

# Look Ahead Care and Support Limited

## Clarence Road

### Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Good



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Good



### Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service. At the last inspection in June 2013 the provider was compliant with the regulations we checked. This was an unannounced inspection.

This service provides residential care and support in Hackney for 15 adults with mental health needs. The premises provide en-suite single rooms and a communal lounge. There was a registered manager at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

The premises were in a state of disrepair in some areas and needed refurbishment. The furniture did not take into account or meet people's needs.

# Summary of findings

Whilst people were encouraged to be independent and engaged in a number of activities, the provider could not always demonstrate that people's individual wishes were taken into account in the planning and delivery of their daytime activities.

The service was safe. The provider took appropriate action to protect people by reporting allegations of abuse to appropriate authorities, including the Care Quality Commission (CQC) and local safeguarding team. Staff had received training and knew how to recognise and report signs of abuse. Risks to people's health and safety were assessed and taken into account in planning and providing their care. Staff supported people to receive their medicines safely.

The provider had arranged for people to have mental capacity assessments when they lacked capacity to make certain decisions about their care. They also sought advice from a professional regarding some of the practices at the home and whether they were considered to be restrictive to people using the service.

Staff had undertaken relevant training to help them carry out their roles effectively and received support from their line managers. Staff were knowledgeable about people's needs and how to meet them. People were supported to have adequate nutrition and hydration. Their meals took into account their preferences, religious, cultural needs and special dietary requirements.

People's needs were assessed prior to their admission and all had personalised care plans detailing their needs and how to meet them. People worked towards and

made progress with their goals over time, however staff did not always encourage people to expand their experiences to improve their level of independence in broader areas and improved their quality of life. People had access to healthcare services and received ongoing healthcare support. Clarence Road staff worked in partnership with health and social care professionals to plan, meet and review the mental health needs of people who used the service. Actions taken by Clarence Road staff and effective joint working with other professionals helped to reduce the number of incidents in the home and hospital admissions.

People who used the service had a good relationship with staff, who had a kind and caring attitude towards them. People knew how to make a complaint and were able to raise issues or concerns in their meetings. There were no formal complaints made in the last year.

There were a range of internal quality audits within the home to check the quality and safety of the service. The service was well led by the manager and staff valued the support they received. However organisational changes were proposed and staff were concerned about any possible impact on them and the service. The manager ensured they kept up to date with information about best practice to ensure they could identify and delivery quality care.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

## 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 safe. The provider reported and involved other safeguarding authorities to keep people safe from abuse. Staff had received training and knew how to recognise and report signs of abuse.

Risks to people were identified and safely managed when planning and providing their care. People received their medicines safely.

The provider took appropriate action for people who lacked capacity to make decisions about their care. They also sought advice from a professional regarding some of the practices at the home and whether people were being deprived of their liberty through restrictive practices.

Good



### Is the service effective?

Some parts of the premises needed refurbishment and repair and the furniture did not take into account or meet people's needs.

Staff had training and support to carry out their roles. They were knowledgeable about people's needs and how to meet them.

People were supported to have adequate nutrition and hydration. Their meal preferences, special dietary requirements, religious and cultural needs were met.

People had access to healthcare services and received ongoing healthcare support as they needed.

Requires Improvement



### Is the service caring?

People who used the service had a good relationship with staff. Staff were caring and committed and treated people with dignity and respect.

Individuals were encouraged to be independent and involved in their own care.

Good



### Is the service responsive?

The provider could not always demonstrate that people's individual wishes were always taken into account in the planning and delivery of their care in relation to their daytime activities.

People's needs were assessed prior to their admission and all had individual plans of care. Staff worked with people to set individual goals and people made progress with their goals over time.

Staff worked in partnership with other professionals to plan and review people's needs in response to their ongoing and changing needs.

People knew how to make a complaint and their issues and concerns were listened to.

Requires Improvement



# Summary of findings

## Is the service well-led?

The service was well led and managed and staff valued the support they received.

There were a range of internal quality audits within the home to check the quality and safety of the service. The manager ensured they kept up to date with information about best practice to ensure they could identify and delivery quality care.

Good



# Clarence Road

## Detailed findings

### Background to this inspection

Before our inspection we reviewed information we have about the provider, including notifications of abuse and incidents affecting the safety and wellbeing of people. We considered the provider's information return (PIR) as part of this inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information submitted by the provider about the organisation, such as any statutory notifications we had received.

We visited Clarence Road on 21 July 2014 to carry out this inspection. We talked with six people who used the service and one relative. We spoke with the registered manager and three support workers. We requested feedback from external professionals but did not receive any on this occasion.

The inspection team consisted of an inspector, a specialist mental health advisor and an expert by experience. The expert by experience was a person who had personal experience of using this type of service.

We looked at records about people's care, including six files of people who used the service and examined how the home was managed. We used the Short Observational Framework for Inspection (SOFI), which is a specific way of observing care to help to understand the experience of people who could not talk with us. We used this method to observe care and support in communal areas and observed how people were being supported during lunchtime. We reviewed how the provider safeguarded people, how they managed complaints and checked the quality of their service.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

# Is the service safe?

## Our findings

People said they felt safe. Incidents involving behaviour that challenged others and staff were recorded electronically. There had been three allegations of abuse reported by the home in the past year. One involved an incident between two people and another involved a relative of a person. Both were substantiated and actions taken to minimise risks to the individuals. The other allegation involved the management of one person's finances rather than theft and was part substantiated.

The manager reviewed procedures with staff to ensure people's finances were appropriately managed to keep people safe. The provider took appropriate action to report signs of abuse. This included reporting these allegations to appropriate authorities, including the Care Quality Commission (CQC) and local safeguarding team. Staff had received training and knew how to recognise and report signs of abuse.

Staff reported that most people had a daily personal spending allowance. Any money allocated for the day was signed for and recorded. The manager kept people's debit cards in the safe. Most people were accompanied by staff when shopping to support people and to minimise the risk of people mishandling their money. This was in line with their individual risk assessments.

The manager told us that there was a low turnover of staff and low sickness rates. There were four staff during the morning and three in the afternoon. At night there was one staff member on duty and one sleeping staff member that could be called if necessary. When we asked a staff member if they felt the service was adequately staffed, they replied, "Yes it is and we can get cover if there is any sickness." Staff absences were covered by internal locum staff who were familiar with people's needs.

Any risks to people's health and safety were assessed and taken into account in how care was provided. Risk assessments were available in each person's file. These were discussed in the person's care programme approach (CPA) review meetings. This was where professionals providing health and social care met to assess and plan

ways to meet the needs of people who were involved with mental health services and to check that they were being met. Records in house meetings and one to one meetings showed that staff regularly discussed with people how they could reduce risks to themselves, for example by reminding them not to smoke in the building.

People received their medicines safely. Procedures were in place for people to take their own medicines, however the manager and staff informed us that all the people were assisted to take their medicines as no one was assessed as being able to self-medicate. Assessments we saw in people's files recorded their assessed support needs with taking their medicines. Staff were trained in medicines management. We checked the medicines records with a staff member. A weekly supply of each person's medicines was held in their room in a locked safe, which was only accessible by staff. Medicines not held in people's rooms were stored in a locked cupboard in a locked room next to the staff office.

The local pharmacy supplied four weeks' medicines at a time, which was checked and signed off by two staff. All medicines being returned to the pharmacy were checked by two staff and recorded. Missed administration of medicines was clearly recorded.

The front door was controlled by staff using a buzzer system to unlock the door. People were not limited to going out independently, according to their plans. However, they told us they had to ask staff before being able to go out and said they did not mind about this. When we discussed this with the manager they told us this had been the best system until now to ensure the safety of people, but they knew this safety procedure needed to be reviewed. The manager acknowledged the importance of balancing people's rights to liberty with the need to protect them. For this reason they had set up a meeting with a local authority lead officer that week to ensure they were following correct procedures in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) to ensure people were not unlawfully restricted. A number of people had been referred to have mental capacity assessments with regards to their finances.

# Is the service effective?

## Our findings

The environment and furniture did not take into account or meet people's needs. Several people who used the service said that the maintenance of the home was poor and that repairs took a long time to be completed. We observed that the premises were in a state of disrepair in some areas and needed refurbishment. For example, the shower room floor was damaged from water leakage and the cracked ceiling and tiles needed replacing. Other parts of the home needed similar attention, including the toilet on the ground floor. Staff reported that they had requested this to be addressed for some time but nothing had been done. They felt the environment created an institutional "care home feel". Some of the furniture was not suitable for the older client group. We observed that older people were slouched into low backed furniture, which provided them with limited support. This was a breach of Regulation 15 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff were knowledgeable about people's needs and how to meet them. Staff said they had undertaken relevant in-house training. They had training in safe medicines management, fire safety, health and safety, food hygiene and professional boundaries. The manager said there were mandatory courses for care workers, including training on mental health so that staff were better able to support the people who used the service by being more aware of their needs. Information about training was available in staff files. Staff said they had regular one to one supervision with their manager. A staff member stated, "I really enjoy my job and I'm positive about the future."

Staff said shift handovers and the care plans informed them of the care and support people required. We observed a shift handover where staff discussed people's

care needs and current situation. Information in care plans was updated monthly or when changes in treatment occurred. Evidence in files showed changes in care plans following outpatient appointments. Staff completed records of their work in people's files at the end of each shift to demonstrate the work they had undertaken with people, which could be checked against actions identified as being required to meet needs in individual care plans.

People were supported to have adequate nutrition and hydration. We observed lunch, which all the people we spoke with said they enjoyed. Lunchtime was sociable and relaxed and staff had their meals together with people who used the service. People were provided with a choice of nutritious food and drink. The menu included fresh fruit and vegetables. The assessment of people's nutritional needs included their choice of food and drink, religious and cultural needs.

The provider assessed people's special dietary needs. People's food likes and dislikes and any special dietary requirements were recorded in their support plans. Menu choices were discussed at people's weekly group meetings. A staff member we spoke with was aware of several people who had late onset diabetes. They knew their dietary requirements and encouraged healthy options when choosing meals.

People were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support. Staff worked together with other health and social care professionals to monitor all the people to ensure their health, safety and welfare was protected. Staff supported people to attend appointments on a weekly basis. A person had been seen as an outpatient and their care was being jointly co-ordinated between the services. A review of their care was planned for the following day, according to evidence seen in their file.

# Is the service caring?

## Our findings

People told us they had a good relationship with staff. We observed staff interacted with people in a friendly and caring manner. We spent time in a communal area and observed people. We saw most of the care staff interacted well with people by calling with their names, spending time to get to know how people were feeling and thinking and if they were enjoying their meals. Staff spoke with people respectfully when people who used the service came to the office to seek advice and support. Staff spent time with people to understand and support them with their needs.

People who used the service had a broad age range, had complex needs and enduring mental health issues. Staff and people sat and interacted well together. We saw staff played dominos with some people, gave other people manicures and chatted with people about their day so far.

People who used the service were given choices in food, clothing and their daily activities and staff helped people to make these choices where appropriate.

People we spoke with rated the help and support they received from staff highly. People had regular one to one meetings with their support workers. One person said their support worker was “great” and another said, “She helps me a lot.” A third person said, “The staff are very pleasant.” A relative we spoke with said they were getting as much support as possible from staff, including from the manager. We saw that advocacy services were available and discussed with people if they wished to make use of this.

The service operated house rules to ensure the welfare of people in the home. One of them was to ensure that people respected each other’s privacy and did not enter other people’s rooms without their permission. We noted that staff were asked specific questions about respecting the dignity and privacy of people as part of the recruitment process and how they respected people’s preferences about their care.

Individuals we spoke with said they were encouraged to be involved in their own care and discussed their needs in their one to one meetings. Their files contained documents signed by people which included their views and showed they were consulted about their care and support needs as part of their assessments, care planning and review process. People had choices in food, clothing and their daily affairs and were helped by staff in making these choices. People who used the service could choose their key workers and had choice in the gender of staff who provided them with personal care.

The service celebrated religious and cultural festivals, such as ‘Ghana Day’ and ‘Jamaica Day’ and supported individuals to practise their faith.

People were encouraged to be independent. For example, staff encouraged people to maintain their personal care, take part in household tasks and use the kitchen to make food if they wished and were able.



# Is the service responsive?

## Our findings

supported to take part in external trips and had an annual holiday. People talked about trips to the sea and individual trips to the shops, which were important to them. The manager told us access to day centre facilities had reduced due to funding cuts and they had sought alternative activities for people using the service.

However, the provider could not always demonstrate that people's wishes were always taken into account in how their care was planned and delivered in relation to their day to day activities.

We noted that in some people's files there was a clear link between the person's interests and the activities they undertook. For example, one person liked a particular artist and staff said the person had the artist's CD and DVD and enjoyed listening to their music. However, this was less clear in the records of other people. In the record of a conversation with another person in their one to one meeting with staff, the notes said they enjoyed a particular hobby. However, we saw no records that showed how the person was being supported to pursue their interest.

We found that one to one records of meetings between staff and people did not identify any actions needed or actions taken. This made it more difficult to know if actions resulting from discussions with people in their one to one meetings were followed through to ensure people's wishes and needs were met. However, the majority of people we spoke with said they were happy with staff and rated their support highly, for example, two people rated their named worker ten out of ten.

People's needs were assessed prior to their admission and individual care plans were available in the seven files we looked at. The manager was responsible for deciding who was admitted into the home, including which of the organisation's projects were best suited to meeting the needs of a person who used the service. This helped to ensure the service was better able to match and respond to meeting people's needs.

People's files provided clear evidence that care plans and risk assessments were tailored to the individual and were updated monthly or when changes in care or treatment occurred.

All individual files included positive pathways support plans and 'Recovery Star' tool. The Recovery Star reflected people's current situations and the actions needed to achieve agreed goals. However, we found individual's needs and goals identified in current support plans and the Recovery Star tool were not always clearly linked. We saw individual goal setting and progress being made over time in each person's records.

People using the service told us they felt that the care planning was more about personal care, hygiene and keeping their room tidy, rather than having plans and setting goals. Risks to people were assessed. However, staff did not always encourage people to broaden their experiences and help improve their quality of life. The manager said they were working to achieve this with staff and people using the service[LW2] and encouraging individuals to take more responsibility for themselves.

The manager said they had good relationships with the care teams, who were very responsive. This helped to prevent mental health crises and readmissions. In people's records we saw evidence of involvement with their GP's and psychiatrists. Staff maintained regular contact with other professional services if they had concerns about people. For example, staff consulted other professionals to seek support for people's specific health care needs.

There were annual placement reviews and three monthly care programme approach meetings held with people and the statutory care teams. The meetings reviewed people's current and ongoing needs and how well the service was meeting them. They were also used to plan for and decide how to respond to any crisis or incident.

Incidents were logged and monitored. Staff knew how to intervene and defuse situations. This led to the low number of incidents in the home and prevented mental health crises and hospital admissions. No-one was receiving in-patient treatment in hospital for their mental health at the time of our inspection. [LW3] We saw records of how staff intervened to support people when their behaviour challenged the service. For example, staff supported one person who appeared to be disturbed and eventually calmed them down. Observation records in another person's file showed that staff took action to calm a person down, in line with the person's care plan, including the use of medication.

## Is the service responsive?

There was a well established staff team, which helped to ensure continuity of care. This had a positive and stabilising effect on people who used the service.

Staff said they could approach their manager if they had any issues. One member of staff said, “I can raise concerns at any time.”

People we spoke with told us they knew how to make a complaint and that they were able to raise issues or concerns in their meetings. There were no formal

complaints made in the last year. When we asked people if they felt that their complaints would be taken seriously, one person responded, “Yes, very much so.” This reflected the comments of other people we spoke with.

There was a weekly ‘progress meeting’ which helped resolve any concerns in the service. Any issues raised by people were taken seriously and followed up. The manager said they were always available to meet with people and respond to any issues. We saw they had a positive relationship with people who used the service.

# Is the service well-led?

## Our findings

The service was well led and managed. One staff member said that they enjoyed working at the service. Another staff member reported, “I get a lot of support from my manager.” A third said, “The manager is always available when you need them. They are very helpful.”

The manager took the lead at daily staff handover meetings and allocated work for the day. There were weekly staff meetings, one dedicated to business and one dedicated to people who used the service. The meetings focused on practice issues and the quality of care provided.

There were usually two away days held per year to review current practice or introduce new practice. All staff had an annual appraisal. Annual staff appraisals and performance management procedures were used to address any issues of concern with staff. The manager encouraged staff to reflect on their practice. They said they were encouraging staff to be more empowering and less prescriptive in how they worked with people who used the service.

The manager operated an ‘open door’ policy and staff said the manager was always available to them. There were human resources policies in place to support the staff. Managers sent out regular emails giving them relevant information in relation to their roles and responsibilities. They attended meetings to speak with staff and offered one to one staff support.

The staffing and internal systems were under review. Staff were concerned about the current re-structuring of the organisation and the impact this might have on them. This was being dealt with through consultations with staff in individual and team meetings.

There was a range of internal quality audits within the home to check the quality and safety of the service. The provider completed an annual audit. The latest annual audit had been completed and was due to be returned soon.

There was an annual customer survey that asked questions about the care and support provided. Results of the last survey showed that people were happy with their care and enjoyed living in Clarence Road. An exit interview had just been introduced asking people and their relatives where appropriate for their views when they moved on from the home.

People who used the service were able to influence the delivery of the service. A quality meeting organised by the provider took place once a month. Two people who lived in the home attended this meeting to represent the views of people who used the service.

The manager ensured they kept up to date with information about best practice to ensure they could identify and deliver quality care. They attended meetings such as the Mental Health Improvement Group, Recovery Group and meetings with area operational managers. This informed the manager about organisational developments and good practice which they passed on to staff.

Externally the manager attended a group with other voluntary sector organisations specialising in mental health and the Hackney Community Voluntary Service Forums attended by various services in Hackney. They attended provider meetings run by the local borough and attended monthly meetings with the joint commissioner and statutory mental health teams to take part in discussions about mental health services, including provision by current and new providers in Hackney.

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	<p>Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises</p> <p>The registered person did not ensure that people were protected against the risks associated with unsafe or unsuitable premises, by means of providing appropriate furniture that meets people's needs and promptly providing adequate maintenance and repair of the premises.</p>