

London Borough of Southwark

Orient St Adult Respite Unit

Inspection report

19 Orient Street
Kennington
London
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Orient St Adult Respite Unit is a care home that provides respite care for up to four adults with learning disabilities. At the time of our inspection nobody was using the service, but the provider was awaiting an admission for the next day. People stayed at the service for a set number of days in the years throughout the year, which was commissioned by the local authority. The home consists of four en-suite rooms, communal dining facilities, a sensory room and a large outside garden area.

The service shares a building with another respite service for children, but this is separated through the use of pin coded doors. This service is not registered with the Care Quality Commission and therefore did not form part of this inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests. The systems in the service did not support this practice, because they were not always assessing people's capacity to consent to their care. The provider was therefore not consistently meeting legislation and current guidance with regard to the mental capacity assessments and could not demonstrate they were effectively monitoring the quality of the service.

The provider did not ensure care staff consistently received up to date training, but did ensure they received an induction and ongoing supervisions and training. Audits were not being completed to assess the quality of the service, so the issues we found were not identified.

Improvements had been made to staffing levels and the provider was no longer accepting emergency admissions. Risks to people's health and safety were properly assessed before they used the service. People's medicines were being managed safely and the provider reduced the risk of infection by maintaining good levels of cleanliness within the home. Lessons were learned when things went wrong and the provider had clear systems in place to prevent the risk of abuse. The provider conducted appropriate checks before staff started working at the service.

People were given appropriate support with their nutritional needs and were supported to access healthcare services when needed. The home was appropriately designed to meet their needs.

The provider ensured people received the support they needed and their equality and diversity was respected and promoted. People's privacy and dignity was respected and people were supported to express their views. The provider assessed people's needs before they used the service and communicated effectively with them. People were supported to take part in activities they enjoyed and complaints were responded to as needed. Due to the nature of the service, the provider was not supporting anyone with end of life care needs, but they had the necessary information to support people in accordance with their preferences in the event of a sudden death.

Staff were aware of their roles and responsibilities and the provider was open and honest when things went wrong. Staff and people's relatives told us there was a positive culture within the service and their views were sought. The provider worked with other professionals when needed.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to become more independent. We have made a recommendation about compliance with the MCA 2005.

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

Rating at last inspection

The last rating for this service was requires improvement (published 12 September 2018). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the effective and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We have identified a breach in relation to Good Governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Orient St Adult Respite Unit

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

The service did not have a manager registered with the Care Quality Commission at the time of our inspection, but they had a manager in post who was in the process of registering. Registered managers and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We also reviewed the last inspection report. We used all of this information to plan our inspection.

During the inspection

We spoke with five care workers and the manager of the service.

We reviewed a range of records. This included four care records for people who use the service regularly and their medicines records. We looked at three staff files in relation to recruitment and staff supervision.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, policies and procedures and quality assurance records. We spoke with five relatives of people who regularly use the service. We were unable to speak with people who use the service as they were unable to communicate with us over the telephone.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- At our previous inspection we identified concerns in relation to the provider's acceptance of emergency referrals. Care workers told us they were put under pressure to accept emergency referrals without having the opportunity to properly assess them first. At this inspection we found the provider was not accepting any emergency referrals.
- We found risks to people's health and safety were assessed and recorded along with risk management guidelines for care staff in how they were required to mitigate these. Care records included risk assessments in areas such as people's risk of going outside alone and risks regarding specific health conditions.
- People had Personal Emergency Evacuation Plans (PEEPs) in place. A PEEP is an 'escape plan' for people who may not be able to reach a place of safety unaided. We saw these included instructions for care staff, including whether they could mobilise independently as well as the number of staff that were required to assist them.
- The provider had equipment in place for people who could not mobilise independently. These were checked regularly to ensure they were safe for use. People who required assistance with their moving and handling had care plans in place which contained information about their needs.

Staffing and recruitment

- At our previous inspection we identified issues with staffing levels. At this inspection we found appropriate staffing levels were being maintained. The service was closed on the day of our inspection. This was due to insufficient staffing levels to accept any admissions. The provider was due to accept an admission to the service for the next day and appropriate preparations had been made for this.
- Care staff told us they had experienced problems with staffing levels in the past, but these had now been resolved. One staff member told us, "There was a real problem in the past about emergency admissions being accepted when we didn't have the capacity. This is not happening any more. Things have really improved."
- We reviewed the staffing rotas for the week of our inspection and found appropriate staffing levels were being maintained. People's care records were clear about the numbers of staff that were required to support people and the provider ensured they were available. The manager told us, "If we don't have the staff, we're not going to accept people. Safety is the most important thing."
- The provider conducted appropriate pre-employment checks before staff started working at the service. Staff files contained details of staff employment histories, two references, their right to work in the UK as well as criminal record checks had been conducted prior to their starting work.

Using medicines safely

- At our previous inspection we identified issues in relation to medicines management and made a

recommendation in relation to this. Staff told us they did not have sufficient guidance about how to manage people's over the counter medicines which people took alongside their prescribed medicines. We also found staff did not monitor the room temperature in which the medicines cabinet was kept. At this inspection we found these issues had been resolved and the provider had appropriate systems in place for the safe management of people's medicines. Temperatures were checked on a daily basis and the provider was no longer administering over the counter medicines that had not been prescribed.

- People's records included details of the support they required with their medicines along with Medicines Administration Record Charts (MARs), for the clear recording of medicines that had been administered. We saw examples of records that had been completed for some people who used the service and these were accurate.
- The provider had appropriate facilities for the storage of medicines, which included Controlled Drugs (CDs). We saw the CD cabinet was properly constructed and contained a CD book which was clearly signed by two staff members when medicines were administered.
- At the time of our inspection nobody was using the service, but care staff told us and records confirmed they had received training in the safe administration of medicines and they demonstrated a good understanding of their responsibilities.

Systems and processes to safeguard people from the risk of abuse

- The provider had appropriate systems in place to safeguard people from abuse. Investigations into safeguarding matters were conducted and incidents were reported to the local authority.
- Care workers had received training in safeguarding and understood their responsibilities to safeguard people from abuse. One care worker told us, "We've got to be really aware of what's going on and report anything that doesn't seem right."

Preventing and controlling infection

- The provider took reasonable action to prevent the risk of infection. At the time of our inspection, the premises were clean and tidy. Care workers had received training in infection control practices and gave us examples of actions they took to minimise the risk of infection. One care worker told us, "We wear aprons and gloves and wash our hands constantly. We also make sure everything is clean and tidy throughout the day and night."
- The provider had a clear infection control policy and procedure in place and people's care records also contained reminders about particular infection control or hygiene risks that related to them. For example, we saw one person's care record stated that one person was at risk of not maintaining good levels of hygiene when they went to the toilet, so care workers were reminded to assist them with this.

Learning lessons when things go wrong

- Lessons were learned in response to incidents. We reviewed the provider's records in relation to accidents and incidents. We found these were recorded in two separate books, one of which related to incidents involving the provider having to use a form of restraint on people. We found clear information was recorded on the cause and nature of the incident, body maps as well as a reflective section. If a form of restraint was used, this was recorded along with the person's views about the restraint after the incident as well as those of their permanent carers.
- The provider followed their accident and incident policy which stipulated what actions were required in the event of an accident or incident, including record keeping and reporting.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found the provider was not always meeting the requirements of the MCA.

- We saw that one person, whose social worker and relative had discussions about the potential for them to obtain deputyship for them. Deputyship is where a person (called a Deputy) is appointed to manage the personal welfare or the property and affairs of another person, who lacks the mental capacity to manage this for themselves. A Deputy can only act under a court order from the Court of Protection. The relative was in the process of doing so and the manager stated that it was their understanding that it was the social worker's responsibility to conduct a mental capacity assessment and make a decision in their best interest.

We recommend that the provider seeks advice from a reputable source in relation to the MCA and their responsibilities in relation to this.

- We spoke with care staff about their understanding of the MCA and they demonstrated a good understanding about their responsibilities and their duty to ensure they delivered care in accordance with people's valid consent. One care worker told us, "We ask first and act second. We always ask people for their permission before we do anything."

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

- The provider was not always delivering care in line with current legal requirements as they were not always meeting the requirements of the MCA.
- The provider assessed people's needs and choices and appropriately prepared for people's arrival into the home. People visited the home to meet staff members before their stay. Care plans were formulated before people's arrival after a full handover from people's permanent carers.

Staff support: induction, training, skills and experience

- The provider was not consistently providing staff with the support they needed because training was not always completed on time. We reviewed the provider's training data and found a number of staff required refresher training in various subjects. This included safeguarding adults, catheter training and autism. We spoke with the manager about this and they confirmed that where people had specialist needs, such as a catheter, they only used staff who had received up to date training in subjects that were relevant to the people they were caring for. We were assured by the provider that they were working towards ensuring all members of staff had up to date training.
- The provider ensured supervisions and appraisals were being conducted to support staff. Some care staff told us they had not received a supervision for some time, but told us they felt they were receiving the support they needed as they were able to speak to the manager on an informal basis when needed. We reviewed the provider's supervision data and found some care workers had not received a supervision for approximately five months, when they were required to complete these every three to four months. We spoke with the manager about this and they assured us they were working towards providing all staff members with a supervision session. We found appraisals had been conducted in a timely manner and staff told us they found these useful.
- Care workers were provided with an appropriate induction before they started working at the service. This followed the principles of the Care Certificate. The Care Certificate is an agreed set of standards that set the knowledge, skills and behaviours expected of health and social care workers.

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

- People were supported to eat and drink enough and to maintain a balanced diet. People's care plans contained details about whether they had any particular nutritional needs as well as their dietary preferences. For example, we saw one person's record stated that although they did not have an intolerance for certain foods, they preferred to avoid them.
- Care workers told us they were aware of people's dietary preferences and ensured their preferred food was available prior to their arrival at the service. All food was prepared on site by care workers in accordance with people's individual requests.

Staff working with other agencies to provide consistent, effective, timely care

- The provider worked closely with people's permanent carers to provide continuity of care. Staff were required to obtain specific details of people's needs in a wide range of areas, which included their healthcare needs, any medicines they were taking as well as their current dietary needs. People's care plans were updated with these details before each visit and care staff were aware of their responsibilities. For example, the service was due to accept an admission for the following night. Care staff were able to state what the person's current needs were and how they had prepared for this.

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

- The service was designed and laid out to meet people's needs. There was step- free access to the building and the corridors were wide enough to accommodate wheelchairs. The building was pleasantly decorated and there was a dedicated sensory room with a range of stimuli to engage people's senses.

Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare services if needed and care workers understood people's individual healthcare needs. People's care plans included details of the history and current presentation of their health conditions. Information was updated prior to each visit and emergency contact telephone numbers were available where needed.
- Due to the short duration of people's stays there was limited responsibility for the provider to arrange health appointments, but if these had already been arranged by people's permanent carers, the provider ensured they were met.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The provider ensured people were well treated and supported. People's relatives told us staff treated their family members well and they gave them the support they needed. Comments included, "They do treat my [family member] well. My [family member] seems happy when I pick them up and they always look forward to going there" and "They're kind and caring."
- The provider was able to ensure people were well treated as they had clear records about the support people wanted. We saw care records contained personalised details about their preferences in relation to their care. This included their bedtime routines as well as their preferences with food among other matters.
- The provider ensured people's equality and diversity was respected and promoted. People's care records contained information about people's culture and their religions as well as how these effected their care needs. For example, we read one person's care record stated their preference for food from a particular country. There were written examples of exactly which food they preferred and care staff were aware of this preference.

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

- The provider ensured people's views were sought in the formulation of their care plan. People's relatives told us, "They asked me questions about what my [family member] needed and they make sure this happens" and "They're always asking my [family member] what they want to do and what they need. My [family member] is very much the boss."
- People's relatives told us they had seen people's care plans and confirmed they had been involved in the formulation of these. One person's relative told us, "I know what's in it and it's all what we asked for."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected and promoted. People's relatives told us their family member was treated with dignity and respect. One relative told us, "Oh yes, they're very respectful." Care staff gave us examples of how they supported people in a dignified way which included during personal care. One care worker told us, "I make sure the door is closed and nobody can see anything. I also make sure they're not too exposed."
- People were encouraged to maintain their independence when they stayed at the service. Care staff told us they had an understanding from people's relatives about what level of support they needed and we saw these details were recorded. They told us they aimed to provide consistency of care in accordance with the care they were provided at home. One care worker told us, "We give people the amount of support they need and encourage them to do what they can for themselves."

Is the service responsive?

Our findings

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

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

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

- The provider ensured they conducted appropriate assessments before accepting new people into the service. At the time of our inspection, the manager told us they would consider accepting new people to the service very carefully. They reviewed the referral that was received from the local authority and conducted further assessments and asked questions until they were clear about people's individual needs.
- We saw people's care plans were personalised and included details of their needs in a variety of different areas. These were reviewed before each occasion that people came to stay to ensure it was still relevant and up to date.

Meeting people's communication needs

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

- The provider was meeting the AIS. We found the provider had various policies and procedures available in an easy read format. The manager of the service told us she would ensure any documents that people required could also be produced in easy read.
- The provider met people's different communication needs because they sought advice from people's families about how they communicated and recorded these. We saw people's care plans contained details of how they communicated their needs and care staff were aware of these. For example, we read one person was learning to communicate using the Picture Exchange Communication (PECS) system. PECS allows people with little or no communication abilities to communicate using pictures. We saw their record also contained details about how they expressed some of their emotions, if they were unable to do so using PECS.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider supported people to engage in activities they enjoyed. People's relatives told us their family members were engaged in different activities when they stayed at the service and they enjoyed their time there. One relative told us their family member, "is always excited about going and has a good time."
- People's care records included details about activities they enjoyed and the provider had facilities onsite to provide a range of activities. There was an onsite sensory room which contained modern sensory gadgets as well as a large garden.

Improving care quality in response to complaints or concerns

- The provider took appropriate action to respond to complaints and concerns. People's relatives told us they had not had any complaints, but their queries in relation to their family member's care were responded to. One relative told us, "I've never had any complaints, but if I did I'd speak to the manager" and another relative stated, "They've always answered my questions, so I've got no reason to doubt that they'd answer a complaint if I had one."
- The provider had a clear complaints policy and procedure in place. We reviewed the provider's complaints record and saw this contained only one complaint that had been responded to appropriately to the satisfaction of the complainant.

End of life care and support

- Due to the nature of the service, the provider was not supporting anyone with their end of life care needs and did not support people who had end of life care needs. However, the registered manager confirmed that people's cultural needs were sought and they were aware of immediate actions they were required to take if somebody had a sudden death within the service.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question remained the same. This meant the service management and leadership was inconsistent.

Continuous learning and improving care

- At our previous inspection we found the provider had failed to ensure that effective systems were developed to manage emergency admissions to the service increasing risks to people using the service and staff. At this inspection we found appropriate actions had been taken to manage emergency admissions however, the provider was not undertaking any audits to monitor the quality of the service. This meant we could not be assured they were identifying issues and taking action to make improvements when needed.
- The manager was newly appointed to the service and told us they were in the process of undertaking a system of auditing in various areas including safeguarding, care planning and risk assessments, DOLS, communication and restraint that they needed more time to complete.

Although we found no evidence of issues that caused harm within the service, the absence of completed audits meant there were areas of risk that had not yet been identified. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities Regulations) 2014.

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

- People's relatives and staff told us there was a positive culture within the service. Staff comments included, "There have been problems in the past, but things are so much better now" and "I've seen a real difference and am enjoying coming to work."
- People told us they were satisfied with the care that was provided and the provider achieved good outcomes for people. One relative told us, "It's a good place. My [family member] always has fun and I get a nice break too. It's win- win."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities to be open and honest when things went wrong. Safeguarding matters were reported to the local authority and the CQC as required.

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

- Staff members were clear about their roles within the service. The manager of the service was aware of the issues the service had faced in the past and was clear about his vision for making lasting improvements. The manager was aware of regulatory requirements and his role in improving the quality of the service.
- Care workers had a good understanding about their roles in relation to people who used the service. They

gave us examples of what they were expected to do and their understanding reflected what they had been told on applying for their roles as well as what was stated in their job descriptions.

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

- People were engaged in the running of the service and were encouraged to give their feedback. Relatives told us they were requested to fill in a feedback form after each visit and they were otherwise able to speak to staff at any time. One relative told us, "They ask for my feedback and want to know what I think."
- We reviewed a sample of the provider's feedback forms and found they asked various questions such as whether people conducted any activities and whether staff communicated appropriately with them. The feedback we saw was positive, but the manager stated that if any issues were raised, these would be addressed individually.

Working in partnership with others

- The provider worked effectively with other professionals to provide people with the care they needed. The provider had a close working relationship with the local authority and had access to professionals including people's GP when needed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>The provider was not always monitoring and improving the quality and safety of the services provided.</p> <p>Regulation 17 (1), (2)(a).</p>