

Look Ahead Care and Support Limited

Haringey Respite Outreach Service


Inspection report

Aztec House, 397 Archway Road, London, N6 4ER
Tel: 020 7937 1166
Website: www.lookahead.org.uk

Date of inspection visit: 15 December 2014
Date of publication: 29/04/2015

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Overall summary

This unannounced inspection took place on 15 December 2014.

Haringey Respite Outreach Service provides personal care to people with a learning disability who live in their own homes. The service is provided to people living with their family and to four people living in a supported living house.

The previous inspection was in December 2013 when the service had recently opened. At that inspection we found the service was meeting all the standards that we assessed.

There was no registered manager at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There had been a number of changes in registered manager and area manager in the last year. The lack of continuity led to the service not being well managed.

Summary of findings

Two people using the supported living service told us they liked the service but the other two had been removed from the service by their relatives due to concerns about the quality of care. The relatives of people using the service gave mixed feedback. Some thought it was good and said their relative was happy with the care and support provided and others said they were not satisfied with the quality of the service.

There had been an incident in the supported living house where staff had not followed proper procedures to safeguard a person from harm. The person sustained an injury which the service did not respond to or report appropriately.

Although the provider was aware of people's needs it was not ensuring that people always had the right support they needed with eating.

The supported living service was not providing a person centred service. Some aspects of the service were not based on each person's preferences, including food and activities.

Staff were not supported appropriately with training and supervision to ensure that they were enabled to deliver good quality care.

The provider was not monitoring the quality of the service appropriately or assessing risks regularly.

Staff had formed good relationships with people who said they liked the staff. People using the service for support to go out were satisfied with the service.

At this inspection there were breaches of regulations in relation to safeguarding people from abuse, supporting staff, support with eating and drinking, care and welfare, and quality assurance. 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 not safe. Staff had not responded appropriately to a safeguarding concern which meant that people were not protected from the risk of abuse. Risks to people's safety and wellbeing were not fully addressed.

There were enough staff on duty but staff rosters were not always planned to meet people's needs. People were not always able to choose whether a male or female staff member supported them with personal care.

There was an effective disciplinary procedure which had been used appropriately.

The service had recently made improvements in the management of people's medicines.

Inadequate



Is the service effective?

The service was not effective. Staff had not received appropriate training and supervision in 2014 to enable them to understand and fully meet people's individual needs.

Arrangements for eating and drinking did not always meet the individual needs and preferences of people.

Staff supported people to have "best interests" meetings to ensure decisions they were unable to make for themselves were made in their best interests.

Since the last inspection people had not always received the medical care they needed but this had improved at the time of this inspection.

Requires Improvement



Is the service caring?

The service was not always caring. Staff were kind to people but people's rights to dignity and independence were not always met.

Requires Improvement



Is the service responsive?

The service was not always responsive. The service was not person centred as people had not been involved in their support plans and their daily routines were not always based on their wishes.

The provider had a complaints procedure. We were not able to judge the effectiveness of the complaints process as the provider had not completed a complaint investigation at the time of this inspection.

Requires Improvement



Is the service well-led?

The service was not well-led. The provider had not monitored the quality of the service effectively, assessed risks or asked people for their views on the service regularly. A lack of consistent leadership had a negative impact on the quality of the service.

Requires Improvement



Haringey Respite Outreach Service

Detailed findings

Background to this inspection

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

This inspection took place on 15 December 2014 and was unannounced. The inspection continued through January when we spoke with families and reviewed further written information we had requested from the provider.

The inspection team included two inspectors, one of whom visited the provider's office and one who visited the supported living house and spoke with families. There was also 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.

Before this inspection we reviewed all the information we held about this service, including the service inspection history. The service was registered in June 2013 and we had carried out one previous inspection on 20 and 22 December 2013. The provider was assessed to be meeting the standards we checked at that time. We reviewed notifications sent in by the provider over the past year, complaints, safeguarding alerts and information from the local authority. Before the inspection, the provider completed a Provider Information Return (PIR). This 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 used a number of different methods to help us understand the experiences of people using the service. We spent time observing care and how staff interacted with people in the supported living house with two people. We observed two mealtimes and we also 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 spoke to two of the four people who had been living in the supported living house. The other two people were staying with their families so we did not meet them. We spoke to the four people's relatives to seek their views on the service.

We spoke with 8 relatives for their views on the service provided both in supported living and in the outreach service provided to people living in their family homes. We spoke with the manager, team leader and four staff members. We also spoke with the Commissioning and Safeguarding representatives from the local authority.

We looked at two people's care records in detail. We carried out pathway tracking (where we read a person's care plan then checked to see if staff provided the care in accordance with the care plan). We checked menus, risk assessments, six staff files, staff duty rosters, staff recruitment, training, supervision and meeting records, accident and incident records, selected policies and procedures, quality checking records and medicine administration record charts. We sent written questions to the manager, area manager and operations director following our inspection visit and received information from them afterwards which we used as part of the inspection.

Is the service safe?

Our findings

The provider's safeguarding procedures were not effective as staff had not followed proper procedures for safeguarding people. Staff read the provider's safeguarding policy during their induction which detailed different forms of abuse and procedures to follow. Two staff had not received training in safeguarding adults. Their training was booked for a few weeks after the inspection. The other staff had been trained in safeguarding people and said they knew what to do if they had any concerns that a person using the service had been abused. However an allegation of physical abuse against somebody in the supported living house had been partially substantiated and allegations of psychological abuse, neglect and acts of omission were substantiated at the time of the inspection. Somebody in the supported living house had sustained an injury which staff had not recorded or reported to the relevant people. They had also not sought medical attention for the person. This was a failure to follow the provider's incident and accident policy and safeguarding procedures.

The provider had a policy called 'Disclosing and raising major concerns Policy and Procedure' dated August 2013. This set out how a member of staff could report a concern. It also listed the relevant professional bodies staff could contact, including CQC, if they had concerns about how people were treated in this service. Staff had not used this procedure. The provider's safeguarding policy was dated January 2014. There was a poster for staff to advise them what to do in the event of any abuse but this had the wrong local authority recorded on it so was not helpful to staff in an emergency.

The above concerns were a breach of Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2010 which corresponds to Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service did not have up to date health and safety risk assessments detailing risks posed to people from the environment and there was no evidence that they had asked the landlord to address maintenance issues in the supported living property such as an unprotected radiator next to a toilet which was a safety risk.

The staff team comprised a manager, team leader and six full time staff plus personal support assistants (called PSAs) who worked across the provider's care services. One of these PSAs worked regularly in the supported living house and others worked there on occasions. This staff team also provided the outreach service to people in their own homes and worked in the provider's respite care service. There were not enough permanent staff employed to cover these three services to enable men in the supported living house to be able to choose to have male staff support them if they wanted to. There were two staff on duty in the supported living house which was sufficient to meet people's needs.

The provider was taking disciplinary action at the time of this inspection against certain staff. A comprehensive disciplinary policy and procedure was in place and was being followed appropriately.

We looked at personnel records for six staff for evidence of safe recruitment practices and found five files had two references on each file relevant to the job applied for. The provider informed us that all staff had criminal record checks on record which showed they did not have any criminal record.

Arrangements for the safe management of medicines were in place. The provider's most recent monitoring report showed there had been some problems in the way staff managed medicines as they were signing medicines charts for medicines that had been discontinued and which they were not giving. The Provider Information Return submitted by the previous manager reported that there had been four medicines errors in the last year. Four of the eight permanent staff did not have training in medicines handling even though this was a duty of all staff. One person's medicines chart showed staff had applied a prescribed cream twice a day for four days instead of once.

Staff showed us the improvements they had made once these errors had been identified by the provider. They were managing medicines in a safer way. Further training in medicines was booked for staff on 5 January 2015.

Is the service effective?

Our findings

Two people using the service said they liked the supported living service but we were not able to seek their views in more detail due to communication difficulties. People's representatives had mixed views about whether the service met their relative's needs effectively. People using the outreach service had more positive feedback than those using the supported living service.

The representatives of two people using the supported living service told us, "[my relative..] is alright" and "[my relative...] is very content and happy." The representatives of the other two people were very unhappy with the service and had removed their relative as they believed the service did not provide good care to them.

A lack of suitable arrangements to ensure all staff had appropriate training and supervision to deliver care safely and to an appropriate standard meant that there was a risk that people may not receive effective care. A relative said, "I think the staff had very little training."

Training records showed that one of the eight staff members had a qualification in health and social care. The provider had only trained two permanent staff member in supporting people with challenging behaviour. This meant if people behaved in a way that challenged the service, staff were not suitably trained to support them safely and manage any risks to their safety. There had been an incident where staff had not responded appropriately to a person's behaviour which had a negative impact on the person. Six staff did not have any specific training on learning disability, and none had been trained in personal care, though this was booked for staff for January and February 2015. Therefore staff were not provided with the knowledge to understand and communicate effectively with people who used the service.

We looked at how the provider supervised staff to ensure they were supported to deliver care safely and to an appropriate standard. We looked at six staff files and saw on one file that a team leader had completed a 'practice observation' of the staff member carrying out personal care and medicines administration two years previously. There was a comprehensive record of the team leader's observations. There were no other practice observations on the other five staff's files. The manager said that practice observation was the provider's policy and should be done

in between supervisions. This had not taken place which means the provider's policy was not implemented. One staff member had three supervision sessions in the past year, four had only one and one had none recorded. The manager told us the provider's policy was for staff to have supervision sessions every six weeks. This had not been done. None of the staff had an appraisal in 2014.

The above is a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

CQC is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS), and to report on what we find. DoLS are a code of practice to supplement the main Mental Capacity Act 2005. These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals.

The new manager had attended training in mental capacity but none of the staff had been provided with this training. None of the people who used the service were subject to a deprivation of liberty safeguard. Staff were able to tell us that they had held best interests meetings involving families and relevant professionals when a decision needed to be made in a person's best interests such as spending money on a holiday and deciding on medical treatment which was good practice and some staff did have knowledge of DoLS and the requirements of the MCA.

People's nutritional needs were not effectively met. Two relatives told us they thought the service did not address people's nutritional or health needs. Both said that their relative had gained weight from an unhealthy diet.

In the supported living service staff supported two people to choose their individual menus and go shopping for food. However a staff member told us that although people chose their own food, one staff member on duty cooked the meals while the other staff member was with people doing a "group activity" in a different room. They then ate together as a group. This mealtime practice did not meet people's needs as one person did not feel comfortable eating with a group. This person's support plan stated "allow [...] to eat their food first before others, if it's

Is the service effective?

convenient.” Staff did not sit with people during their meal and stood up supervising them. This made the kitchen crowded and had a negative impact on people’s mealtime experience as they were not relaxed.

One person’s support plan detailed their favourite foods and stated they would like to eat this food every day but their menu contained meals they did not like. Staff gave this person their lunch which was the same meal as written on the menu but was food they did not like. The person did not eat it and told us they did not like it. This had a negative impact on the person who was given food they did not like. They asked staff for an alternative meal. There had also been an occasion where staff had given another person ham when this was against their religious beliefs.

Staff had supported people to improve their diets and were providing healthy food but this was not always appropriate to the individual’s wishes and needs. One person’s planned menu had fruit for lunch one day. There was no evidence that this person would want just fruit for lunch and they were underweight so this would not be a suitable lunch for them.

One person had been losing weight and their risk management plan gave staff conflicting advice about how to support them to eat enough. The plan advised that the person needed “continuous prompting” and also that staff should not continually prompt the person to eat. This conflicting advice meant the person was at risk of their nutritional needs not being met.

This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was one occasion in the last year where staff did not support a person to receive medical advice after an injury. Staff usually supported people to access healthcare services but ongoing healthcare support did not always meet individual needs. Staff referred people to specialists when needed, for example dieticians and podiatrists. They kept good records of these appointments. Relatives gave mixed feedback about whether the provider met the person’s health needs. Two relatives said that people’s health needs were met. One relative told us, “the staff are very good when [my relative] is ill and do not hesitate to call the doctor.” Two said the provider did not look after their relative’s health and that this led to them having further health problems.

We saw the health booklet for one person and this did not contain important information about their health which was recorded in their support plan including a health condition and allergies. Some people’s support plans stated that they should be weighed monthly but this was not recorded as being done every month despite concerns about some people’s weight. Therefore people’s weight was not being monitored appropriately.

We recommend that the provider seek advice on current best practice on supporting people with a learning disability with healthcare.

Is the service caring?

Our findings

One relative told us, "the care and the communication is good." A person in the supported living service told us they liked the two staff working with them that day.

We spent time observing staff interacting with people. Staff were kind and respectful in their interactions and gave people choices. Staff respected their wishes not to do what staff had asked them to do. Staff showed affection and humour with one person which the person liked. Staff paid attention to whether the person was too warm and whether they were comfortable. They were discreet when assisting people with personal care and allowed people to decide when to be supported with their personal care.

Information about people was stuck on the outside of their bedroom doors which was not respectful of their privacy.

We saw staff spend time with people on an art activity. However this activity did not respect people's dignity as adults as they were given colouring books for young children. One person's support plan stated that they liked to be supported to prepare their own food. We saw staff prepared the food for that person so they did not have opportunity to be more independent.

Staff were able to tell us about people's cultural and religious needs and preferences and said they met these needs. Staff sang hymns with one person who enjoyed this. They supported one person to go to visit their family abroad and they supported somebody to go to a restaurant serving food from their culture regularly.

We recommend the service seeks guidance and training for staff in best practice for person centred age appropriate support.

Is the service responsive?

Our findings

The care provided to people in the supported living house was not always person centred. An example of this was activities. Three relatives of people using the supported living service told us that there was a lack of appropriate activities for people. One person said, “there is no activity” and another said they regularly saw people sitting in the lounge with nothing to do and that the supported living house was “like a community centre” rather than people’s own home.

Support plans contained information on people’s daily routines, communication and leisure activities. One person’s chosen activities were recorded as gym, cycling, art, sewing and attending a social club but we found that staff had not supported this person to go to their chosen activities for two weeks prior to the inspection and no reason for this was recorded.

Staff told us that on Wednesdays everybody went for a walk in the park together. In the afternoons one staff member cooked the main meals for people while the other spent time with people using the service in the lounge on a group activity. Staff said that 4.30pm to 6pm was when they supported people with activities in the lounge. There was no evidence that this routine was people’s choice as some people liked to help prepare their own food. Another example was that people were only offered cooked breakfast at weekends when there was no reason why they could not choose this every day if they wanted. This was not a person centred approach.

The service was not always responsive to the needs of individuals. The Provider Information Return stated that people were involved in devising their plans of care and support. There was no evidence of this. One person’s support plan had no evidence of their or their relative’s

involvement and was written in a format that the person could not understand. There was a lack of detail recorded in support plans about people’s communication methods. This left people at risk of staff not understanding their communication needs.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Relatives of people who used the outreach service where staff supported people to go out and do things they liked were satisfied with this service.

One person’s chosen activities were church, art and massage therapy and walking. These activities were taking place regularly. Staff supported one person to go to visit family abroad and this was planned well in advance which was positive. They were supporting one person to seek work.

The service had a Feedback and Complaints policy. This included an easy read format, with pictorial symbols so that people who don’t read could understand it. One person’s representative told us they had made a complaint to the provider about this service which was being investigated at the time of the inspection.

Staff told us that some families had raised some concerns about the care provided to their relative and told us how they had changed and improved practices to address these concerns. They said they tried to work with families to provide the care that the families said their relative needed. There had been a lack of management support to help staff address the needs and wishes of people using the service and their families, especially where there was a difference of opinion. This lack of support made it difficult for staff to provide a responsive service.

Is the service well-led?

Our findings

Relatives told us they did not have much contact with the managers but dealt with support workers instead. There was no registered manager at the time of this inspection. The new manager had started a few days before the inspection and was the third manager within a year. There had also been three changes of area manager in the past year. These changes of managers had affected the quality and continuity of management. The provider changed the area manager again a few days after the inspection visit and before we had completed our inspection.

There was little evidence that the provider consulted people using the service and their families for their views on the quality of the service provided. No questionnaires had been sent to families in 2014. The results of questionnaires completed by three people in the supported living house in 2014 showed 100% satisfaction with the overall quality of the service but the operations manager told us that staff in the service helped people complete these. Their relatives, care managers and other professionals involved in their care had not been consulted for their views.

There was a lack of effective risk assessments and quality monitoring. The provider had written two quality monitoring reports for the service in 2014. One was in February and did not include a visit to the supported living service. The most recent was in October 2014 which did include a visit. A number of areas for improvement were identified at that visit. There was no report of any visit since then to check if the improvements had taken place. There was insufficient auditing of care plans and records of care delivered to identify where improvements were needed.

The above was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the time of our inspection an improvement plan had been written as a result of failures in the service identified during an investigation into a safeguarding alert. The new improvement plan was comprehensive and included improvements to staff training and supervision in order to improve the quality of the service provided but it was too soon for us to see any progress. The new manager and area manager said they were committed to improving the service and providing good leadership.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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
Personal care	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The registered person had not protected service users from abuse and improper treatment–</p> <p>by failing to effectively operate systems and processes to prevent abuse and investigate any allegation or evidence of abuse.</p> <p>Regulation 13 (1)(2)(3).</p>
Personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person did not protect service users against the risks of inappropriate or unsafe care, by means of the effective operation of systems designed to assess and monitor the quality of services provided, identify, assess and manage risks and regularly seek the views of service users and persons acting on their behalf.</p> <p>Regulation 17 (1)(2)(a)(b)(e).</p>
Personal care	<p>Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs</p> <p>The registered person did not ensure that service users' nutritional needs were met.</p> <p>Regulation 14(1)(2)(4)(a)(c)(d).</p>

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity

Personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The registered person did not have suitable arrangements in place for the training, supervision and appraisal of staff to enable them to deliver care to a safe and appropriate standard.

Regulation 18 (2)(a).

Regulated activity

Personal care

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

The registered person did not always provide appropriate care which met service users' needs and preferences.

Regulation 9 (1)(a)(b)(c).