Support for Living Limited

Princes Road Residential Care Home

Inspection report

46 Princes Road
Teddington
Middlesex
TW11 0RU

Tel: 02086148090

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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 was an unannounced inspection that took place on 29 November and 1 December 2016.

The home provides care and accommodation for up to six people with learning disabilities. It is located in the Fulwell area of Twickenham.

At the time of our inspection 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.

This was the first inspection with a new provider.

People told us they enjoyed living at Princes Road and that it was their home. They also thought that staff provided them with the care and support they needed. People decided what activities they wanted to pursue and when they wished to do them. People also felt safe living at the home and doing activities within the local community. The home provided a warm, friendly and welcoming environment with people coming from and going to activities as they wished and being under no pressure to do things they did not wish to. Their body language and interaction was also very positive towards staff and each other. They had a wide variety of activities to choose from at home and in the community.

People's care records were readily accessible, up to date and covered all aspects of the care and support people received, their choices, activities and safety. People's care plans were completed and the information contained was regularly reviewed. This meant staff were able to perform their duties efficiently and professionally. People were encouraged by staff to discuss their health needs and had access to GP's and other community based health professionals, as required. People were supported to choose nutritious, balanced meals to promote a healthy diet that also met their likes, dislikes and preferences. This enabled them to be protected from nutrition and hydration associated risks. People said they enjoyed the meals they ate.

People were familiar with who the staff that supported them were, said they liked them and the staff also knew people who use the service and their likes and dislikes. People were well supported and they enjoyed how staff delivered their care. People were provided with information about any activities taking place so they could decide if they wanted to participate. Staff provided care and support in a professional, friendly and supportive manner that focussed on people as individuals. Staff had appropriate skills to carry out their roles, were well trained and made themselves accessible to people using the service. Staff told us they enjoyed working at the home and felt well trained and supported by the manager and organisation.

People said the manager and staff were approachable, responsive and listened to them. The quality of the service provided was consistently monitored and assessed.

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 told us that they felt safe and were treated with respect and dignity. There were effective safeguarding procedures that staff understood, used, and assessments of risks to people were in place.

There was evidence the home had improved its practice by learning from incidents that had previously occurred and there were enough staff to meet people's needs.

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

Is the service effective?

Good

The service was effective.

People's support needs were assessed and agreed with them. Staff were well trained.

People's food and fluid intake and diets were monitored within their care plans and people had access to community based health services.

The service had Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) policies and procedures. Staff who were suitably trained carried out mental capacity assessments for people. Staff arranged 'best interests' meetings for people if required.

Is the service caring?

Good

The service was caring.

People said they felt valued, respected and were involved in planning and decision making about their care. People's preferences for the way in which they wished to be supported were clearly recorded.

Staff provided good support, care and encouragement to people. They listened to, acknowledged and acted upon people's opinions, preferences and choices. People's privacy and dignity was also respected and promoted by staff. Care was centred on people's individual needs. Staff knew people's background, interests and personal preferences well and understood their cultural needs.

Is the service responsive?

Good

The service was responsive.

People decided to join in with a range of recreational and educational activities at home and within the local community during our visit. Their care plans identified the support they needed to be involved in their chosen activities and daily notes confirmed they had taken part.

The home had a complaints procedure and system and people said that any concerns raised were discussed and addressed as a matter of urgency.

Is the service well-led?

Good

The service was well-led.

The service had a positive and enabling staff culture. The manager encouraged people to make decisions and staff to take lead responsibility for specific areas of the running of the service.

Staff said they were well supported by the manager.

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

Princes Road Residential Care Home

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 and took place on 29 November and 1 December 2016.

The inspection was carried out by one inspector.

During the visit, we spoke with four people who use the service, the registered manager, four care workers and a health care professional. There were six people living at the service.

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, was shown around the home and checked records, policies and procedures and maintenance and quality assurance systems. We also looked at personal care and support plans for people using the service.

Good

Is the service safe?

Our findings

People felt safe living at the home and were not put under pressure to do things they did not wish to do or when making decisions. One person said, "I like living here." Another person said, "Staff are nice to me."

Staff understood what abuse was and what they needed to do if they encountered it. They received induction and refresher training in respect of abuse and had access to policies and procedures. This enabled them to protect people from abuse and harm in a safe way. Their replies to questions about what they would do if they thought abuse was taking place were in accordance with the provider's policies and procedures.

Staff knew how to raise a safeguarding alert, when required and had received appropriate training. There was no current safeguarding activity. Previous safeguarding alerts had been suitably reported, investigated and recorded. People were provided with information about keeping safe and staff advised and supported them to do so. Staff also received induction and mandatory refresher training in assessing people to take acceptable risks, at home and when out.

The staff recruitment procedure was thorough and all stages of the process were recorded. The process included advertising the post and providing a job description and person specification. Prospective staff were short-listed for interview. The interview contained scenario based questions to identify people's skills and knowledge of learning disabilities. References were taken up and Disclosure and Barring Services (DBS) security checks carried out. This was before staff started work. There was also a six month probationary period. If there were gaps in people's knowledge the organisation decided if they could be bridged through additional training and the person employed. Staff received a handbook that contained disciplinary policies and procedures. The staff rota showed and staff told us that staffing levels were flexible to meet people's needs. The staffing levels during our visit enabled people's needs to be met and the activities they had chosen to be pursued safely.

People using the service had care plans containing assessments that enabled them to take acceptable risks and enjoy their lives safely. The risk assessments covered all aspects of people's lives that were required. This included activities when out in the community and at home. The care plan information enabled staff to evaluate and compare risks with and for people against the benefits they would gain from taking them. Examples of this were the way people were able to access facilities, college and work within the community. The assessments were regularly reviewed and updated if people's needs and interests changed. The home had general risk assessments that included equipment used. These were also regularly reviewed and updated. Equipment was also regularly serviced and maintained.

The staff said information regarding risks to people was shared within the team, during shift handovers and at staff meetings. Accident and incident records were also kept up to date. Staff said they knew people living at the home well and were able to identify situations where people may be at risk, feel uncomfortable in and could take action to minimise risks and avoid these situations.

We checked the medicine records for people using the service and found that all the records were fully completed and up to date. Medicine was safely administered, regularly audited, properly stored and disposed of, as required. Staff were trained to administer medicine and this training was regularly updated. No people were currently self-medicating.

Good

Is the service effective?

Our findings

Staff supported people to make their own decisions in respect of how and when people received care and support. People said the care and support provided by staff was what they needed and delivered in a way they liked that was appropriate, friendly and enabling. One person said, "I've moved downstairs, it's better for moving around." Another person said, "I have to be out by 6.30 tonight because I don't want to be late for my singing."

Staff received induction training and were scheduled to receive annual mandatory training when it was due. This was identified in the training matrix. Training encompassed the 'Care Certificate Common Standards' and included safeguarding, infection control, behaviour that may challenge, first aid, food hygiene, equality and diversity and the person centred care approach. New staff also spent one month shadowing more experienced staff. Staff meetings also included situations that may identify further training needs. Supervision sessions were also used to identify any gaps in required training. There were staff training and development plans in place.

People's care plans had health, nutrition and diet sections that included regularly updated and completed nutritional assessments. Weight charts were kept if required and staff monitored the types of meals and how much people had to eat to encourage a healthy diet. The care plans also contained information regarding the type of support people required at meal times. Staff said any health concerns were raised and discussed with the person and their GP as required. Nutritional advice and guidance was provided by staff and there was access to community based nutritional specialists who reviewed nutrition and hydration needs. The records showed that referrals were made to relevant health services as required and they were regularly liaised with. People also had annual health checks.

People chose the meals they wanted using pictures if required, decided on a menu and took part in food shopping. Meals were chosen during weekly menu planning meetings and people took turns to choose meals. People could change their minds if they wished and alternatives were provided. One person told us, "I like the food." Meals were timed to coincide with people's preferences and the activities they attended. The meals were monitored to ensure they were provided in portions people wanted, whilst promoting a healthy diet and served at the correct temperature.

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 and whether any conditions on authorisations to deprive a person of their liberty were being met. 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 had been submitted and the provider was complying with the conditions applied to the authorisation. Best interests meetings were arranged as required. Best interests 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 people's care plans. Staff received mandatory training in The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff we spoke with understood their responsibilities regarding the Mental Capacity Act 2005 and Deprivation of liberty safeguarding. Staff continually checked that people were happy with what they were doing and activities they had chosen throughout our visit. People's consent to treatment was regularly monitored by the home and recorded in their care plans.

There was a de-escalation policy and procedure that staff understood should people demonstrate behaviour that may challenge. They had also received training regarding this and were aware of what constituted lawful and unlawful restraint. Any behavioural issues regarding people who use the service were discussed during shift handovers and staff meetings.

The service had contact with organisations that provided service specific guidance regarding providing care and support for people with learning disabilities so that best practice could be followed.

Good

Is the service caring?

Our findings

People told us and their relaxed body language during our visit showed that they were happy in the environment they lived in and with the way staff supported them and provided care. People said that staff treated them with dignity and respect, were friendly and kind. The care practices we saw reflected this and there were many instances of positive care practices throughout the inspection. Staff encouraged and enabled people in a friendly and supportive way that made people comfortable when approaching and speaking to staff. People were treated by staff as their equals, spoken to as adults and treated equally. They received the same level of care, support and were provided with as much time as they needed to have their needs met. Staff listened to what people said, valued their opinions and acted on them in a patient and friendly way. The support they provided was caring and helpful. One person told us, "We are having a birthday party tonight." Another person said, "Everyone is nice to me."

We saw staff demonstrating patience whilst meeting people's needs in a skilful way that encouraged people to make decisions about their lives. Staff showed a genuine interest in what people had been doing and asked questions about their day. Staff communicated with people at a pace that made it easy for people to understand and enabled them to make themselves understood. Where people had difficulty expressing themselves staff listened carefully and made sure they understood what the person was saying. They asked what people wanted to do, where they wanted to go and who with. This included the type of activities they liked. People also discussed this with staff during keyworker sessions and during home meetings.

The home's care was focussed on the individual and staff had training to promote a person centred approach that they put into practice. People were consistently enabled to contribute to the way their care and support was provided including participation in their care plans.

There was a visitor's policy which stated that visitors were welcome at any time with the agreement of the person they were visiting and other people using the service.

Staff had received training about acknowledging people's rights, dignity and treating them with respect. This was reflected in the caring, compassionate and respectful support staff provided. There was a relaxed, inclusive and pleasant atmosphere for people due to the approach of the staff. The home had a confidentiality policy and procedure that staff said they understood, were made aware of and followed. Confidentiality was included in induction and ongoing training and contained in the staff handbook.

Good

Is the service responsive?

Our findings

People said that their needs were met in a supportive and friendly way that they enjoyed and were comfortable with. People were encouraged by staff to give their views, opinions and to decide things for themselves. Staff listened to people and were available to discuss anything people wished to, including any concerns they might have. We saw people contributing in decisions about their care and activities. Staff also met their needs and support was provided promptly. The appropriateness of the support was reflected in people's positive responses to verbal and physical contact with staff. One person said, "We've been to the pub for lunch today, I had burger and chips and so did (Another person using the service)." Another person told us, "I'm getting the Christmas tree and we are going to 'Harry Potter World' over Christmas."

Records showed that people were asked for their views, encouraged to attend meetings and sent questionnaires to get their opinions. There were minuted house meetings and people were supported to put their views forward including any complaints or concerns. The information was monitored and compared with that previously available to identify any changes in the home's performance positively or negatively.

Staff were aware of and understood the procedure for people moving to the home. Placement agreements were based upon the home's ability to meet the needs of the individual, safety of other people staying at the home and the support that could be provided. Prior to people moving in, service commissioners would forward assessment information to the home, which would also carry out pre-admission assessments. People were invited to visit the home as many times as they wished before deciding if they wanted to live there. Information from any previous placements was also requested if available. Staff said they would also seek the views of people already living at the home. During the course of people visiting the manager and staff would add to the assessment information. One new person had moved in since the new provider had taken over.

People were provided with written information about the home and organisation and regular reviews took place to check that the placement was working once people had moved in. If it was not working alternatives were discussed and information provided to prospective services where needs might be better met. Local authority placement reviews were taking place during the inspection.

People's care plans were developed with them, they were encouraged to contribute to them and they had been signed by them or their representatives where practicable. The care plans were part pictorial to make them easier to understand. They recorded people's interests, hobbies, health and life skill needs and the support required for them to be fulfilled. 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 gave the home, staff and people using the service the opportunity to identify activities they may wish to do. People's needs were regularly reviewed, re-assessed with them and their relatives and care plans re-structured with them to meet their changing needs. The plans were individualised, person focused and developed by identified lead staff. People were encouraged to take ownership of the plans and contribute to them as much or as little as they wished. They agreed goals with staff that were reviewed, underpinned by risk assessments and daily notes confirmed that

identified activities had taken place.

During our visit there was a lot of activity taking place as it was someone's birthday and they had gone to the local pub to have a celebratory meal with other people using the service. They were also having a party that evening. Another person was singing in the 'Chirpy Cheeps' choir at the Gateway club and someone else was going to watch them. Activities were a combination of home and community based. Each person had their own weekly activity planner. One person said, "I'm going to the Gateway club tonight to meet my friends." The home made use of local community based activities wherever possible and people chose if they wanted to do them individually or as a group. Activities included college courses, work, walks, church and shopping. Other activities include hydrotherapy, music sessions and gardening. One person told us, "I go to the Sheen Centre where I do exercises and meet friends." Another person said, "I've been working at the garden centre." People were also encouraged to do tasks in the house to develop their life skills such as laundry, tidying their rooms and helping prepare meals. One person said, "I cook on Thursdays."

People were aware of the complaints procedure and how to use it. The procedure was included in the information provided for them. There was a robust system for logging, recording and investigating complaints. Complaints made were acted upon and learnt from with care and support being adjusted accordingly. 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 used different methods to provide information and listen and respond to people. There were regular house and weekly menu planning meetings where people could express their views and make their choices. Annual questionnaires were sent to people using the service and staff. There were also monthly keyworker and annual care reviews that people were invited to attend. People also had access to advocates. One person told us, "I have lunch with my advocate, once per week."

Good

Is the service well-led?

Our findings

People told us that they were happy to speak with the manager and staff and discuss any concerns they may have. During our visit, we found that the home had an open culture with staff listening to people's views and acting upon them.

The organisation's vision and values were clearly set out, staff understood them and said they were explained during induction training and revisited during staff meetings. The staff practices we saw reflected the organisation's stated vision and values as staff went about their duties.

There were clear lines of communication within the organisation and specific areas of responsibility that staff were aware of. Staff told us they received good support from the manager and their suggestions to improve the service were listened to and given serious consideration. Staff said they enjoyed supporting people using the service and working at the home. One staff member told us, "Of all the organisations I have worked for this provides the best training." Another member of staff said, "I feel I make a difference to people's lives."

There was a whistle-blowing procedure that staff were aware of and knew how to use. There was a career development programme that enabled staff to progress towards promotion in a way that was tailored to meet their individual needs.

Staff had regular minuted staff meetings that enabled them to voice their opinions. The records demonstrated that regular staff supervision and appraisals took place and this was confirmed by staff.

There was a policy and procedure in place to inform other services, such as district nurses, of relevant information should services within the community or elsewhere be required. The records showed that safeguarding alerts, accidents and incidents were fully investigated, documented and procedures followed correctly including hospital admissions. Our records demonstrated that appropriate notifications were made to the Care Quality Commission in a timely way.

There was a robust quality assurance system that contained performance indicators which 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 also recognised by the provider.

There were a range of methods to identify service quality. These included monthly area manager spot checks that focussed on a particular area such as, files maintenance, care plans, night reports, risk assessments, infection control, the building, equipment and medicine. There were also monthly manager returns that included a breakdown on each person using the service and shift handovers that also included information about each person.