

Qualities Services Ltd

# Qualities Services Ltd

## Inspection report

8 Kings Road  
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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

This inspection took place on 3 October 2016 and was unannounced.

8 King's Road is a residential care home that provides accommodation and personal support for up to four people with a learning disability, or mental health related conditions. Three men were using the service at the time of our inspection. At the last inspection in November 2015 there were no breaches of regulations but the service required improvements in two areas, these related to recruitment and leadership. At this inspection the provider had addressed any shortfalls in the service and met all regulations.

There was a registered manager in post. 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.

Risks to individuals were identified and appropriate arrangements were in place to manage these which staff followed. Measures to manage risk were as least restrictive as possible to protect people's freedom. Medicine management procedures were effective and ensured people received medicines as prescribed.

Staff were appropriately trained in procedures to safeguard adults from abuse and understood their responsibilities. Staffing numbers were sufficient to meet people's needs. The provider had made improvements, and recruitment policies, procedures and practices were carefully followed to ensure staff were suitable to care for and support vulnerable people.

The premises were comfortable and safely maintained. The manager had developed individual evacuation plans in case of any emergency arising.

People were cared for and supported by qualified and competent staff that were regularly supervised and appraised regarding their personal performance. Communication within the staff team and with external health professionals was good, this benefited people using the service.

Staff had knowledge and understanding of their roles and responsibilities in respect of the Mental Capacity Act (MCA) 2005 and they understood the importance of people being supported to make decisions for themselves. Where a person lacked capacity to make their own decisions the registered manager used the legislation to work with other health and social care professionals and family members to ensure a decision was made in the person's best interests.

People received suitable nutrition to help maintain their levels of health and wellbeing. People experienced compassionate care from kind staff that were familiar with their needs and preferences.

People's wellbeing was promoted; their privacy, dignity and independence were respected. People were

empowered to take control of their lives and staff worked hard to maintain these wherever possible.

People were supported according to their support plans which reflected their needs. People had opportunities to engage in pastimes, activities and occupation if they wished to; staff encouraged people to participate in events.

The service was well-led, the culture and the management style of the service was positive and inclusive. There were effective systems in place for checking the quality of the service using audits, satisfaction surveys, meetings and good communication, and for driving improvements. Continual improvements to care provision were made which showed the registered manager was committed to delivering high quality care.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe. People were protected from bullying, avoidable harm and abuse that may breach their human rights. Staff had received appropriate training and were well informed on following safeguarding procedures.

Staff received appropriate training in how to positively manage behaviours that challenge the service whilst continuing to protect the individual rights of people.

Risks to individuals and the service were managed so that people were protected whilst maintaining their freedom and autonomy. These ensured people could lead meaningful lives whilst keeping them as safe as possible.

The service had sufficient numbers of suitable staff on duty to keep people safe.

People's medicines were managed safely by staff that were trained and competent in the handling, management and administration of medicines.

### Is the service effective?

Good ●

The service was effective. People were supported by qualified and competent staff who were regularly supervised and received appraisal of their performance.

Communication was effective, people's mental capacity was appropriately assessed and their rights were protected. People were supported to access health and social care professionals. The manager and staff had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLs) and knew how to make an application.

Healthy eating was promoted, people received adequate nutrition and hydration to maintain their health and wellbeing.

### Is the service caring?

Good ●

The service was caring. People received compassionate care

from kind staff. People were involved and included in all aspects of their care and placed in control of their lives.

People's wellbeing, privacy, dignity and independence were monitored and respected and staff worked to maintain these wherever possible.

People felt valued, they had developed effective relationships with staff which the found contributed to their self-worth.

### **Is the service responsive?**

**Good** ●

The service was responsive. People had their individual needs assessed that were used to develop suitable support plans. Personal support arrangements responded to individual needs. Staff took on board recommendations from health professionals and worked with the person to develop their goals and achieve the desired outcomes.

Staff worked hard to inspire people participate in activities by supporting them with pursuing their interests and hobbies.

There was a complaints policy and procedure in place. People could raise any concern and felt confident these would be addressed promptly.

### **Is the service well-led?**

**Good** ●

The service was well led. The home had a registered manager and met all their legal requirements in respect of their registration. Data and information were stored securely and confidentially.

People using the service felt they had a direct influence on how the service was run. There were systems in place to consult with people on their experiences of the service and to monitor and develop the quality of the service provided. Any shortfalls in the service were identified and addressed promptly.

# Qualities Services Ltd

## **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 3 October 2016 and was unannounced.' It was undertaken by one inspector. In preparation for the inspection we checked the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service and information we had received from the public. The provider had completed a Provider Information Return (PIR) prior to the inspection. 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 this information to formulate our inspection plan.

We spoke with all three people who used the service, We looked at care records for two people, medicines records and daily reports on people's care. We saw three staff files and other records relating to the management of the service such as audits, incident and accident reporting processes, complaints records, policies and staff rotas.

We contacted health and social care professionals to invite them to share their views about the service. Three health and social care professionals responded to our requests.

# Is the service safe?

## Our findings

People were protected from bullying, harassment, avoidable harm and abuse that may breach their human rights. We observed people's interaction with staff and saw that this was relaxed, with people actively engaging in a friendly manner with staff.

People were cared for safely in the home and were protected from the risk of abuse and accidents. Staff had received appropriate training in safeguarding people and were knowledgeable about how to report any concerns. This was supported by appropriate policies which referred to the policies and procedures on safeguarding adults, and a whistleblowing policy. There were also leaflets and guidance posters displayed prominently in public areas of the home for relatives and other visitors to view.

Risks to individuals and the service were managed so that people were protected whilst maintaining their autonomy and freedom. Risk assessments focussed on the person's needs and their lifestyle choices. Examples included personal awareness of danger as well as risks with nutrition and health. We saw that records of risk assessments were accurate and kept up to date.

One relative said, "They act so quickly if they think someone is at risk of harm or ill health." Control measures to minimise the risk were identified and if the risk was still deemed to be too high, then additional controls were put in to address this. Suitable measures included providing additional staffing, or being flexible around staff cover. This allowed people to continue to take part in activities in a way that kept them as safe as possible. One person at the home was vulnerable in the community and had little insight into the risk of exploitation. The risk assessment highlighted the person's need to get familiar with the new community and neighbourhood. When they went out to the community a member of staff supported them in accordance with the support plan.

Another person liked to smoke but the risk assessment highlighted the risks if the person was not supported with this activity. Staff ensured the cigarette lighter was safely locked away until required, smoking took place outdoors.

Staff recruitment had improved and was much more robust. It included reference checks, checks with the Disclosure and Barring Service (DBS) and a formal interview. New staff underwent a thorough induction covering the values and policies of the service as well as getting to know the people. Staffing levels at the home were good, with a minimum of two support workers staff on duty per daytime shift and a waking member of staff at night. Staffing levels enabled people to receive sufficient support in a safe way whilst enabling them to maintain their personal choices of activity within the home or the community.

Staff had received appropriate training in how to positively manage behaviours that challenge the service whilst protecting the rights of people living at the home. Staff used positive behavioural support techniques designed to negate or at least minimise, the need for restrictive practices towards people.

People's medicines were managed so that they received them safely. Staff were trained in the handling,

management and administration of medicines and staff who had not yet received this training did not carry out this task. Medicine was supplied every week in blister pack. Staff followed medicine procedures, all medicines received into the home or returned were signed for. Medicine guidelines were available to help staff. Medicines were audited every month.

We checked three medicines administration records (MAR) charts which were completed correctly with no gaps. PRN protocols for medicines such as painkillers were recorded by staff. Staff followed the medicines guidelines to know when to administer these.

Infection control measures were good. All staff were trained, the home maintained a good standard of hygiene, cleaning rotas were followed, and people's attention was drawn to posters promoting good hand hygiene.



# Is the service effective?

## Our findings

The staff team were experienced in supporting people with learning disabilities, and some had worked in settings promoting the needs of people with mental health conditions. Overall team members had a wide range of experiences and skills in supporting people in a residential setting. Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people. Staff told us they had received all mandatory training. recruitment records contained evidence of this and of completion of National Vocational Qualifications (NVQ) in Care to level 3, two staff were undertaking level 5.

Staff received training in all areas considered essential for meeting the needs of people in this environment safely and effectively. Examples of these were, support planning, risk assessment, mental capacity, deprivation of liberty safeguard (DOLS), autism, equality and diversity. One person praised the service they said, "This is a great service, manager makes sure it works well."

Staff had a good understanding of managing and supporting people's expectations. The service had a training and development programme to reflect and include training on the specific needs of people as they moved to the home. The manager had introduced the Care Certificate to support workers to have a knowledge and skill base to provide compassionate, safe and high quality care.

Staff told us they were well supported and had one to one meetings with their manager. One staff member explained, "You can speak to the manager at any time, and if there is anything you are concerned about you can speak to them on a one to one basis." Direct observations of practice were conducted by the manager who was in day to day charge of the home. Records were seen of supervision discussions held with staff, these helped identify any individual support and training needs they experienced.

Before people received any care or treatment staff sought people's consent before carrying out any care or support. Records showed that people using the service and their families were asked to contribute to care arrangements and signed agreements in care records about their care.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met. All three people using the service were assessed as having full mental capacity to make decisions in all areas. One person required support with budget management and the home had a system in place to assist them in managing their money. We saw from records and heard from staff that it involved them working closely with the person's relatives to help them develop their skills in this area.

People had adequate food and drink and where possible were involved in planning the meals. One person told us the food was to their liking. They confirmed staff cooked them their favourite food. People were supported to make choices about the food they had and were encouraged to eat a healthy balanced diet. One person had diabetes as well as a weight issue; they needed support to follow a healthier eating plan. Staff had made a referral to the dietician; they had encouraged them and prompted them to reduce their sugar intake. Staff were supporting them to manage their weight and manage their diabetes more effectively. They weighed the person monthly and completed the records as requested. One person said, "It is most important to get praise and encouragement from staff if we are to succeed." The person said staff were very supportive and similar to "family members"; they encouraged them to focus on improving their overall health.

People took part in the weekly shop as part of their independent living skills development. The manager made a menu of what people liked and it was changed every week. We looked at one person's care plan which contained information about their likes and dislikes. The meals they preferred were included on the weekly menu displayed. Where people had specific nutritional needs, there was information available for staff on healthy eating to help maintain their health. For example one person had diabetes and was supported by staff to manage this more effectively.

The correspondence seen with care records showed that the staff team worked closely with health professionals to ensure people received the healthcare services they needed. Care records showed that people's health was closely monitored and appropriate referrals were made in good time to health professionals. Health action plans were developed for people, and staff supported people to attend appointments with health professionals, such as doctors, psychiatrists, and dieticians. Records were also maintained of any behaviour that could cause a person to become agitated. These were shared with the psychology teams to ensure staff continued to support the person in the most appropriate way. One social worker told us of the positive benefits for a person using the service, they said, "Because the person has engaged with support offered this has resulted in improved personal care, nutrition and community participation. This is attributed to the staff and manager of the service."

# Is the service caring?

## Our findings

Interactions between staff and people were positive and caring. Staff involved people in their daily arrangements and supported them to make decisions allowing them the time they required. People who used the service had a sense that they mattered and belonged in this home. Their comments included: "I feel people matter at King's Road," "I love it here, the manager and staff show a great understanding".

Staff treated people with dignity and respect when supporting them with daily living tasks, this was demonstrated by the way they addressed and interacted with them. Conversations between staff and people were respectful, and held discreetly and were not within earshot of others. One person commented, "Staff respect my space and do not intrude in it, my bedroom is comfortable with all my own things in it, this gives me a real sense of belonging."

People were encouraged to be involved in everyday household tasks according to their abilities and interests. Support plans recorded daily routines in detail including information on what people could do for themselves and what areas they needed support. Staff told us that they included people by encouraging and enabling them to be involved in making the decisions about how the home was run. Staff provided people with information regarding events and experiences they had shared. People and staff talked about shared experiences such as going out together to events which they reflected positively on.

Staff promoted a positive approach in the way they involved people and respected their independence. For example, supporting people to make specific activity decisions about their wishes. Staff knew people very well, and had good insight into the people's individual interests and preferences. A staff member said we always ask people what they want to do each day if they are not attending a college. One person said "I do not like day centres or clubs, I ask the manager if we could go to areas I visited when I was young, the manager took us by car, and it was a great experience for me."

The service promoted a strong and visible person centred culture. Staff and management were fully committed to this approach and were creative in finding ways to make it a reality for each person using the service. We saw that a person had shared with a staff member their wish to re-establish contact with a long lost important family member. The manager had looked into this and supported the person with re-establishing contact and visiting their relative. The person told us this had brought great joy into their lives and they valued the efforts made by the staff in achieving this. The person told us they were now in regular contact with the family member.

One person spoke of the important things that set the service apart from others. They told us, "This is a real homely family style house; we are treasured and well thought of". We observed that the person was relaxed and comfortable in the environment and was at ease using the communal areas of the lounges and kitchen.

Choice was respected on a day to day basis and people chose their clothing, and their activities. We were invited by people to view their bedrooms. We saw they had chosen how their room was decorated; this reflected the person's individual style and interests.

## Is the service responsive?

### Our findings

People told us their needs were being appropriately met in the home. They talked about staff response; doing activities they liked that involved going out a lot. They talked about having autonomy in their lives and being able to choose what they did for occupation or entertainment. We observed people came and left the service freely and engaged in activities in the community at will.

One social worker told us about the many strengths of the service, "I have found that the manager and staff take a person centred approach to working with individuals in their care. They take the time to understand the individual as a person and aim to work in partnership with the individual and their support network to improve the individual's quality of life, this works well."

Each person had a care and support plan which contained a wide range of information including communication, behaviour and social and medical needs. People told us they received care that was personalised and that put them at the centre of plans. People fully participated in the initial assessment and planning of their care. One health professional said, "The manager took their time to fully assess the person first and consider all areas of need before they moved to live in the home, this helped ensure they were prepared to cover all areas of need and the risk factors."

A social worker spoke positively of the benefits of the service and the outcomes experienced by a young person using the service. They said, "Since the person moved to the service, with behaviours challenging to others and issues of non-engagement with support offered, the person has made significant progress: - there has been no incidents of physical aggression and marked reduction of verbal aggression towards others, the person engages well with the support offered." Staff understood people's needs and knew how to respond appropriately when things were not going as well as the person expected. A recent example of this was seen, one person told us "I came back to the home when my long term plans did not work out; I did really well here in the past. Staff were so reassuring and responsive and I felt confident I would get the same support again."

Information in support plans guided staff as to how they could deliver planned support to maintain people's health. We saw in records that when a person's health condition was identified they were supported to make an appointment and visit the GP promptly. People's daily routines and preferences were described in detail so that staff were able to support people as they wished. They also contained information about what people were able to do for themselves and where they needed prompting or full support.

The plans also identified how staff should support people emotionally, particularly if they became anxious or agitated or misused alcohol. For example, one person could become anxious when visiting healthcare professionals. There was information in their support plan informing staff how they needed to respond to any anxiety and what action they should take to minimise the person's concerns. This information ensured staff had the necessary knowledge to ensure the person was at the centre of the care and support they received. We saw staff provided support in line with people's individual care plans.

A health professional told us of examples of the responsiveness of staff when they were asked to visit a person using the service by the manager. They said, "The team at 8 Kings Road carried out all the recommendations made by myself and the dietician and worked alongside the person to enable him to take care of his health."

The staff team worked well together and information was shared amongst them effectively. When a new shift started there was a verbal handover and daily logs were completed throughout the shift. These recorded any changes in people's needs as well as information regarding activities and people's emotional well-being.

People had access to activities which were meaningful and reflected their individual interests. Staff were working hard to encourage people to participate more in activities and integrate in the community. They got to know individuals and helped with promoting their interests. Staff recognised one person had good cooking skills, and staff helped him develop these further. Another person did not like socialising at group events such as local clubs or day centres. He preferred to visit areas and venues of interest which staff arranged. The service had a vehicle to use when supporting people to attend appointments or go out on activities. In addition people used public transport for local journeys. A person told us; "Our relative keeps himself busy and is always visiting family members."

It was recorded in one person's care plan that their identity and feeling part of the local community was important to them. Staff supported them to access the community regularly, using shops, cafes and transport links. This helped them feel valued in their local community. People said the strength of the service was the small scale environment which gave a personal touch. One person said, "It is a friendly place and people feel at ease speaking directly to the staff and manager."

There was a satisfactory complaints procedure in place which gave the details of relevant contacts and outlined the time scale within which people should have their complaint responded to. Each person was provided with a copy of the complaint's procedures in addition to other information on services available in the home. People that used the service had an understanding of the complaint procedure and knew how to make their dissatisfactions known to staff or the registered manager. All three people told us they had no complaints but felt able to share with the manager or staff if they had any issues they wished to discuss.

## Is the service well-led?

### Our findings

The service was helping people to successfully achieve their desired outcomes by promoting a positive culture that was person-centred, open, inclusive and empowering. One social worker with involvement in people using the service told us, "A very good service delivery, I find that the manager and staff are willing to explore and find solutions when problems arise relating to people's care arrangements."

Staff roles and responsibilities within the service were clear and the staff knew what they were accountable for. Staff demonstrated a real understanding of equality and diversity issues and demonstrated ways they put these into practice. A health and social care professional said, "Staff understand and appreciate what is expected of them in their roles, and these reflect the values and principles of respecting and valuing people."

Staff and people using the service told us there was a good atmosphere within the service and had confidence in the manager. There was effective communication between staff and the home's manager. Staff were able to contribute to decision making and were kept informed of people's changing needs. Staff had opportunities to raise any issues about the home, which were encouraged at staff meetings and handovers. A health and social care professional told us that the registered manager was aware of people's needs and was always available. They said, "The manager here is really good and makes sure they have the information required, she will come to our office as part of the pre admission assessment we are kept fully informed on people's progress."

The manager investigated and reviewed incidents and accidents in the home and incident reports were made to relevant parties in accordance with legislation. These included incidents regarding people's behaviour which challenged others. The incidences of these were low. One person told us the positive engagement and support from the manager and staff had contributed to improvements in their emotional wellbeing. All three people using the service were able to communicate well by speaking with people. Support plans were reviewed and reflected any changes in the way people were supported and supervised and to inform staff.

The service maintained records of people that used the service, staff and the running of the business that were in line with the requirements of regulation and we saw that they were appropriately maintained, up-to-date and securely held. People had access to records about themselves and were assured their personal information was kept confidential at all times.

The service had quality assurance processes in place to seek the views of people using the service, relatives and stakeholders. The small size of the home meant that feedback from people or relatives was able to be responded to on an immediate basis. The organisation had developed surveys to get the views of people who used the service, stakeholders, people's relatives and health and social care professionals. We saw that a social worker reported positively on their experience of the service for a person they had placed in the home. The manager told of her plans to respond to surveys and questionnaires, and use the results to identify areas for improvement and any actions the provider needed to make. The manager and staff were

accessible to relatives who felt able to raise any issues they had. Action was taken to drive improvements when this was required, for example recruitment and quality assurance processes had improved significantly since November 2015.