a deprivation of their liberty.

- The manager worked with an Independent Mental Capacity Advocate to help people if they lacked capacity and they had nobody else to represent their interests.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection of this newly registered service. We have rated this key question good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received respectful and caring support.
- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to.
- Staff were patient and used appropriate styles of interaction with people.
- Staff were calm, focussed and attentive to people's emotions and support needs such as sensory sensitivities.
- Staff were mindful of individual's sensory perception and processing difficulties.
- A professional commented, "[Staff] are very caring, very respectful."

Supporting people to express their views and be involved in making decisions about their care

- We saw staff support people to make choices for themselves and staff ensured they had the information they needed for this. For example, when offering a person a choice for their meals or drinks and options for activities.
- People's relatives were involved in their care. Staff kept them updated about their family member's health and well-being with regular telephone calls and by sending them pictures.
- Staff supported people to maintain links with those that are important to them.
- People were also supported to access independent advocacy.

Respecting and promoting people's privacy, dignity and independence

- We observed staff promoted people's dignity through the way they spoke with people, gave them time to respond and listened to them.
- Staff knew when people needed their space and privacy and respected this.
- Staff described how they respected people's privacy and dignity, for example when providing personal care and helping someone use the bathroom. They also explained how they helped people to make decisions about their daily living, such as by using different objects, food items and clothing to encourage people to make choices. Professionals told us staff promoted people's dignity and privacy.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection of this newly registered service. We have rated this key question good.

This meant people's needs were met through good organisation and delivery.

End of life care and support

- People had support plans in place to meet their needs, but there were not always alternative arrangements set out in case a person experienced a sudden deterioration in their known health condition.
- We noted the palliative care of a person with a progressive condition was being reviewed, but their support plan only gave basic details about potential funeral arrangements and lacked personalised information about how the person could experience a comfortable, dignified passing, informed by their known preferences.

We recommend the provider consider current guidance on end of life care planning and take action to update their practice accordingly.

Planning personalised care

- The support plans we saw provided short life histories for each person and one page profiles gave information for staff about what was important to people and how best to support them. They also described what a good day and a good week looked like for each person, including if they had a preferred routine and activities.
- People's plans set out some simple outcomes their support aimed to help them to achieve. For example, maintain contact with family or activities that promoted a person's coordination and speech.
- We observed staff provide people with person-centred support. Staff spoke knowledgeably about how they personalised their approaches to support people's individual needs.
- A relative told us, "The place is very homely and staff talk and interact with [the person]." A professional observed of staff working with people, "Their interaction is wonderful."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant

- The staff supported people to maintain relationships with people important to them. Relatives told us the staff facilitated their regular visits and helped people stay in contact with them.
- Staff ensured adjustments were made so that people could participate in activities they wanted to. They were supported to participate in their chosen social and leisure interests and activities that were meaningful to them on a regular basis. These included things such as music therapy sessions, drawing and painting, cooking, picture and ball games, as well as going shopping, bowling, to college and trips to the seaside.
- Staff told us the manager had led improvements on ensuring people were supported with activities at home and in the community. Staff had recently helped a person, known to be very reluctant to go out, to enjoy some trips out. The person's relative told us, "I am so pleased." Another relative told us activities

support had got better. Some relatives told us they would like there to be more staff who could drive to help people get out and about more frequently.

- On some days staff supported some people to participate in different live online activities hosted by the provider for people with a learning disability.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service supported people to meet their communication needs.
- People's support plans set out basic information about how people communicated, such as when a person didn't use words to communicate or when a person particularly enjoyed games such as rhyming wordplay.
- Staff demonstrated a good awareness of people's individual communication needs, how to facilitate communication and when people were trying to tell them something. This included staff making sure they positioned themselves at different people's eye levels so they could be seen and understood clearly.
- Staff used objects and photograph to help people communicate and know what was likely to happen during the day and who would be supporting them. For example, there was a pictorial rota showing the staff who were working and a colourful picture menu on display at an accessible height in the kitchen with food options for people.
- A relative commented, "Great care is taken to stimulate [the person's] senses." A professional remarked, "[The staff] do really engage with them."

Improving care quality in response to complaints or concerns

- The provider had systems in place for receiving and responding to complaints. The manager reported that no complaints had been received since that started in post in November 2021. A relative told us they knew how to make complaint if they wanted to.
- We saw the provider had systems in place to monitor complaints so these were resolved and to identify any learning for service improvements.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection of this newly registered service. We have rated this key question requires improvement.

This meant that while the service management and leadership was consistent, their use of some systems did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider's system of checks and audits to monitor safety and quality had not always been effective. This was because they had not identified and addressed that some of the service checks were not always up to date or accurately recorded.
- We saw the records of when staff handled people's money were not always accurately and legibly maintained at all times. We discussed this record-keeping and a clerical error with the manager and were assured no one was at risk of financial harm.
- While we observed staff cleaning the home during our visit, staff had not always recorded this on the service's cleaning schedule in the month prior to our visit. The manager had re-instigated this and we saw they planned to discuss this at the next team meeting as well.
- Recent weekly medicines support audits had not been recorded. We raised this with the manager who completed a new audit during our visit.
- The assurance systems had not always ensured there were sufficiently planned arrangements in place to meet a person's end of life care needs.
- These issues indicated the provider's systems had not always ensured staff maintained accurate, complete and contemporaneous records of people's care or the management of the service.

We found no evidence that people had been harmed however, these issues indicated systems were not consistently robust enough to demonstrate safety and quality was effectively managed. This placed people at risk of harm. This demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The managers and area manager were responsive to the concerns we found. We saw the provider's other quality monitoring systems had noted some of these already, such as the building repairs and redecoration matters. These systems had informed annual service improvement plans that managers were implementing to address the issues.
- There was no registered manager at the time of our inspection, but the service manager was in the process of applying to register with the CQC.
- Professionals told us, "[The manager] is brilliant, I would highly recommend" and "[The manager] really cares for the residents."

- The manager told us they felt supported by senior managers and the provider.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The manager was visible in the service and worked directly with people and led by example. Staff said the manager were approachable and the manager took a genuine interest in what people, staff, family, advocates and other professionals had to say.
- Managers set a culture that valued reflection, learning and improvement and they were receptive to challenge and welcomed fresh perspectives. The manager put people's needs and wishes at the heart of everything they did.
- Staff appeared motivated about supporting people. They said, "[I've] really enjoyed it" and "I feel happy coming to work... feeling I have made a difference."
- People's relatives and professionals spoke positively about the team. A professional said they were "impressed with all the staff."

Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and manager had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.
- The active service improvement plans demonstrated a commitment to keep making improvements at the service. This had been noted by others as, for example, a relative told us, "Things seem to be on the up."
- The provider was working with volunteers and a corporate partner to re-establish and re-decorate a sensory room to provide another stimulating environment for people in the month after our visit.
- The provider had recently developed resources to support people working in and using care services to reduce their energy usage costs.
- The manager was aware of their duty of candour responsibilities and apologising to people when things went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives felt involved in people's care and the service. They told us when they raised issues they had been listened to. The provider conducted surveys to seek relatives' feedback and we saw a respondent had provided positive comments about the service.
- The manager planned to re-introduce a regular newsletter for people's relatives to help to keep them informed about goings on at the service.
- The provider held webinars for relatives from a number of its services to share their views. We received mixed feedback about how useful this was, but noted the provider was amending how these forums were arranged in response to a relative's comments.
- The manager held team meetings to discuss the service. We saw recent topics included health and safety, fire safety, training and promoting confidentiality. Staff said they felt involved and listened to and could contribute ideas towards the running of the service.

Working in partnership with others

- The service worked in partnership with other organisations to provide coordinated care and support, such as advocacy healthcare and advocacy providers. A professional told us there was effective joint-working and "They do take on board everything."

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider was not always effectively operating systems and processes to assess, monitor and improve the quality and safety of the services provided in carrying on the regulated activity</p>