

Look Ahead Care and Support Limited

Clarence Road

Inspection report

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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?	Good ●

Summary of findings

Overall summary

About the service

Clarence Road is a residential care home that can provide 24-hour support and personal care for up to 15 adults with mental health needs. The care home was split across three floors and each floor was accessible by lift. At the time of our inspection 15 people were using the service.

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

Risk was well managed and reviewed very well to ensure people were safe from the risk of harm.

Recruitment checks were in place to ensure staff were suitable and safe to work at the service.

The service was clean and free from malodour. The risk of infection was taken seriously, and measures were put in place to keep areas at risk clean.

Staff had received training and regular support to enable them to carry out their role. The registered manager and staff looked for opportunities to use their skills to provide an environment where people were looked after by well experienced staff. A relative felt staff were exceptional and well trained in their role.

People's health and well-being was well monitored and managed. People told us they were either supported to attend or went independently for health appointments or reviews. People were provided with a varied and healthy diet and were encouraged to make healthy food and drink choices.

Staff were kind, understanding, and compassionate. People liked the staff team as did their relatives. A relative expressed their gratitude towards the staff for showing patience and empathy while supporting their family member.

People were accepted for who they were and able to express themselves without fear of discrimination. The registered manager and staff treated each person with dignity and respect.

People were supported by a registered manager and staff who knew people's personal and individual needs extremely well and were committed to providing a service to meet their care and social needs. People's communication needs were met.

End of life wishes were considered in a respectful manner and discussed when people were happy to do so. Complaints and compliments were captured and used to help improve the service.

The registered manager provided excellent leadership to staff and motivated them to be the best they could be in the working environment. People and their relatives liked the registered manager and had a good relationship with them. Quality assurance systems were effective and helped the registered manager and other managers monitor the quality of care people received and make improvements where needed.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 3 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in the 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 well led.

Details are in our well led findings below.

Good ●

Clarence Road

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 Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Clarence Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

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 sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service about their experience of the care provided. We spoke with five members of staff including the registered manager, two care workers the chef and cleaner.

We reviewed a range of records. This included four people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke to one relative to seek their feedback on the quality of the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and were supported by staff who understood their safeguarding responsibilities.
- A member of staff said, "If I saw abuse I would tell [registered manager], I will also raise with Hackney Council and the CQC if nothing was done, they are there for us."
- Staff received safeguarding training. Staff told us the training was regular and effective in helping them to understand the procedures to follow.
- People at the service were confident to speak up to staff if they were not happy with how they were treated, and staff listened to them.

Assessing risk, safety monitoring and management

- People told us they felt safe. One person when asked if they were safe said, "Yes I do feel safe." Another person said, "I feel safe living here." A relative said, "Oh yeah [relative] is absolutely safe."
- People had risk assessments in place to reduce the possible risk of harm, these included mental health and self-neglect. The risk assessments identified people's triggers and signs to look for when they were becoming unwell. This meant staff were able to follow the guidelines to safely support people back to feeling well.
- The registered manager and staff knew people's risks and how to encourage positive risk taking.
- Risk was regularly reviewed to ensure people were kept safe at the service. Records confirmed risk was updated after any incident or changes to people's health needs.
- In the event of an emergency staff would call the emergency services and the on-call manager if it happened out of hours. Staff told us their first priority was to always make the person safe.
- The registered manager told us appropriate health and safety checks had been completed.

Staffing and recruitment

- There were enough staff at the service to provide care and support to people.
- People told us there were enough staff and we observed people were able to find a member of staff to provide support to them when needed. One person said, "Plenty of staff."
- A relative told us there were enough staff at the service and when they visited there were staff available to provide help.
- Staff told us there were enough staff to support people at the service.
- People were supported by staff who had been recruited safely, records confirmed pre-employment checks were performed before staff started to work at the service. These included, a criminal records check,

verifying references and confirming staff identity.

Using medicines safely

- People were supported to receive their medicines safely and staff were trained in the safe management of medicine.
- People at the service had the medicine stored in their rooms and were kept informed by staff about changes to their medicine.
- People knew why they had to take medicine and what it was for. A person said, "I can't stop taking it or I will have to go to hospital."
- The service followed guidance on when medicine should be administered on an "as a required basis" (PRN).
- We checked a sample of medicine administration records and found no gaps in their completion.

Preventing and controlling infection

- The risk of infection was reduced as there were effective infection control measures.
- The home environment was clean and was free from malodour.
- Staff cleaned people's bedrooms and the provider had an external company to support with cleaning the service.
- Staff were provided with personal protective equipment to minimise the risk of spread of infection, this included gloves, aprons and hand sanitiser.
- Staff followed a shift plan for cleaning to ensure people's bedrooms were hygienic and free from malodour.
- There was a sluice (a room where used disposables are dealt with and reusable products are sterilized and disinfected), locked controlled of hazardous substance (COSHH) cupboard and two washing machines. The registered manager told us they did not mix anyone's clothes when doing the laundry, this further reduced the risk of infection.

Learning lessons when things go wrong

- Systems were in place to support learning after things went wrong.
- The registered manager told us there was always a debriefing to find out what had happened and put plans in place to reduce the risk of an incident occurring again.
- Staff told us they recorded all accidents and incidents and they took part in learning after any 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.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People received an assessment of needs before they moved into the service and started to receive care.
- People's needs were assessed continuously through observations to ensure people received effective support.
- People's assessed needs included their medical history, previous and current health needs.
- A relative confirmed they there was an assessment of their family members needs before care was provided.

Staff support: induction, training, skills and experience

- People using the service and their relatives told us they received good quality care from staff who knew what they were doing.
- One person said, "There's plenty of good help, anything I ask for, staff are always helpful."
- A relative said of the staff, "I think they're brilliant, I have no qualms about any of them."
- Staff were supported by the registered manager and received regular appropriate training to provide the skills for their role.
- Records confirmed staff received training in the following; health and safety, infection control, first aid, manual handling, equality and diversity, mental capacity act and deprivation of liberty safeguards, fire safety, managing challenging behaviour and food safety.
- Staff at the service told us they felt well supported and the training they attended was relevant to their role.

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

- People at the service were provided with enough healthy food and drink.
- We observed lunch at the service, people we spoke to told us they enjoyed the food. One person said, "The food is very good here." Another person said, "I like the food here, it is healthy." Where negative feedback was received about the food, records confirmed people had to have less salt to stay healthy.
- The registered manager and staff told us about smoothie workshops which took place at the service. People were involved and learnt how to make smoothies as a way to eat healthily and receive fruit and vegetables.

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

- The service worked with relevant health professionals and organisations to ensure people received prompt care and support.
- The registered manager provided records demonstrating how they supported people to access appropriate health support. This included, taking people for annual health screening.
- Records confirmed people had involvement from their psychiatrist, GP, chiropodist, dentist and nurses.

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

- The service was accessible to all with appropriate adaptations including a working lift to support the delivery of safe care.
- People's bedrooms were personalised and contained photos and personal effects of their choice.

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 Act 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People at the service were enabled to make choices for themselves as much as possible.
- Appropriate DoLS authorisations were in place for people at the service and applied conditions were followed by the service. For example, a condition was in place to support someone to attend their local shop and staff supported them to do this.
- People's permission was requested before personal care support was provided. People told us staff asked for their consent before providing support.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- There were outstanding elements of the caring nature of staff. We observed staff have positive and kind interactions with people.
- People were cared for by staff who were respectful and kind.
- People told us they liked the staff who supported them and were fond of the staff team. A person living at the service said of the staff, "Oh yes they are kind and caring." Another person said, "All the staff are kind, [staff] is going to help me buy clothes."
- A relative said, "I really like the staff here, I feel comfortable to go to any of them." The same relative said, "I think they really care, with my [relative] you have to be resilient I have to commend them. [Staff] voice is so calm it helps mum."
- Staff did not discriminate against people living at the service. Staff told us people who may identify as lesbian, gay, bisexual or transgender (LGBT) would be supported and welcomed at the service. A member of staff said, "Our [customers] are aware of LGBT. It's safe here, we always talk about these things, it's their life." The member of staff gave an example where a man living at the service liked to wear dresses and bracelets and people living at the service treated him respectfully.
- A member of staff said, "Our [customers] are diverse, we do lots of things to find out what is special for them, we celebrate them. For example, [Person] likes Okra soup, this was made and [person] was so happy."

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

- People were encouraged to express themselves and staff were attentive and patient when people were speaking.
- Staff told us they were a named key worker for people at the service. A key worker is someone responsible for coordinating and planning people's care. It was during these sessions staff told us people were able to discuss aspects and make decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected by the staff.
- Throughout the inspection we observed staff and the registered manager respect people's privacy and dignity. Some people still wanted time to be in their bedroom whether they were sleeping or just wanted some privacy.
- Staff were seen to knock on people's doors before entering and waited for permission before entering people's rooms.

- People told us staff respected their privacy and dignity during personal care. A member of staff said, "We will lock the bathroom door if customers want us to."
- People's belongings were labelled in the laundry room and each person had their own section. This reduced the risk of clothes becoming misplaced or being given to another person.
- People were encouraged and praised by staff for being independent. For example, we observed people making cups of tea without staff assistance and staff encouraging them.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery .

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care that was planned to meet their individual needs and goals.
- Records confirmed people were involved during every stage of their care, from reviews with their health team, changes to medicines, health appointments, how they wanted to receive care and whether from a male or female member of staff.
- The registered manager and staff knew people exceptionally well. They could tell us people's individual traits and how they were to be supported so as not to cause them upset or distress. This in turn meant people received care and support tailored to their needs.
- People's support plans provided information about people's preferences in care what they liked and disliked, aspirations they had and how the service would support people to achieve them.
- People told us they were able to choose how they lived their lives and we could see their choices were respected by staff at the service and within their support plan.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were documented in their support plans and presented in a way people could understand .

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 to them

- We saw evidence that people were able to engage with others in the community if they wanted and their family.
- The registered manager told us how they had worked to support someone visit their relative in Canada who they had not seen for 20 years. The registered manager and staff member (who accompanied the person) fully involved the person in planning the trip and the health professionals involved in the person's care to manage all aspects of risk and health and safety. The registered manager told us the person chose their flights and hotel. The trip was a success and the person wanted to plan another trip to Canada. This showed the commitment of the registered manager and staff team to enable people to achieve their goals.
- The member of staff involved in the planning said, "It took a lot of organising, speaking to psychologists

and doctors. I know [person] really well, that was something kind we did for him."

- People were supported to attend places of worship of their choice either independently or with staff support. For example, a member of staff supported someone to attend church on Sundays
- There were a number of activities organised for people at the service. These included visiting museums, attending yoga, visiting the seaside and local markets, records confirmed this.

Improving care quality in response to complaints or concerns

- People knew how to raise a complaint to the staff knowing that it would be taken seriously and acted on.
- A member of staff said, "They [people] will come and complain, we have a procedure that's very fair and transparent. We ask them if they want to call somebody like a manager.
- People we spoke to told us they would approach staff or the registered manager if they had any complaints to make about the service.
- We reviewed the complaints received and could see they had been responded to people's satisfaction. The registered manager had met with people to hear their concerns .

End of life care and support

- At the time of the inspection no one at the service required end of life support.
- People were able to discuss their end of life wishes if they wanted to during key work sessions (these were sessions led by a member of staff who was responsible for coordinating care.). A member of staff said, "We talk about end of life planning during one to ones, some agree to a plan and others don't want to talk about it, we respect that."

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff were empowered at the service to perform to the best of their ability. They told us they were extremely proud to work at the service.
- The registered manager wanted staff to use and develop their existing skills to help them progress. A member of staff said, "[Registered manager] praises and encourages us, he is a good motivator." Another member of staff told us they attended a dementia course after receiving direction from the registered manager. The member of staff told us they found the course exceptional and thought people at the service would benefit from attending. The member of staff used their initiative and spoke to the course facilitator and arranged for people using the service to attend, records confirmed people had attended and photographs were taken to show their engagement with the training.
- The registered manager spoke positively of their staff team. They said, "I have a long-standing staff team. The clinical team are reliant on our observations and expertise. I want staff to feel confident to know they have the skills and knowledge to provide that information." The registered manager also said, "I encourage reflective practice a lot, and during supervisions the first thing to talk about is well-being. I want staff to feel they have an environment they can freely speak about the challenging environment they work in."
- The were elements of outstanding leadership and staff praised the registered manager for their guidance and exceptional support. A member of staff said of the registered manager, "He is making everything go the right way. There is a lot more help with paperwork. It means we are able to spend more time with people." Another member of staff said of the registered manager, "He's brilliant, he knows a lot when we ask him things. He has an open- door policy if we need to speak to him."
- The environment was positive, person centred and encouraged people to live as full a life as possible and have control.
- People living at the service told us they knew who the registered manager was and approached them during the inspection if they needed support.
- A relative told us their interaction with the registered manager had been good, they said, "He's been good, when I've raised anything with him it has been taken seriously."

Continuous learning and improving care; Working in partnership with others

- The registered manager and staff demonstrated a willingness to continually learn and improve the service.
- The registered manager sourced specialised professionals to support people with their mental health. The registered manager had arranged support from a service that specialised in counselling and psychotherapy to visit people at the service. The registered manager said, "We have links with the organisation, they train

therapists and are familiar with psychiatric services. Someone came in to play the flute (for people). We can access clinical support and holistic (considering the whole person, including their physical, mental and emotional health) when needed." This provided people with alternative therapies to help them improve their mental health.

- The registered manager told us they attended monthly meetings where they discussed and tracked people's progress with the support they received from the service.
- The registered manager told us they attended panel meetings and care forums with other providers where learning and the sharing of best practice took place.

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 registered manager fully understood their duty of candour responsibilities.
- The registered manager said, "It's about being open and transparent about mistakes made at the service. During meetings with [customers] I'm open with them and address them."
- The registered manager promptly submitted notifications to the CQC of incidents that took place within the service. The registered manager also told us they informed the local authority, their line manager and people's clinical team to maintain openness and transparency.

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

- Staff and the registered manager were aware of their role and what was expected from them to provide good care and support for people at the service.
- The registered manager's vision was to empower people at the service and to support them taking positive risks. Staff commented on people's achievements where they had previously not engaged with the service but through encouragement and assessment of risk they had started to become more involved.
- There was a clear management structure and staff and the registered manager could access the area manager for support.
- There were effective quality assurance systems set up to monitor the service.
- The registered manager performed audits of people's rooms to check they were in good condition, audits related to medicines, finances, petty cash and risk assessments. Where issues were identified these were recorded and acted on or action plans were put in place to work towards resolving them.
- External audits were performed by the provider, in this process other managers would carry out an unannounced visit to monitor the quality of the service. The registered manager also audited the provider's other services to ensure quality. The registered manager said, "I volunteer myself to audit other services. I joined the quality team, I have audited a learning disability service and a supported living service, that's how I involve myself."

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

- The registered manager demonstrated a commitment to engage with everyone using the service, their relatives, staff and external professionals.
- People were regularly encouraged to speak to staff about their care and to express themselves. Records confirmed customer surveys were carried out and were presented in easy read format to enable people to participate through the use of pictures. People stated they were happy with the service provided.
- People were supported to be themselves without fear of discrimination, making the service a welcoming place that promoted equality across the service and respect was shown by other people and staff.

- A relative told us they were asked for feedback and they were pleased with the support their family member received.
- Health professionals had expressed they were highly satisfied with the support being given to people.