

London Borough of Bromley

118 Widmore Road

Inspection report

118 Widmore Road
Bromley
Kent
BR1 3BE
Tel: 020 84643920
Website: www.bromley.gov.uk

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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 

Overall summary

This inspection was carried out on 15 April 2015 and was unannounced. At our last inspection on 12 June 2013, we found the provider was meeting the regulations in relation to outcomes we inspected.

118 Widmore Road provides a respite accommodation service for up to 12 people with learning disabilities at any one time. At the time of our inspection the service was providing care and support to six people.

There was a registered manager in place. 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.

People using the service said they felt safe and that staff treated them well. Appropriate recruitment checks took place before staff started work. Safeguarding adult's procedures were robust and staff understood how to safeguard the people they supported from abuse. There

Summary of findings

was a whistle-blowing procedure available and staff said they would use it if they needed to. People's medicines were managed appropriately and people received their medicines as prescribed by health care professionals.

Staff had completed training specific to the needs of people using the service and they received regular supervision. The manager had a good understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Although no one at the service was subject to DoLS, the manager and the provider were assessing people's needs to see if any DoLS applications needed to be made. People were provided with sufficient amounts of nutritional food and drink to meet their needs. People had access to a GP and other health care professionals when needed.

Assessments were undertaken to identify people's support needs before they started using the service. People using the service and their relatives had been

consulted about their or their relatives care and support needs. Care plans and risk assessments provided clear information and guidance for staff on how to support people to meet their needs. People were encouraged to maintain their normal routines and activities whilst staying at the service. People were aware of the complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

The provider sought the views of people using the service through surveys. They recognised the importance of regularly monitoring the quality of the service provided to people. Staff said they enjoyed working at the service and they received good support from the manager. There was an out of hours on call system in operation that ensured management support and advice was always available when they needed it.

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. There were safeguarding adult's procedures in place and staff had a clear understanding of these procedures. There was a whistle-blowing procedure available and staff said they would use it if they needed to.

Appropriate recruitment checks took place before staff started work. People using the service and staff told us there was always enough staff on shift.

People's medicines were managed appropriately and people were receiving their medicines as prescribed by health care professionals.

Good



Is the service effective?

The service was effective. Staff had completed an induction when they started work and received training relevant to the needs of people using the service.

The manager demonstrated a clear understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and was actively taking steps to act according to this legislation.

People had access to a GP and other health care professionals when needed.

Good



Is the service caring?

The service was caring. Staff treated people using the service in a caring, respectful and dignified manner.

People using the service and their relatives had been consulted about their or their relatives care and support needs. People's privacy and dignity was respected.

Good



Is the service responsive?

The service was responsive. People's needs were assessed and care files included detailed information and guidance for staff about how their needs should be met.

People were encouraged to maintain their normal routines and activities whilst staying at the service.

People knew about the homes complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

Good



Is the service well-led?

The service was well-led. The provider sought the views of people using the service through surveys. There were systems in place to monitor the quality of the service.

Staff said they enjoyed working at the home and they received good support from the manager.

There was an out of hours on call system in operation that ensured management support and advice was always available for staff when they needed it.

Good



118 Widmore Road

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.

Before the inspection we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by.

This inspection was carried out by two inspectors on 15 April 2015 and was unannounced. We spent time observing the care and support being provided. We looked at records, including five people's care records, staff training and recruitment records and records relating to the management of the service. We spoke with five people using the service, the relatives of five people using the service, four members of staff and the manager. We also spoke with two district nurses who were visiting people using the service at the time of the inspection.

Is the service safe?

Our findings

People using the service told us they felt safe and that staff treated them well. One person said, “I like coming here and I feel safe.” A relative of a person using the service said, “I know when my relative goes there they are safe and well looked after.” Another relative said, “I feel comfortable that my relative is in safe hands and there’s no need to worry about anything.”

The service had an organisational policy for safeguarding adults from abuse and a copy of the London Multi Agencies Procedures on Safeguarding Adults from Abuse. These procedures were displayed on the notice board in the hallway. The manager was the safeguarding lead for the service. Staff spoken with demonstrated a clear understanding of the types of abuse that could occur. They told us the signs they would look for and what they would do if they thought someone was at risk of abuse. They said they would report any concerns they had to the manager. The manager told us they had attended safeguarding alerting managers training and the staff team had received training on safeguarding adults from abuse. Training records confirmed this. Staff said they were aware of the organisation’s whistle-blowing procedure and they would use it if they needed to.

Appropriate recruitment checks took place before staff started work. Staff told us they went through a thorough recruitment and selection process before they started working at the service. They attended an interview and full employment checks were carried out. We looked at the records of seven permanent members of the staff team. Most of the information about staff, such as application forms and references were held at the providers head office. Upon request the manager obtained and showed us completed application forms, criminal record checks, two employment references, health declarations and proof of identification for these members of staff.

The manager told us they employed eight staff from an agency to work at the service. Most of these staff had worked regularly at the service since it opened in 2012. One agency staff confirmed they had worked at the service since it opened. The manager showed us profile sheets relating to the regular agency staff that worked at the service. These sheets evidenced that the agency which employed and

supplied these staff to the service had carried out full recruitment checks. This meant the provider took the appropriate steps to ensure people were cared for by staff who were suitable for this role.

People using the service, the manager and staff told us there were always enough staff on duty. One person using the service said, “There is always plenty of staff around.” A member of staff said, “There are always enough of us around to meet people’s support needs. If we need more staff then the manager would arrange for more staff to come.” The manager showed us a staffing rota and told us that staffing levels were arranged according to the needs of the people using the service. For example, if people using the service required support with moving and handling they always made sure there were enough staff on duty to support them.

We looked at the care records of five people using the service. There was an ‘at a glance’ check list highlighting potential concerns such as medical conditions, special diet, nursing needs, behaviour issues and the need for use of equipment such as hoists. The care plans described risks associated with each person’s care and clear instructions were given about how to manage these risks. For example, one person’s file said that the person was a risk of self-harm and listed the triggers associated with that behaviour. Instructions were given as to how staff could help mitigate the risk and to help calm the person using touch and music. We asked staff about their knowledge of risks associated with people’s care. Staff told us about this person’s risks and the risks associated with another person when not in their wheel chair. Staff were able to describe accurately the information as set out in the care plans. This showed that staff were well informed about each person’s specific risks and knew what to do to ensure safe care.

Staff knew what to do in the event of a fire and told us that regular fire drills were carried out. Instructions about what to do in the event of a fire were clearly displayed on a notice board in the hallway. Staff told us that people who were not mobile resided on the ground floor to enable prompt evacuation if required. A fire risk assessment was available for the service along with records of weekly fire alarm testing, servicing of the alarm system and reports from fire drills. Training records confirmed that all staff had received training in fire safety.

People were receiving their medicines as prescribed by health care professionals. The manager told us that before

Is the service safe?

each short term admission relatives supplied the service with a list of and quantities of their relative's medicines. Staff also contacted the persons GP and requested a faxed copy of their current prescription. Relatives brought peoples medicines to the service when they dropped them off and these were checked against the information supplied by their GP. This was to ensure that the right medicine was available for people during their stay. One person using the service said, "My dad brings all my

medicine here. The staff put it in my room and they help me to take it." We saw that medicines were stored securely in locked cupboards in people's bedrooms. We looked at five people's medicine administration records. These included photographs to formally identify them and faxed copies of prescriptions from their GP's. The records also included the quantity of medicines received into the service and the quantity returned to relatives when people had finished their stay.

Is the service effective?

Our findings

People told us staff knew them well and knew what they needed help with. One person said, “The staff know what my needs are and how to support me.” A relative of a person using the service said, “My relatives stay there a lot. They have a particular medical condition and the staff know how to look after them because they have had training on the subject.”

Staff had the knowledge and skills required to meet the needs of people who used the service. A training matrix showed that staff had completed training that the provider considered mandatory. This training included first aid, food hygiene, medicines, manual handling, safeguarding adults, health and safety and infection control. Staff had also completed training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and training specific to people using the service for example, epilepsy awareness and medicines relevant to people’s needs. Where refresher training was required for staff we saw that courses had been arranged, for example all staff were due to attend refresher training on the MCA and DoLS in May 2015.

Staff told us they had completed an induction when they started work and were up to date with their training. They received regular supervision, an annual appraisal of their work performance and said they were well supported by the manager. There was an out of hours on call system in operation that ensured management support and advice was always available. One member of staff said, “I am up to date with all of my mandatory training. I have also had training on epilepsy awareness and peg feeding. This training has really helped me to support people the right way. I have also completed a national vocational qualification in health and social care (NVQ).” Another member of staff said, “Some of us are attending epilepsy awareness refresher training with the epilepsy specialist nurse next week. I think I get plenty of training and I can talk to the manager if I need any more.”

The manager demonstrated a good understanding of the MCA and DoLS. The MCA is a law about making decisions and what to do when people cannot make some decisions for themselves. The DoLS protect people when they are

being cared for or treated in ways that deprive them of their liberty. The manager was aware of the supreme court judgement in respect of DoLS. At the time of the inspection the manager was working with the providers DoLS team in assessing if there were any required applications to be made under DoLS. We saw correspondence from the DoLS team advising that any applications made would be assessed and authorised if appropriate.

People were provided with sufficient amounts of nutritional foods and drink to meet their needs. People told us they liked the food provided at the service. One person said “I like the food here it’s very good, we have a good choice of what we want to eat.” Another person said, “There are always fruit and drinks for us when we want them.” People’s care plans included assessments and reports from a dietitian detailing their dietary requirements, food likes and dislikes, food allergies and the support they required from staff at meal times. Staff were aware of people’s dietary needs and how to support them to eat and drink. Staff helped people to eat in a caring and respectful manner. We saw one member of staff sit next to a person whilst supporting them, they took care to observe signs that the person was ready to eat more or was willing to take a drink. Two members of staff told us they often met with people’s relatives to discuss how their relatives liked to be supported at meal times.

People had access to health care professionals when needed. Most people using the service were registered with their own GP. If required, a temporary registration with a local GP could be arranged for them. Before each short term admission to the service relatives were required to advise the manager of any on-going health care issues. We saw an example of this where a relative had advised the service of a recent illness from which their relative had recently recovered. The manager said if a person was unwell their relatives and if appropriate their GP would be contacted. In an emergency an ambulance would be called to take the person to hospital. District nurses regularly visited the service to support people for example with dressings or to administer specific medicines. We spoke with two visiting district nurses. They told us the staff team were very aware of people’s needs, were always very helpful and always had the proper documentation to hand.

Is the service caring?

Our findings

People said they liked staying at the respite service. One person said 'It's good. The staff are nice'. Another person said 'I like it here'. A third person said, "I really enjoy coming here, the staff treat me great. It's like heaven." A relative said, "My relative likes coming here. The staff are really helpful and kind and they go the extra mile. I can't fault it." Another relative said "My relative has been only going there since December last year. They like it there which is great. I think the staff are excellent and I have no reservations about the quality of care they get there. They do great things with them and they are brilliant with us too." This relative said they had recently been admitted to hospital. They called the manager in the hope that they could provide emergency respite to their relative. The manager arranged two days extra respite. They said this was very helpful to their relative and to the family as a whole. Another relative said, "The staff are always nice to me when I talk with them and to my relatives when they go there. They love going there, they treat it like a holiday. I get a break and I don't have any worries. I feel like I am having a holiday too."

People using the service and their relatives told us they had been consulted about their or their relatives care and support needs. One person said, "The staff talked to me about some of the things I wanted to do and I get to do them." One relative said, "The manager came to see us at home and talked with us about our relatives needs. We used a lot of the information we already had from their college placement and it was useful for the respite service." Another relative commented, "We were asked lots of questions by the manager when they carried out an assessment. With all the information they wrote down I am

sure they know our relative nearly as well as we do. We have no worries at all that they are doing all the right things for them." Another relative said, "We met with the manager and filled in comprehensive forms about our relative. They asked about, for example, their health, their medicines, the things they liked to do and their likes and dislikes regarding food and so on. We have really good contact with the service. They would let us know if there were any problems."

We observed staff speaking with and treating people in a respectful and dignified manner. One member of staff was supporting a person who had become distressed. They treated this person with gentleness and understanding until they eventually became relaxed. People's privacy and dignity was respected. Personal care was provided to people in their own en-suite bedrooms. We saw that doors were closed when staff delivered care. Staff said they knocked on people's doors before entering their rooms and made sure information about them was kept confidential at all times. One person using the service said, "I can do my own personal care, the staff don't come into my room unless they ask me first."

Two visiting district nurses told us people using the service always appeared happy and relaxed and well looked after. Three of members of staff told us they had worked at the service since it opened three years ago. They said many of the agency staff had been there since then too. One member of staff said, "We have a very good staff team who know how to look after the people that come here." Another member of staff said, "We all know each other really well and we all know the people who come here. The people who come here know us well too. I think that's really important."

Is the service responsive?

Our findings

People told us they received information about the service when they started using it and there was good communication between them and staff. One relative said, "Everything was explained to us when we started using the service. We are clear about what the service does and what we need to do if we need anything. We fill in a form each time our relative goes there telling them about things like, their health, medicines and anything they needs to do. The communication is really good."

Assessments were undertaken to identify people's support needs before they started using the service. Care plans were developed outlining how these needs were to be met. We looked at the care files of five people using the service. These were well organised and easy to follow. They contained care and health needs assessments, care plans and risk assessments and detailed information and guidance for staff about how each person should be supported. The files showed that people using the service and their relatives had been fully consulted about their needs. Where appropriate relatives had provided detailed information and instructions for staff. For example in one person's file we saw that a relative had explained the meaning of their relatives behaviour and the methods of communication staff could use to support them. We spoke to two members of staff who were able to describe these details very accurately.

Staff had easy access to information to help them support people appropriately. Detailed information about peoples likes and dislikes, risks and their care needs were summarised and displayed in each person's room. We saw that staff were careful to ensure that relatives instructions were followed. For example one relative had asked that staff not wash their relatives clothes as they preferred to do this themselves. There was a notice on the wall in their room reminding staff not to put their clothes in the main laundry for washing.

Staff took care to prepare for people before each short term admission to the service. We saw one room being prepared for a person arriving later in the day. Detailed information about the person's preferences and care and support needs were displayed in their room. A member of staff told us "We have good information about people using the

service. The care plans are good so we know what their needs are and what we need to do for them. Relatives are good at letting us know if anything different needs to be done."

One person using the service said they had a keyworker and they had regular discussions with them about their care and support needs. A member of staff told us they key worked around ten people using the service. They said their role was to meet with people when they attended the service, communicate with the persons relatives and review and keep the information in peoples care files up to date. Information in all the care files we looked at had been reviewed by staff and was up to date.

People were encouraged to maintain their normal routines and activities whilst staying at the service. We also saw information about external activities was displayed on a notice board in the hallway. These included karaoke sessions, shows, music evenings and a club for people with learning disabilities. They manager told us any person staying at the service when these activities were taking place would be encouraged to attend. On the day of the inspection four people attended their usual day centres. Another person, who was about to go out with their regular agency staff, told us, "I am going to my line-dancing class today. I always go. It's good. We will have a nice meal afterwards. I really enjoy it." Another person said "I do singing, dancing and disco." A third person told us they went to their voluntary job with The Shaw Trust. They enjoyed gardening, they liked the garden at the respite centre and often brought things there from work. They showed us a candle holder they had placed in the garden. There was a sensory room at the service. We saw two people relaxing in this room, enjoying the lights and listening to soft music.

People using the service and their relatives said they knew about the service's complaints procedure and they would tell staff or the manager if they were unhappy or wanted to make a complaint. They said they were confident they would be listened to and their complaints would be fully investigated and action taken if necessary. One person using the service said, "I would tell the staff or my parents if I wasn't happy about things." A relative told us they were given a copy of the complaints procedure when their relative first used the service. They said "I don't need to use it but I do know how to make a complaint if I need to. The manager is very open and would deal with things." We saw

Is the service responsive?

the provider's complaints procedure was displayed on a notice board in the hallway. A complaints file included a copy of the complaints procedure and forms for recording and responding to complaints. Complaints records showed

that when concerns had been raised these were investigated and responded to appropriately and where necessary meetings were held with the complainant to resolve their concerns.

Is the service well-led?

Our findings

There was positive culture at the service and people said they felt included and consulted. The atmosphere was calm and staff were approachable. People using the service and their relatives spoke positively about the staff and the manager. One relative said, "I think this place is great. It's really well run and organised. The manager and the staff know what they are doing." Another relative said, "I am happy with the respite service. The staff are very organised, the place is always clean. I think it is very well run." Two visiting district nurses said the service was well run, there was very good communication between the respite service and the health care team.

Throughout our inspection it was clear from the manager, staff, people using the service and relatives we spoke with that the purpose of the service was to provide people with a short term stay that fully met their needs and wishes. One member of staff said, "Our aim is to give people and their relatives a break, provide people with a home from home in a clean, safe and friendly environment. As a team we all work towards doing that and I think we do a good job." Another member of staff said, "We all work together as a team, we pull our socks up and get on with the job."

All of the staff we spoke with said they enjoyed working at the home. They said the manager had an open door policy, listened to what they had to say and they were very supportive. Staff felt they could express their views at team meetings and handovers. We saw that staff meetings were held every month. These were well attended by staff. Items discussed at the April 2015 meeting included peoples upcoming short stays at the service, the use of epilepsy alarms, managing medicines, updating care files and staff training. A member of staff said, "We are always talking to people and their relatives about their needs and what the team needs to do to support them. The manager is a good leader and is clear about what we are all here for." Another member of staff said, "I find the team meetings very useful and constructive. We talk about people's needs or if we have any concerns about the service. We also discuss any incidents or accidents. We reflect what might have gone wrong and how we can make things work better."

The provider recognised the importance of regularly monitoring the quality of the service. The manager showed us records that demonstrated regular audits were being carried out. These included health and safety, finance, medicines administration, staff training, complaints, safeguarding adults, fire safety and care file audits. A fire risk assessment had been carried out for the service in December 2014 by an external company. This showed no immediate concerns. Actions points identified had been implemented. For example we saw that changes required to the recording of weekly fire alarm checks had been made. We saw that accidents and incidents were recorded and monitored. The manager and staff told that any incidents and accidents were discussed with staff at team meetings. The manager also showed us a report they had just received following the providers quality monitoring visit to the service in February 2015. They told us they were required by the provider to comment on the report before it was finalised. They would then draw up an action plan to address any recommendations made in the report.

The manager showed us report from a "service user's quality checker scheme" completed in January 2015. They told us a group of people, some who used the service, visited the service and carried out checks in areas such as health and safety, bedroom furniture, meals provided, food safety, activities and accessing the community. These visits were carried twice each year. The January report identified that a bathroom light was not working and a plug socket was broken. The manager told us that these had been fixed.

The provider sought the views of people using the service and relatives following each short stay. One relative told us "We are in and out of here often. They always ask if we are happy with things here." We saw an easy read satisfaction survey was given to people and their relatives at the end of their stay. Feedback from the surveys had recently been compiled and these indicated that most people were satisfied with the care they received. An action plan was in place to address some of the comments made by people using the service and their relatives. Some actions had already been completed, for example, more information was being sent to relatives about peoples stay at the service along with a copy of any financial expenditure.