London Care Partnership Limited

London Care Partnership Limited - 1 Lichfield Lane

Inspection report

1 Litchfield Lane
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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 was an unannounced inspection over two days and took place on 16 and 17 December 2014.

The home provides care and accommodation for up to seven people with learning disabilities. It is located in the Whitton area.

The home had a registered manager. 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 and associated Regulations about how the service is run.

In September 2013, our inspection found that the service met the regulations we inspected against. At this inspection the home met and exceeded with these regulations.

Summary of findings

People and their relatives told us they were extremely happy living at the home and with the service provided. There were lots of activities to choose from, they felt safe and the staff team and organisation really cared.

The home was well maintained, furnished, clean and enabled people to do as they pleased. It provided a safe environment for people to live and work in.

The staff we spoke with where very knowledgeable about the field they worked in, had appropriate skills and training, knew people and their relatives well and understood people's needs. This knowledge was used to provide care and support in a professional, friendly and supportive way, focussed on the individual.

There were numerous individual and group activities that took place during the inspection, at home and in the community. People did not comment on the activities but were very much enjoying them with lots of smiling and laughter.

We looked at care plans that contained clearly recorded, fully completed, and regularly reviewed information that enabled staff to perform their duties to a high standard. The records we looked at were comprehensive and kept up to date.

People and their relatives were encouraged to discuss their health needs with staff and had access to the GP practice and other community based health professionals, when needed.

People were protected from nutrition and hydration associated risks with balanced diets that also met the likes, dislikes and preferences of people. Relatives spoke positively about the choice and quality of food available.

The staff at all levels of seniority within the organisation and home were well trained, knowledgeable, professional and accessible to people using the service and their relatives. Staff said they had access to good training, support and career advancement.

Relatives said the management team and organisation were approachable, responsive, encouraged feedback from people and consistently monitored and assessed the quality of the service provided.

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?

Good

The service was safe. Relatives said that people felt safe and they had not seen any mistreatment of people.

There were effective safeguarding procedures that staff were trained to use and understood.

The manager and staff improved the service by learning from incidents that required practice improvement.

People's medicine records were completed and up to date. Medicine was regularly audited, safely stored and disposed of.

The home was safe, clean and hygienic with well-maintained equipment that was regularly serviced. This meant people were not put at unnecessary risk.

Is the service effective?

Good

The service was effective. People's support needs were assessed and agreed with them and their families.

Staff skills and knowledge were matched to people's identified needs and preferences. Specialist input required from community based health services was identified, liaised with and provided.

People's care plans monitored food and fluid intake and balanced diets were provided to maintain health, that also met their likes and preferences.

The home's layout and décor was geared to meet people's needs and preferences.

The home had Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) policies and procedures. Training was provided for staff and people underwent mental capacity assessments and 'Best interest' meetings were arranged as required.

Is the service caring?

Good

The service was caring. Care practices observed reflected relatives' views that staff provided support and care, far in excess of meeting people's basic needs and went beyond their job description requirements. They were patient and gave continuous encouragement when supporting people.

Peoples were constantly asked what they wanted to do, for their preferences, choices and these were met.

People were supported to interact positively with each other, as well as staff and inclusively involved in activities at any opportunity.

People's privacy and dignity were respected and promoted by staff throughout our visit.

Is the service responsive?

Good

The service was responsive. People chose and joined in with a range of recreational and educational activities at home and within the local community during our visit. People's care plans identified how they were enabled to be involved in their chosen activities and daily notes confirmed they had taken part.

Summary of findings

Relatives told us that any concerns raised with the home or organisation were discussed and addressed as a matter of urgency.

Is the service well-led?

Good

The service was well-led. There was a vibrant, energetic and positive culture that was focussed on people as individuals. This was at all levels of seniority within the home and organisation. People were familiar with who the manager, staff and organisation senior managers were.

We saw the management team enabled people to make decisions and supported staff to do so by encouraging an inclusive atmosphere.

Staff were well supported by the manager, management team and organisation in general. There was an approachable management style within the organisation. The training provided was of high quality and advancement opportunities very good.

The quality assurance, feedback and recording systems covered all aspects of the service constantly monitoring standards and driving improvement.

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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 was an unannounced inspection over two days and took place on 16 and 17 December 2014.

This inspection was carried out by an inspector.

There were seven people living in the home and one person living in a self-contained flat. We spoke with seven people who use the service, six relatives, six care workers, the registered manager and two members of the organisation's senior management. People had limited communications skills and we have not included their comments.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also considered notifications made to us by the provider, safeguarding alerts raised regarding people living at the home and information we held on our database about the service and provider.

During our visit we observed care and support provided, was shown around the home by people using the service and checked records, policies and procedures. These included the staff training, supervision and appraisal systems for three staff and the home's maintenance and quality assurance systems.

We looked at the personal care and support plans for four people using the service and the medicine administration records for seven people.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We contacted local authority commissioners of services to get their views.

Is the service safe?

Our findings

People's relatives said they thought the service was safe. One relative told us, "Care is provided in a safe, but homely environment." Relatives said they had never witnessed bullying or harassment at the home.

When we arrived, we were asked to produce identification at the electronic gate before entering the entrance to the home.

Staff followed policies and procedures regarding protecting people from abuse and harm. People were treated the same and given equal attention. They had as much time as required to meet their needs. The home developed and trained staff to understand and use appropriate safeguarding policies and procedures. Where circumstances had required it, they had followed local safeguarding protocols. The home provided the Care Quality Commission (CQC) with appropriate notifications as required. Staff said they had received induction and mandatory refresher training in these areas. This included assessing risk to people. They explained their understanding of what constitutes abuse and the action to take if encountered. Their response was in line with the provider's policies and procedures. The home had disciplinary policies and procedures that were contained in the staff handbook and staff confirmed they had read and understood. All staff had Disclosure and Barring (DBS) checks.

There was a thorough and comprehensive staff recruitment process that records showed was followed. The interview contained scenario based questions to identify people's skills and a separate questionnaire to test knowledge of learning disabilities and autism. References were taken up and security checks carried out prior to starting in post. There was also a probationary period.

The staff rota was flexible to meet people's needs and there were staffing levels during our visit that exceeded those required to meet people's basic needs. This meant staff could deliver a wide range of activities safely.

People's care plans contained risk assessments that enabled them to take risks that were acceptable to them and enjoy their lives safely. There were risk assessments for all recorded activities and aspects of people's daily living. The risks assessments were reviewed regularly, adjusted when people's needs and interests changed and contributed to by people, their relatives and staff. Staff encouraged input from people whenever possible. This was governed by people's capacity to do so and therefore some risk assessments were reliant on staff observation and relative's contributions. An example of this was risk assessments of people going to the local shops that were based on observation. Two relatives confirmed they were invited to review meetings.

The staff shared information within the team regarding risks to individuals. This included passing on any incidents that were discussed at shift handovers and during staff meetings. There were also accident and incident records kept.

There were general risk assessments including fire risks that were completed for the home. Equipment was regularly serviced and maintained.

All staff had received appropriate medicine training that was mandatory and regularly updated. They also had access to updated guidance. The medicine records for all people using the service were checked and fully completed and up to date. This included the controlled drugs register that had each entry counter signed by two staff members authorised and qualified to do so. A controlled drug register records the dispensing of specific controlled drugs. Medicine kept by the home was regularly monitored at each shift handover and audited. The drugs were safely stored in a locked facility and appropriately disposed of if no longer required.

Is the service effective?

Our findings

The home provided an effective service. This meant people were supported to have a good quality of life and enabled to make friends more easily within the home. Specific communication training was provided in the use of Makaton, objects of reference, activity boards, pictures, communication passports and 'Pro talk' Apps. Makaton is a form of sign communication using hand gestures. We saw staff using all these forms of communication effectively with people understanding and responding to them. Staff supported people in a weekly communication group where people were encouraged to take control and lead the group to promote better direct communication with each other rather than relying on staff. and

The pre-admission assessments formed the initial basis for care plans. The care plans we looked at included sections for health, nutrition and diet. A full nutritional assessment was carried out and updated regularly. Where appropriate weight charts were kept and staff monitored how much people had to eat. There was detailed information about the portion sizes individuals preferred and type of support required at meal times. Staff said any concerns were raised and discussed with the person's GP. Nutritional advice and guidance was provided by staff for people throughout our visit and there was access to community based nutritional specialists. People had annual health checks and regular access to health care professionals in the community as required. People chose the meals they wanted using pictures and communicating using Makaton.

There was mandatory training that included The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Mental capacity was part of the assessment process to help identify if needs could be met. The Mental Capacity Act and DoLS required the provider to submit applications to a 'Supervisory body' for authority. Applications under DoLS were submitted by the provider and awaiting authorisation. Best interest meetings were arranged as required. Best interest meetings took place to determine the best course of action for people who did not have capacity to make decisions for themselves. The capacity assessments were carried out by staff that had received appropriate training and recorded in the care plans. Staff knowledge in this area was tested and improved by further e- learning and knowledge quizzes during staff meetings.

People's consent to treatment was monitored regularly by the home. Staff continually checked that people were happy with what they were doing and activities they had chosen throughout our visit. The records we looked at also demonstrated that consent to treatment was sought, referrals were made to relevant health services as required and they were regularly liaised with.

The home had a pro-active de-escalation rather than restraint policy that staff had received training in. They explained the procedure and we saw it being followed during our visit. They were aware of what constituted lawful and unlawful restraint. Information recorded in daily notes included if de-escalation had been used. Any behavioural issues were discussed during shift handovers and during staff meetings.

The care plans had documented situations where behaviour specific to a person may be triggered and there were action plans for each person that detailed the action to be followed under those circumstances.

During our visit people were supported to choose the meals they wanted and also offered a range of healthy snacks. There was a good variety of choice available and the meals were of good quality. They were served hot and well presented. A relative said "The food is always good and there is plenty of variety". Someone else said "The home invited us to come in and provide a Christmas lunch specifically for our relative that the family attended after the home's Christmas lunch."

The home had contact with organisations that provided service specific guidance such as the National Autistic Society. It had autism accreditation with the 'National Autistic Society' and the organisation had applied for an 'Investors in People' award.

Staff were fully trained and received induction and annual mandatory training. The training matrix identified when mandatory training was due. Training included safeguarding, infection control, challenging behaviour, first aid, food hygiene, equality and diversity and the person centred approach. Monthly staff meetings included scenarios that identified further training needs. Supervision sessions were also used to identify any gaps in required training. There were staff training and development plans

Is the service effective?

in place. Staff were also working towards 'Qualification and Credit' framework awards. We saw that there was more than sufficient staff to react to peoples' needs which they did in an appropriate and timely way.

Is the service caring?

Our findings

People were involved in making decisions about their care and the activities they wanted to do throughout our visit. This was when staff were aware of our presence and when they were not. Relatives said that people were able to make decisions about their care and support and they as relatives were also fully involved. They said staff always provided the type of care and support that was needed, when it was needed it and in a way that was appropriate and people liked. They were compassionate, treated people equally, as their equals, did not talk down to them and listened. This mirrored the care and support we saw. One relative told us, "I come late, unannounced and there is always a good service."

Relatives told us that people using the service were treated with great compassion and respect by staff that really cared. They did more than just meet needs, they listened to what people said, valued their opinion and were always friendly and helpful. This was reflected by all the care practices including treating people with dignity and respect that we saw throughout our visit. Staff were skilled, patient, knew people, their needs and preferences very well. They made great efforts to ensure people led happy, rewarding lives rather than meeting basic needs.

Members of staff working at the home had relatives who were living in other homes within the organisation, and therefore had first-hand knowledge of a typical relative's expectations and worked hard to meet them. The organisation policy was that staff could not work in the same home as those where they had relatives staying. The reason for this was that it was too confusing for people using the service and difficult to maintain appropriate boundaries.

One relative we spoke to told us, "I cannot fault this service." Another person said, "The whole staff team are marvellous". Someone else said, "Couldn't be better, nothing is too much trouble."

The staff training matrix recorded that staff received training about respecting people's rights, dignity and treating them with respect. The care we saw reflected that staff provided support in a caring, compassionate and respectful way. There was a relaxed, fun atmosphere that people clearly enjoyed and thrived in due to the approach of the staff.

Relatives confirmed that they were aware that there was an advocacy service available through the local authority.

The home had a confidentiality policy and procedure that staff said they were made aware of, understood and followed. Confidentiality was included in induction and on going training and contained in the staff handbook.

There was a policy regarding people's privacy that we saw staff following throughout our visit, with staff knocking on doors and awaiting a response before entering. They were very courteous, discreet and respectful even when unaware that we were present.

There was a visitor's policy which stated that visitors were welcome at any time with the agreement of the person using the service. Relatives we spoke with confirmed they visited whenever they wished, were always made welcome and treated with courtesy.

The organisation provides a quarterly news magazine that tells people what has been going on in the organisation, at the homes and what people have been doing. In the autumn edition it highlighted how one person had climbed Mount Snowden to raise money for a charity.

Is the service responsive?

Our findings

The home provided a responsive service. This meant people were supported to have a good quality of life and had their care needs met in a timely way. People's relatives said that they were asked for their views formally and informally by the management team and staff. They were invited to meetings and asked to contribute their opinions.

During our visit people were asked for their views, opinions and choices. They made their own decisions, were listened to and their views were acted upon. They talked to the manager and staff about any problem they might have, when they wished. We saw that needs and support required were dealt with promptly and appropriately. One relative said, "I always get an immediate response and action." Another said, "Any problem or concern is dealt with straight away."

The organisation's philosophy towards risk was that it must be acceptable to people using the service, minimise control and promote freedom of choice. People's personal information including race, religion, disability and beliefs were clearly identified in their care plans. This information enabled care workers to respect them, their wishes and meet their needs. The information gave staff the means to accurately risk assess activities that people had chosen. They were able to evaluate and compare risks with and for people against the benefits they would gain. An example of this was horse riding.

People had time to decide the most positive support for them and who would provide it. The level and timing of response was reflected in the continually happy, smiling demeanour of people using the service. If there was a problem, it was dealt with and resolved quickly whilst maintaining appropriate boundaries. We spoke with a person who indicated to staff when they no longer wished to speak to us and we were politely asked to leave their room.

People were constantly consulted by staff about what they wanted to do, where they wanted to go and who with. They were asked about the type of activities they wanted to do and meals they liked. These were discussed with staff and during home meetings.

Everyone was encouraged to join in activities and staff made sure no one was left out. People were not just focussed on interaction with staff but also each other. We saw staff delivering care that met needs very well. They were aware of people's needs and worked hard to meet them in a comfortable, relaxed atmosphere that people enjoyed. There was continual laughing and smiling throughout our visit. One particular highlight was a painting session in which everyone was involved, both people using the service and staff. One person produced a picture of us that they were very pleased with. People also compared their art work.

Activities were a combination of individual and group with a balance between home and community based activities. Each person had their own individual activity plan. A relative said, "Staff are always looking for new activities that people might be interested in." Another relative told us, "The activities are great and there is always something going on." The activities that took place included sensory sessions, swimming sessions designed for people with learning disabilities where the pool floor can be raised, horse riding, companion cycling and attending the Thames Valley activity day centre. People could access facilities in the local community such as shops, the pub and restaurants. During the inspection a relative took someone out for a meal in a local pub. This was a regular occurrence. There were also three people attending college courses.

At home people enjoyed beauty sessions, arts and crafts, cooking and peddle go-karting in the garden. There was also a trampoline. To meet worship needs people visited local churches and a mosque as appropriate to their religious beliefs.

Records demonstrated that people and their relative's views were asked for, encouraged to attend meetings and surveyed to get their opinions. The meetings were minuted and people were supported to put their views forward including complaints or concerns. The information was monitored and compared with that previously available to identify any positive or negative changes in what people thought.

The assessment information we saw showed us that people's needs were appropriately assessed, they and their families and other representatives were fully consulted and involved in the decision-making process before moving in. Staff confirmed the importance of capturing the views of people using the service as well as relatives so that the care could be focussed on the individual.

Is the service responsive?

Once referrals to the home were received any available assessment information was gathered so that the home could identify if the needs of the person could be met. There was a transition period that varied depending upon how long it took for people to become comfortable with the idea of moving and decide when they would like to do so. The transition involved the home's staff visiting people where they were currently living to build a bond with them and giving people an opportunity to get to know them. This was done by appropriate members of staff including those identified as having specific skills to meet people's needs. Staff also spoke to relatives and staff who were currently providing a service to the person. Any written information from the previous placement was also requested.

The assessment process took as long as required to ensure this was the right placement for people and what they wanted. The decisions were made on placement appropriateness and were not decided by financial constraints. They incorporated the opinions of people, their relatives, staff and other health care professionals. This was fully documented. An example was the organisation building a cottage to meet the needs of one person that incorporated their physical and well-being needs and the support they required to meet them. This was funded by the organisation and one to one care was provided on a 24 hour basis. The home was purpose built and adapted to meet the needs of each individual.

Prospective people wishing to use the service and their relatives were invited to visit to see if they wished to move in. They made as many visits as they wished and it was during the course of these visits that the manager and staff added to the assessment information. People and their relatives were provided with written information about the home and when they had moved in there were regular reviews to check that the placement was working. If it was not working alternatives were discussed and information provided to prospective services where needs could be better met. A relative said, "The whole process was not rushed and thorough from start to finish".

The care plans recorded people's interests, hobbies, educational and life skill needs and the support required for them to participate. They contained individual communication plans and guidance. They were focussed on the individual and contained people's 'Social and life histories'. These were live documents that were added to by people using the service and staff when new information became available. The information enabled the home, staff and people using the service the opportunity to identify activities they may wish to do. They also included indicators of when people were uncomfortable and staff showed knowledge of this by responding appropriately.

The care plans showed that people's needs were regularly reviewed, re-assessed with them and their relatives and re-structured to meet their changing needs. They were individualised, person focused and developed by identified lead staff as more information became available and they became more familiar with the person and their likes, dislikes, needs and wishes. They were formalised and structured but also added to during conversations, activities and people were encouraged to contribute to them as much or as little as they wished. People agreed goals with staff that were reviewed as appropriate and daily notes confirmed that identified activities had taken place. Reviews took place that were geared to the needs of people using the service and their relatives that they were invited to attend. Previous interests, likes and dislikes were not discounted, but re-visited to see if interests had been rekindled.

Relatives told us that they were aware of the complaints procedure and how to use it. There was also an easy read version to make it easier for people who use the service to complain. We saw that the procedure was included in the information provided for them. We also saw that there was a robust system for logging, recording and investigating complaints. There was evidence that complaints made had been acted upon and learnt from with care and support being adjusted accordingly.

Any concerns or discomfort displayed by people using the service were responded to quickly during our visit.

There was a whistle-blowing procedure that staff said they would be comfortable using. They were also aware of their duty to enable people using the service to make complaints or raise concerns.

The home and organisation had a number of methods to listen and respond to people who use the service. Relatives said that there were three monthly care worker reviews that they were invited to, if their attendance was appropriate, monthly house meetings, all care reviews and annual

Is the service responsive?

placing authority reviews. There were 'On the spot' quality assurance forms that visitors to the home were encouraged to fill in. These contained sections for safe, effective, caring, responsive and well-led.

People and their relatives were asked for consent prior to visits from the organisation quality assurance team and forums with the local authority quality assurance team also took place. During the inspection an organisational quality assurance check took place. This was scheduled and independent of our visit.

Is the service well-led?

Our findings

Relatives told us there was an open door policy that made them feel comfortable in approaching the manager, staff and organisation. One relative told us, "The manager is very hands on and available." Another relative said, "Everyone is very open and it is a great relationship". During our visit there was an open, listening culture with staff and the manager listening to people's views and acting upon them. People were also made welcome when they came into the office for a chat with the manager and staff.

The organisation's vision and values were clearly set out. Staff we spoke with understood them and said they were explained during induction training and regularly revisited during staff meetings. The management and staff practices we saw reflected the vision and values as they went about their duties. Senior members of the organisation's management team visited during the inspection and displayed the same qualities in their approach to people using the service. There was a culture of supportive, clear, honest and enabling leadership.

Staff told us the support they received from the manager and organisation was excellent. They felt suggestions they made to improve the service were listened to and given serious consideration. The organisation was transparent and there was a whistle-blowing procedure that staff felt confident in. They said they really enjoyed working at the home. A staff member said, "There are great opportunities for career development with most of the organisation's home managers starting as support workers having been promoted internally". Another member of staff told us, "I love it here and it would break my heart to leave. We get great support from the manager and organisation."

People and their relatives were actively encouraged to make suggestions about the service and any improvements that could be made during our visit.

There were regular minuted home and staff meetings that included night staff and enabled everyone to voice their opinion. The home meetings were attended by people who use the service and relatives.

The records we saw demonstrated that regular staff supervision took place. The organisation was introducing a new appraisal system.

There was a policy and procedure in place to inform other services of relevant information should services within the community or elsewhere be required. The records we showed that safeguarding alerts and accidents and incidents were fully investigated, documented and procedures followed correctly. This included hospital admissions where comprehensive information was provided and people accompanied by staff. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely manner.

There was a robust quality assurance system that contained performance indicators, identified how the home was performing, any areas that required improvement and areas where the home was performing well. This enabled required improvements to be made. Areas of particular good practice were rewarded by the organisation taking staff out for a meal.

The home used a range of methods to identify service quality. These included weekly and monthly manager's audits that included, files maintenance, care plans, night reports, risk assessments, infection control, the building, equipment and medicine. There were regular management spot checks. There were also written shift handover plans that included information about each person.