Richmond Psychosocial Foundation International

89 Heathfield North

Inspection report

89 Heathfield North
Twickenham
Middlesex
TW2 7QN
Tel: 020 8744 1330

Date of inspection visit: 13 May 2015
Date of publication: 06/07/2015

Ratings

Overall rating for this service	Good
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?	Good

Overall summary

This was an unannounced inspection that took place on 13 May 2015.

The service provides supported living care for three people with learning disabilities and is located in the Twickenham area.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

In April 2014, our follow up inspection found that the service met the regulations we inspected against. At this inspection the service met the regulations.

There was one improvement area. A small proportion of the medicine records were incomplete for creams administered. The other records we looked at were up to date and well kept.

Summary of findings

We recommend that the service refers to current medicine administration and recording guidance.

People said they enjoyed living at 89 Heathfield North and that the staff provided good support for them when needed. They chose the activities they wanted to do and when they wanted to do them. They did activities as a group and independently depending on type, nature and choice.

During our visit the home provided an inclusive and warm family atmosphere. People were laughing and smiling a lot which reflected that they were enjoying themselves.

The care plans, risk assessments and other documents contained clearly recorded, fully completed, and regularly reviewed information. This enabled staff to perform their duties.

The staff were very knowledgeable about the people they worked with and field they worked in, including bank staff on duty. They had appropriate skills, training and were focussed on providing individualised care and support in a professional, friendly and supportive way. They were trained and understood how to de-escalate challenging behaviour which they were required to do during our visit. They were professional in their approach and accessible to people using the service and their relatives. Staff said they had access to good training, support and career advancement.

People were protected from nutrition and hydration associated risks with balanced diets that also met their likes, dislikes and preferences. They said they liked the choice and quality of food available. People were encouraged to discuss health needs with staff and had access to community based health professionals, when required. Staff knew when people were experiencing discomfort and made them comfortable.

The manager was approachable, responsive, encouraged feedback from people and monitored and assessed the quality of the service provided.

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.

People said that they felt safe. They lived in a risk assessed environment, which had safeguarding and de-escalation procedures that staff followed. The staff were trained, experienced, recruited using a robust procedure and there were enough to meet needs.

People's medicine records were not completed and up to date regarding applying ointments. Medicine was safely stored and disposed of.

Requires improvement

Is the service effective?
The service was effective.

People's needs were assessed and agreed with them. Care plans monitored food and fluid intake and balanced diets were provided. Specialist input from community based health services was available.

Good

Is the service caring?
The service was caring.

People felt valued, respected and were involved in planning and decision making about their care. Care was centred on people's individual needs, preferences and these were clearly recorded and understood by staff whom provided good support, care and encouragement.

Good

Is the service responsive?
The service was responsive.

People chose and embarked on a range of work, recreational and educational activities. Their care plans identified the support they needed to be involved in their chosen activities and daily notes confirmed they had taken part. People said that concerns raised were discussed and addressed as a matter of urgency.

Good

Is the service well-led?
The service was well-led.

The home had a positive culture that was focussed on people as individuals. People were familiar with who the manager and staff were. The manager and staff enabled people to make decisions by encouraging an inclusive atmosphere.

Staff were well supported by the manager and management team and the training provided was good with advancement opportunities available.

Good

Summary of findings

The quality assurance, feedback and recording systems covered all aspects of the service monitoring standards and driving improvement.	

89 Heathfield North

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection and took place on 13 May 2015.

This inspection was carried out by one inspector.

There were three people using the service. We spoke with two people, three care workers and the registered manager.

Before the inspection, we considered notifications made to us by the provider, safeguarding alerts raised regarding people living at the home and information we held on our database about the service and provider.

During our visit we observed care and support provided, was shown around the home and checked records, policies and procedures. These included the staff training, supervision and appraisal systems and home's maintenance and quality assurance systems.

We looked at the personal care and support plans for three people using the service.

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 contacted two health care professionals to get their views.

Requires improvement

Is the service safe?

Our findings

People said they were safe using the service. One person said, "There are enough staff to help me when I need it." Another person told us, "Staff give lots of help to do things. " Relatives told us they had never witnessed bullying or harassment whilst visiting the home and had not been told of any by the people they were visiting.

Staff had received abuse identification training that was mandatory at induction and as part of refresher training. We asked staff what they thought constituted abuse and the action they would take if they encountered it. Their answers matched the provider's policies, procedures and training they had received. During our visit people were treated equally by staff, given the time and attention to have their needs met.

The service had a conflict de-escalation policy and staff received training in behaviour that may challenge people or put them at risk. They were also aware of what constituted lawful and unlawful restraint. There was individual de-escalation guidance contained in the care plans and any behavioural issues were discussed during shift handovers and staff meetings.

Staff received safeguarding training, understood how to raise a safeguarding alert and the circumstances under which this should happen. There was no current safeguarding activity. Previous safeguarding issues had been suitably reported, investigated, recorded and learnt from.

People's care plans contained risk assessments that enabled them to take acceptable risks and enjoy their lives safely. These included risk assessments about their health and aspects of people's daily living including work, college and social activities. The risks were reviewed regularly and updated if people's needs and interests changed.

The team shared information regarding risks to individuals. This included passing on and discussing any incidents of risk during shift handovers and staff meetings. This was evidenced by the information shared with staff coming on duty, regarding the person who displayed behaviour that may challenge during the previous shift. There were also general risk assessments for the home and equipment used that were reviewed and updated. Equipment was regularly serviced and maintained. There were also accident and incident records kept and a whistle-blowing procedure that staff said they would be happy to use.

The provider's staff recruitment procedure was comprehensive and recorded all stages of the process. This included advertising the post, providing a job description and person specification. Prospective staff were short-listed for interview. The interview contained scenario based questions to identify people's skills and knowledge of learning disabilities. References were taken up and security checks carried out prior to starting in post. If successful staff were awarded a six month probationary contract that was reviewed and replaced with a permanent contract if successful.

The staff rota showed that support was flexible to meet people's needs at all times. The staffing levels during our visit met those required to meet people's needs. This was reflected in the way people did the activities they wished safely. There were suitable arrangements for cover in the absence of staff due to annual leave or sickness. The service had access to bank staff, one of whom was on duty during our visit. The bank staff member told us that they had worked at the home before and we saw that they were very familiar with people using the service, their needs and people also knew them. Staff said where possible bank staff who knew people using the service and the working routines were requested for continuity.

The service had disciplinary policies and procedures that were contained in the staff handbook and staff confirmed they had read and understood.

We checked the medicine administration records for all people using the service and found that some of the records were incomplete for administration of creams without a written explanation provided. The provider monitoring systems had identified the errors and the issue was being addressed. The medicine kept at the home was safely stored in a locked facility and appropriately disposed of if no longer required. The staff who administered medicine were trained and this training was refreshed annually. They also had access to updated guidance.

We recommend that the service refers to current medicine administration and recording guidance.

Good

Is the service effective?

Our findings

People made their own decisions about their care and support. They said the care and support was provided in the way they wanted and liked. One person said, "I go to Parkshot College and enjoy it." Someone else said "I like sitting in the garden, I was sitting out there this morning before going to 'stepping out', I go there three days a week." 'Stepping out' is an activities centre for people with learning disabilities.

Staff received mandatory induction and annual training. The training matrix identified when mandatory training was due and included infection control, challenging behaviour, medicine administration, food hygiene, equality and diversity and first aid. The induction process included familiarisation with the organisation and the home that included people using the service, their care plans and behavioural assessments, home layout, policies, procedures and shadowing staff on shift.

Fortnightly staff meetings included discussions about further training needs. Monthly supervision sessions and annual appraisals were partly used to identify any gaps in training. There were staff training and development plans in place.

Staff communicated with people in a clear way that enabled people to understand what they were saying. They were also given the opportunity to respond. The care plans and other documentation such as the complaints procedure were part pictorial to make them easier to understand.

Staff received mandatory training in The Mental Capacity Act 2005. The provider had made applications to the Court of Protection on behalf of the three people using the service and was complying with Court Orders made.

The care plans we looked at included sections for health, nutrition and diet. Full nutritional assessments were done and updated regularly. Where appropriate weight charts were kept and staff monitored how much people had to eat. There was information regarding the type of support required at meal times. Staff said any concerns were raised and discussed with the person's GP. Nutritional advice and guidance was provided by staff and there were regular visits by health care professionals in the community if required although people were encouraged to make appointments and visit chiropodists, dentists and their GP where possible. People had annual health checks. The records demonstrated that referrals were made to relevant health services as required and they were regularly liaised with.

Health care professionals we contacted after the visit said they had no concerns with the service provided.

Good

Is the service caring?

Our findings

During our visit people made decisions about their care, the activities they wanted to do and who they wanted as friends. Staff knew people well, were aware of their needs and met them. They provided a comfortable, relaxed atmosphere that people enjoyed. One person told us, "The staff are very nice and give us lots of support." Another person said, "I like helping at the children's nursery." A further person said, "Staff are helpful and friendly."

People using the service and relatives said that staff treated them compassionately and with dignity and respect. The staff met people's needs and were supported to do what they wanted to. During our visit staff listened and went beyond just meeting people's needs. People's opinions were sought, valued and staff were friendly and helpful when they knew we were watching and when they didn't.

The care practices showed that staff were skilled, patient, knew people, their needs and preferences very well. They put people first and made the effort to ensure people enjoyed their lives. People were encouraged to join in when the evening meal was being prepared. Other people, who were coming in, were asked about their day and what they had been doing. This was by other people using the service as well as staff and added to the family environment of the home. People were also encouraged to have meals together to enhance their enjoyment of the meal and feeling of communal living and inclusion. One person asked another if they would like a cup of tea. When we were talking to two people who use the service, both encouraged each other to put their views forward.

Apart from one incident where behaviour that may challenge was displayed, the body language of people towards staff and each other was one of enjoyment and being within their comfort zone. One person started dancing when music they liked came on the radio.

People's care plans contained personal information including race, religion, disability, likes, dislikes and beliefs. This information enabled staff to respect people, their wishes and meet their needs. This was demonstrated by the range of activity options offered to people, by staff during our visit that were based on recorded likes and dislikes. Staff received training about respecting people's rights, dignity and treating them with respect.

The patient approach by staff to providing people with care and support during the inspection, meant that they were consulted about what they wanted to do, where they wanted to go and who with at a pace that enabled them to make those decisions. Everyone was encouraged to join in activities and staff made sure no one was left out.

There was access to an advocacy service through the local authority, that relatives and some people said they were made aware of.

The home had a confidentiality policy and procedure that staff said they understood and followed. Confidentiality was included in induction and on going training and contained in the staff handbook.

There was a visitor's policy which stated that visitors were welcome at any time with the agreement of the people using the service. People said they had visitors whenever they wished, and they were always made welcome and treated with courtesy.

The health care professionals we contacted said they had no problems with the care and support provided or way it was delivered.

Good

Is the service responsive?

Our findings

People said that they were asked for their views and opinions by the service manager and staff. This also happened during our visit. One person said, "Staff ask me what I want to do and if I need any help." Another person told us, "I've been invited to a birthday party on Saturday, at my friend's home." The friend's party was being held in a learning disability home that was not part of the same organisation. The friendship was formed as both people attend the same activities within the community.

People were given time to decide the support they wanted and when by staff. If there was a problem, it was resolved quickly.

There was a service provision procedure and criteria that stated people, their relatives and other representatives would be fully consulted and involved in the decision-making process before moving in. One person had recently moved in. The pre-assessment information received by the home, from the local authority placement team for this person was comprehensive, making it possible for the home to assess if the person's needs could be met. This information was also shared with the home's staff by the manager to get their views on the placement suitability. Information from their people's previous placements was also requested, if available as part of the process.

People were provided with written information about the service, organisation and invited to visit as many times as they wished before deciding if they wanted to move in. During the course of these visits the manager and staff would add to the assessment information. Staff told us the importance of considering people's views as well as those of relatives so that the care could be focussed on the individual. It was also important to get the views of those already living at the home. Staff actively sought people's views throughout our visit.

There were regular reviews to check that the placement was working. If there was a problem with the placement, alternatives would be discussed, considered and information provided to prospective services where needs might be better met. People's needs were also regularly reviewed, re-assessed with them and their relatives and care plans updated to reflect any change in their needs.

People's care plans were initially based on the assessment information provided. They became more individualised and person focused as they were developed by lead staff working with people using the service. The care plans became more refined as more information became available and people's likes, dislikes, needs and wishes, were further identified. The care plans were comprehensive and contained sections for all aspects of health and wellbeing. They included care and medical history, mobility, personal care, recreation and activities, last wishes and behavioural management strategy. They were part pictorial to make them easier for people to use. They had goals that were identified and agreed with people where possible. These included sections entitled 'what works for me' and 'what doesn't work for me'. The goals were underpinned by risks assessments and reviewed monthly by keyworkers who involved people who use the service. If goals were met they were replaced with new ones. They recorded people's interests and the support required for them to participate in them. Daily notes identified if the activities had taken place.

The care plans were live documents that were added to when new information became available. The information gave the home, staff and people using the service the opportunity to identify activities they may wish to do. They contained individual communication plans and guidance.

Activities were a combination of individual and group with a balance between home and community based. Each person had their own weekly individual activity plan. The activities were wide ranging and included work, college and leisure. One person said, "We have plenty of things to do." Another person told us "I like cooking." The activities included working with the 'garden gang' and a children's nursery, going to the Clarendon club for a night out with friends, music and drama therapy, dance and 'Makaton' classes at college, sensory sessions, swimming and bowling. Makaton is a form of sign communication. People also improved their life skills by taking responsibility for tasks such as cooking, clearing the table and washing up after meals, putting out the rubbish and keeping their rooms tidy. One person told us "We are making beef stir fry with mushrooms tonight." Another person said "I did flowers and textiles at the garden centre this morning, I enjoy doing that."

People told us they were aware of the complaints procedure and how to use it. The procedure was included

Good

Is the service responsive?

in the information provided for them and was part pictorial. There was a robust system for logging, recording and investigating complaints. Complaints made were acted upon and learnt from with care and support being adjusted accordingly.

There was a whistle-blowing procedure that staff said they would be comfortable using. They were also aware of their duty to enable people using the service to make complaints or raise concerns.

Any concerns or discomfort displayed by people using the service were attended to during our visit.

If people had to visit hospital, appropriate written information was provided and they were accompanied by staff.

Good

Is the service well-led?

Our findings

People told us the manager was approachable and made them feel comfortable. One person said, “The manager is lovely and helps me.” Another person told us, “If I have a problem staff help me with it.” During our visit there was an open, listening culture with staff and the manager taking on board and acting upon people’s views and needs.

The organisation’s vision and values were clearly set out. Staff we spoke with understood them and said they were explained during induction training and regularly revisited during staff meetings. The management and staff practices reflected the vision and values as they went about their duties. People were treated equally, with compassion, listened to and staff did not talk down to them.

There were clear lines of communication within the organisation and specific areas of staff responsibility and culpability.

Staff told us the manager was very supportive. Their suggestions to improve the service were listened to and given serious consideration. There was a whistle-blowing procedure that staff told us they had access to. They said they really enjoyed working at the home. A staff member said, “I have worked in other organisations and this one is very open and supportive” Another member of staff told us, “We work well as a team.”

The records we saw demonstrated that regular monthly staff supervision and annual appraisals took place.

There was a clear policy and procedure to inform other services within the community or elsewhere of relevant information regarding changes in need and support as required.

The home’s records showed that safeguarding alerts and accidents and incidents were fully investigated, documented and procedures followed correctly. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.

A new chief executive officer had recently been appointed and was looking to introduce further quality assurance processes such as manager peer monitoring visits within the organisation. The home had a quality assurance system that regularly checked care plans, risk assessments and daily notes were up to date. Health and safety checks were completed that included the building, fridge and freezer temperatures, fire alarms and call points, hot water temperatures and any electrical goods. Equipment used was regularly serviced and maintained under contract.

The home checked service quality at two weekly house meetings and telephone and e-mail contact with relatives as well as speaking to them when they visited. Shift handovers also took place that included information about each person.