

Look Ahead Care and Support Limited

Common Road

Inspection report

131 Common Road, Slough, Berkshire, SL3 8SX
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Ratings

Overall rating for this service

Good 

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?

Good 

Overall summary

Common Road provides care and support to one person at the service. The service is registered to accommodate one person only.

Common road has 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.

We found care and support provided to the person living at Common Road was of a good standard. The person

was supported by staff who knew the person's needs well and supported them to live a more enabled and independent lifestyle, for example, cooking skills and attending a local college.

The home was well furnished and located well for the person to access the local community. Two staff were present at all times to ensure the person was protected from potential risks and harm.

Care plans were detailed and comprehensive and gave a good overview of how the person wished to be supported, and how staff could support the person. The service worked very well with other professionals to ensure the person received a good standard of care.

Summary of findings

We saw processes were in place to assess the safety and quality of the service. We also saw positive comments from relatives which were used in an advertising campaign for the provider. The person we spoke with told us they liked the service and about what they did. We saw the person appeared happy and cared for.

We have made one recommendation to ensure evidence is provided in regards to management of finances.

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.

Recruitment checks were in place to ensure the suitability of potential and current staff.

Clear risk assessments were in place and demonstrated how risks were to be minimised.

Medicines were managed well within the service.

Good



Is the service effective?

The service was effective.

Staff received regular and appropriate supervision and training to ensure their personal development.

The person was supported to maintain and promote their nutritional and hydration needs.

The service worked effectively with other professionals.

Requires improvement



Is the service caring?

The service was caring.

Staff knew the person well and comments from relatives were positive.

The service worked well with the person to promote their independence and social skills.

Good



Is the service responsive?

The service was responsive.

The service has a well-planned transition period for when the person moved into the service.

Care plans were detailed and person centred.

A clear complaints policy was in place.

Good



Is the service well-led?

The service was well-led.

Management had good oversight of the service.

Effective audits and monitoring tools were in place to assess the quality of the service.

Staff were complimentary about the management of the service.

Good



Common 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 13 October 2015 and was unannounced. We checked to see what notifications had been received from the provider since their registration in

2014. Providers are required to inform the CQC of important events which happen within the service. This was Common Road's first inspection since registering with the Commission.

The inspection was carried out by an inspector. On the day of our inspection, Common Road was providing care and support to one person.

We spoke with the manager; one staff member, and tried to make contact with relatives and professionals. We also spoke briefly with the person who used the service. We also looked at copies of care plans, audits, and records relating to the service.

Is the service safe?

Our findings

We found staffing levels to be appropriate to support the person living at the service. Two staff were on duty at all times within the service, and when supporting the person into the community. This was to ensure the person was protected at all times. We saw the manager had made good links with the local police liaison officer. The liaison officer regularly visited the service to visit the person and to discuss safety issues with them. Because of this, the police liaison officer knew the person well and was able to identify the person when they were in the community to ensure they were kept safe and supported.

Appropriate recruitment checks were in place for all staff working at the service. This included Disclosure and Barring Service (DBS) checks, references, full employment histories and proof of identity. These checks meant staff had been vetted to ensure they were suitable to work with vulnerable adults. We saw agency staff were used within the service where required, and appropriate checks were undertaken prior to them working within the service. The registered manager informed us they used the same agency staff to ensure consistency for the person using the service.

Medicines were managed well within the service. All staff had received training in how to administer medicines. When medicines were administered, these were checked by a second staff member to ensure errors were minimised. Clear guidance was in place on the use of 'as required' (PRN) medicines including the reasons why they should be used, when they should be used, and possible side effects. A clear medicines policy was in place and medicine stock was checked after each administration. The registered manager informed us of how they had worked

with a professional to review the person's medicines to ensure they were given at a time which was more suited to the person. This meant staff and management had clear oversight on the use of medicines.

Staff were knowledgeable on how to protect the person from potential harm. Staff were able to explain how and who they would report to if they had concerns that the person was at risk of harm or potential abuse. Staff were able to explain how they would safeguard the person and contact the local authority if they had any concerns. We saw one safeguarding referral had been made to the local authority this year. All staff had received safeguarding training which was refreshed regularly.

Detailed and comprehensive risk assessments were in place and were specific to the person who lived at the service. Each identified risk was given a 'risk rating' of either low, medium or high and included the likelihood of the risk occurring. Identified risk assessments included possible triggers, signs and included measures put in place on how to reduce the potential risk. We found risk assessments to be clear and gave clear oversight of how the person wished to be supported in a person centred manner, for example, how the person may display signs of unhappiness which may lead to physical behaviours and how staff should address the person to alleviate the risk. Where physical intervention was required by staff, comprehensive risk assessments and guidelines were in place on which interventions were to be used depending on the situation. All staff had received training in these physical interventions and after any incidents, a review was undertaken to look at any reason why the person may have become aggressive, what staff had done, and what learning was in place for next time.

Is the service effective?

Our findings

All new staff received an induction into the service. Staff were provided with an induction checklist which provided tasks which needed to be completed within their probation period. Training and supervision was provided within this period to assess the staff member's competency. At the start of the staff's induction into the service, they were required to set their own objectives which were then reviewed and assessed at the end of their probation period. Staff we spoke with told us they felt they were inducted well into the service and as the service was small, had the benefit of time to undertake and learn tasks.

We saw staff received regular supervision from the registered manager and saw supervisions demonstrated a two way discussion. Staff told us they felt supported to undertake their roles and due to the size of the service, informal supervision was able to take place on a daily basis. All staff had received training appropriate to their roles. Staff told us they were supported to access extra training if they wished and "training is regularly refreshed." Staff were also able to receive training through the 'look ahead academy' which was specific to the person living at the service's needs, for example, breakaway training and diabetes training.

We found nutrition and hydration was well managed and monitored within the service. The person was able to express what they liked to eat and what they didn't. The person told us their favourite meal and that they enjoyed getting fish and chips on a Friday. The person had access to their own kitchen to make drinks if required. Staff were good at promoting the person to maintain a healthy diet due to their diabetes. Staff worked well with the person to monitor their sugar intake and to monitor their weight as required. We found the kitchen environment to be clean and well maintained. We saw documentation was in place for checking fridge and food temperatures and saw how

meals were planned and prepared. A copy of the menu for the week was on the fridge for the person to refer to when they wanted to know what was for breakfast/lunch/dinner that day.

We found the service to work extremely well with other health and social care professionals. Each month a multi-disciplinary team meeting was held which included input from psychiatrists, social workers, community learning disability nurses and staff from the service. We saw the registered manager had formed good relations with health and social care professionals to ensure they were involved in the person's care whilst they were still in a phase of transition into the service. This meant the service was supported and in turn, was able to support the person using the service in a way which promoted the person's wellbeing. We saw evidence of appointments with other health professionals such as opticians and doctors. Outcomes of appointments were clearly recorded and follow up appointments were arranged as required.

We looked at how the service promoted the person's rights under the Mental Capacity Act 2005 (MCA). Staff were able to demonstrate how, when and why a mental capacity assessment and best interest meeting may need to be undertaken however we did not always find evidence that these had been appropriately recorded. We were advised the person had an appointee in place to manage their finances however the service did not have a copy of this. We have made the following recommendation:

The registered manager must ensure mental capacity assessments are evidenced and must ensure they obtain evidence in relation to appointeeships.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. An application had been made to the local authority for all people who used the service and was granted. The registered manager was aware that the DoLS application would need to be resubmitted when it was due to expire.

Is the service caring?

Our findings

We found the person was involved in the planning and delivery of their care. Documentation showed the person was involved in all aspects of their care planning and focused on the person's wants, likes, dislikes and how they wished to be supported. For example, the person was promoted to undertake their own blood glucose monitoring tests with the support of staff. We found the person was supported by staff to undertake tasks they wished to do, for example visiting the local café for a drink at a time which they wanted and wished to do so. We observed the person was involved in counting their money to ensure they had enough to purchase the drink they wanted.

Staff had also worked with the person to enable them to become more independent and take ownership for tasks. One staff member told us "Every day we learn something new about X [person]. It's amazing to see how X is progressing with our support, for example, we always used to make X's breakfast but now X does it."

We were provided with a copy of the provider's brochure. We saw the person and their family had been involved in giving their views on the service, and how they felt it had improved the person's quality of life. Comments from the person's relatives in the brochure included "X has much more freedom and has built a routine that is based around X and what X wants to do", "It has been lovely to see X having a more 'everyday' life. One of the nicest things was X making us a cup of tea in X's own kitchen, a very simple and lovely thing which we could not have imagined before X came to Look ahead."

We saw staff treated the person with dignity and respect. Staff respected the person's privacy including keeping their room and their bathroom a private area. Staff asked permission before entering the person's room and involved and engaged them in conversations about what they would like to do and what support they needed. We saw staff actively involved the person in the running of the home, for example, ensuring the home was kept clean and safe. We saw the person's bedroom was personalised in a way which they wanted it to be, including pictures of family members.

Is the service responsive?

Our findings

Before the person moved into the service, a transition period was in place which allowed the person to spend time at the service before moving in permanently as the placement was very different to the place they lived before. We saw health professionals had been involved at all levels to ensure the placement would be viable for the person, and how staff could support the person with the move. A comprehensive pre assessment was undertaken prior to the person moving into the service and the service was able to gain information on the person's life history, wants and needs. From this, a detailed and comprehensive care plan was created on how the person wished to be supported.

We found care plans to be person centred and very detailed. Support plans were given a title of 'Positive pathway plans' and demonstrated the person was involved at all levels. This included what the person wished to achieve and highlighted areas such as 'I am, I want and I can'. Clear guidance was on place around the monitoring of the person's diabetes, their relationships, and how staff should support them with day to day tasks. Clear guidance was available on the management of challenging behaviours including causes and interventions. Key working sessions regularly took place and regular reviews

of care plans were undertaken which included the person, professionals and relatives. One comment from a relative stated "It is refreshing to be asked for our input. X is certainly happy and we are happy with the attention to detail." We saw both the person and their relatives were supported to fill out feedback forms on what worked, and what improvements could be made.

A clear complaints policy was in place and was provided in an easy read format for the person living at the service. Since opening, the service had received no complaints. We spoke with the registered manager who advised us of the process if a complaint had been received and how it would be managed. We saw regular compliments from relatives on the running of the service.

Activities were undertaken regularly both within and outside of the service. We saw evidence that each week the person was supported to create an activity plan for the week to include what they wished to do. We saw the person was supported with regular shopping trips and had just signed up to undertake a local college course. The person told us it was their birthday soon and they were going to a local day centre to celebrate their birthday with a "Cake and disco!" The service had the luxury of time which meant they could support the person regularly into the community which helped develop their independence and social skills.

Is the service well-led?

Our findings

We found the service to be well-led by a registered manager who had clear values, oversight and involvement in the home. The registered manager spent time speaking with the inspector on what challenges they had experienced in setting up the service, however we saw this had been done in a person-centred way and had had a positive impact for the person living at the service.

The registered manager had worked hard to ensure there was clear inter-professional working between the service and other health professionals involved in the person's care. We saw clear communication and involvement between all parties to achieve positive outcomes for the person who used the service.

Every quarter an unannounced internal audit was undertaken by the provider based on the Commissions methodology. The audit looked at the five key questions – is the service safe? Effective? Caring? Responsive? and Well-led. We saw audits were comprehensive and looked in detail at all aspects of the service and where improvements could be made. We saw the registered manager had created a clear action plan from the last audit on how they

intended to make improvements to the service which we saw had been actioned. The registered manager undertook regular less formal audits within the service to ensure the quality of the service provision.

The registered manager had clear oversight for recording incidents and accidents within the service. We saw comprehensive plans were created after any incidents had occurred. This included analysis of any trends and patterns and involvement sought from professionals to reduce incidents. This meant management could make improvements to the service through learning from incidents.

Staff we spoke with were complimentary about the management of the service. We saw staff were provided with autonomy to promote their professional development. One comment included “The manager is very supportive even though he's not here all the time. We can call him anytime if we have any problems. He has even answered his phone on his day off if we have any issues. He always keeps us up to date with my progress and my work.”

The Commission had received appropriate notifications since Common Road's registration in 2014. The registered manager was aware of the requirement to inform the Care Quality Commission where a notification needed to be submitted.