Look Ahead Care and Support Limited

Kingsbridge Road Short Breaks Service

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

The inspection took place on 27 and 29 January 2015 and we arrived unannounced on the first day. On the second day our arrival was expected.

The service supports approximately 30 people with learning disabilities and autism spectrum conditions, some of whom have additional needs associated with their mental health or physical disabilities. Five people were in residence during the inspection. Some people use the service for regular or occasional short breaks; others are there short-term due to a crisis situation. Some people who use the service also receive support from its outreach team. The outreach team is registered separately with the CQC so is not included in this report.

There are three units within the building, so it can operate as separate units or one larger unit. The building opens out onto a well-used garden courtyard. An additional upstairs unit is used for office and meeting space.

At the time of the inspection, staff and the people who used the service were based in a particular unit, but

Summary of findings

could move freely between them. Two units were designated for crisis care and one for short breaks, but the compatibility of individuals was taken into account alongside the reason for admission when deciding who was assigned to which unit. Therefore there could be a mix of crisis and short break care in any of the units.

A registered manager was 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.

The service had received a short inspection in September 2014 to check that it had improved its medicines administration, as it had not met this regulation in a previous inspection in November 2013. Improvements had been made and, during this inspection, we found they had been sustained.

We found that the managers and staff were very caring towards the people who used the service. They liked and valued them as individuals. A strength of the service was the emphasis on understanding people's communication needs. We also noted that staff were very aware of some of the risks associated with the provision of crisis or short-term care, such as people arriving without their medicines, and there were arrangements in place to deal with these issues. In addition to mandatory training, staff had access to training which was specific to the needs of the people they supported.

The management team had information to hand about accidents, incidents and safeguarding and they had analysed any trends. They intended to develop their audit systems so they focused on issues that needed to be monitored at this particular service, but this had not started at the time of inspection.

We saw that there had been a lot of work carried out to improve the service, but some of it had yet to make an impact on the quality of care. However, plans were in place to make further improvements which should benefit people who use the service. For example, extensive repairs and maintenance were planned because the premises and equipment were in a poor state of repair. This was due to a breakdown of the arrangements with a separate organisation which had only recently been resolved.

There were restrictions in place, for example, in relation to the kitchen, which helped some people to stay safe, but prevented others from exercising their rights. The provider needed to review this as it amounted to a breach of a regulation. You can see what action we told the provider to take at the back of the full version of the report.

We have also made a recommendation about structuring people's free time better, as some people had little to do and information in their care plans indicated that they were likely to find this difficult.

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?

Requires Improvement

The service was not safe in every aspect. Staff could not demonstrate that fire safety tests had been carried out on a weekly basis.

Due to the nature of the service, staffing levels were frequently reviewed and adjusted in order to meet the needs of people coming in for a short stay.

Some people arrived at the service without good information about the medicines they were taking, but arrangements were in place to ensure as little disruption to their medicines as possible.

Is the service effective?

Requires Improvement

The service was not effective in all areas. Staff needed greater clarity about who was subject to Deprivation of Liberty Safeguards (DoLS) and practices put in place to ensure some people did not come to harm needed to be reviewed as they were impacting on the liberty of other people who used the service.

There was a backlog of repairs and maintenance due to complex arrangements with a separate organisation responsible for this, but problems had just been resolved so work was anticipated.

New staff shadowed longer-standing staff until they had completed all their mandatory training. Training specific to at least one person's complex needs had also taken place.

Is the service caring?

Good

The service was caring. People told us they liked the staff and thought they were "kind" and "friendly. One staff member demonstrated sensitivity when supporting someone who was distressed.

Staff worked hard to understand people's communication needs and respond appropriately. They were enthusiastic about supporting the people who used the service and looked like they enjoyed their company.

Is the service responsive?

Requires Improvement

The service was not responsive in some areas. This was because some people who used the service had too much unstructured free time. However, those who were committed to attending college or groups prior to their stay within the service were supported to continue with them.

Even though some people moved into the service at short notice, everyone had an assessment and a person-centred support plan.

People were supported to make complaints about their care if they felt the need to. Any complaints received by the new management team were dealt with promptly.

Summary of findings

Is the service well-led?

The service was not well-led in some areas. This was because some of the current systems to ensure quality were not effective. However, there was a plan in place to improve them in the near future.

New creative arrangements had been established to gather feedback from relatives, so issues could be dealt with before they became problems.

Requires Improvement

Kingsbridge Road Short Breaks Service

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 27 and 29 January 2015 and we arrived unannounced at 7.00am on the first day. On the second day our arrival was expected. One inspector carried out the inspection.

Five people were using the service on the first day of our inspection and we spoke with all of them. We also spoke with eight members of care staff, three senior staff, an admin worker and a local authority commissioner of the service.

We looked at four people's care files and medicines administration records and a range of the provider's policies, procedures and associated records.

Requires Improvement

Is the service safe?

Our findings

People who used the service told us they felt safe. One person said "I feel a lot of security here." Another person told us they felt safe, even when other people were presenting behaviour which challenged. They indicated that this was because staff managed the situation.

We checked the fire safety log and saw that the fire risk assessment was four months overdue for review. People had individual personal emergency evacuation plans (PEEPs) in their care files. Some files included evidence that these had been discussed with the people concerned, others did not. The fire safety log clearly stated that fire safety checks should be carried out weekly, but when we looked to see what checks had been recorded, we saw that they were only happening twice a month at best. We brought this to the attention of the registered manager who said he would rectify it immediately. New staff confirmed they had been briefed on fire safety and had participated in a fire drill.

We saw that a new system had been set up to improve the tracking of progress in relation to safeguarding concerns. There was a longer standing system in place to do the same for accidents and incidents. Staff meeting minutes showed that some learning had been passed on as a result.

Staff were able to tell us how they would report any concerns they had about people's health and safety, including safeguarding concerns. There was a flowchart to assist them on many notice boards. We observed senior staff following up a safeguarding concern that was flagged up to them during the inspection. They dealt with it sensitively and followed the correct procedures.

Staffing levels were adjusted frequently to meet the needs of people within the service and to ensure that they could undertake their planned activities. Although there was an established staff rota set four weeks in advance, the management team reviewed it for each booking received and at other times, if necessary. This required flexibility on the part of the staff team and the use of agency staff. We saw that the service used the same agency staff whenever possible. If people using the service had an assessed need for one to one support this was incorporated into the staff rota.

One staff member described the recruitment process they had gone through to us; this confirmed that the provider was following its own safer recruitment policy. We also looked at the paperwork for the applicants who had been invited for interview during our visit and saw that appropriate references were being followed up and criminal records checks were in progress.

Staff had easy access to personal protective equipment to carry out personal care and we noted that food was stored in line with best practice, for example, items were labelled with the date they were opened to make it easier for staff to identify what needed to be discarded.

The premises were cleaned daily, by a part-time cleaner and the night staff, we looked at the checklists they referred to and saw they needed to be extended to cover the cleaning of mobility equipment which had just been delivered. We found that many drawers and cupboards, although clean, were disorganised and the contents did not always match the label. This was unhelpful to new staff and people who used the service, especially those who were only there for a short period.

We noted that the provider's infectious diseases policy and procedure, although relevant to some extent, was not geared towards services such as this, where personal care is delivered. The same applied to the personal protective equipment policy. Staff would benefit from policies and procedures which linked directly to the work they carried out, although it was possible to adapt the information to the situations they were working with, the margin for error was increased as the focus was on supported living rather than care home practice.

People arriving at the service due to a crisis did not always come with reliable information about their medicines. A link had been made with a community pharmacy, to ensure they did not go without their prescribed medicines.

People's individual medicine files contained helpful information. For example, they detailed what the medicine was for and how it might affect the person for whom it was prescribed. Easy-read NHS fact sheets were available for some medicines. We saw written evidence of the steps a member of staff had taken when a person who used the service refused their medicines. The staff member was aware that there might be a risk from not taking this particular medicine as prescribed so they contacted appropriate healthcare professionals for advice.

There were protocols in place from people's GPs which described when 'as required' medicines should be offered

Requires Improvement

Is the service safe?

to the people for whom they were prescribed. When medicine was presented to one person in front of us, they queried whether it was as prescribed. We watched staff check and confirm that it was the right medicine at the right dose. The person who used the service told us, "I always get [the staff] to check." A controlled drug cabinet was in place and the associated register was being obtained, in anticipation that it might be needed in the future, but it was not required at the time of our inspection.

Requires Improvement

Is the service effective?

Our findings

A person who used the service told us, "[The staff] work as a team." When we asked another person if a healthy snack was always available, they said, "Of course there is!"

The registered manager was aware of the provider's responsibilities under the Mental Capacity Act 2005. The provider had revised its policy in the light of the Supreme Court judgement that had widened the scope of the Act. We saw that healthcare professionals had been involved in making assessments of capacity and, as a result, applications had been made for Deprivation of Liberty Safeguards (DoLS). However, the outcome of these applications on, at least, two people's care files was not clear as the information had not been written in a way that informed staff about the safeguards that had been granted, and which they needed to implement, to keep the person safe.

We noted that staff had asked one person's relative to sign a form agreeing to self-administration of medicine, but the person's file did not make clear whether or not the relative had the right to make this decision. The service also actively sought consent from people to share their information on a "need to know" basis and signed forms in care files confirmed this. In some cases relatives had given consent on behalf of people, but it was not always clear from the files that the person who used the service did not have capacity to make this decision themselves.

One member of staff told us how they helped a person with decision making saying, "I tell [the person] what is good for [them] and what is bad for [them] so [they] can make an informed choice." However, the care staff we spoke with were unclear about which people had DoLS in place or the safeguards they could use to keep them safe. Therefore there was a risk that they might not be applied correctly.

In addition, there were a lot of restrictions in place within the service, for example, the kitchens which were in use were locked and there was a rule that people should not be invited into each others' bedrooms. Whilst these rules were necessary to keep some individuals safe, there was no evidence that the impact of these restrictions upon other people was systematically reviewed or that arrangements were in place to mitigate the impact. For example, some people who used the service had the skills to make drinks or snacks for themselves, but they were only allowed to do so when accompanied by staff who could unlock the kitchen and various cupboards within it.

These issues amount to a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Longer standing members of staff were trained in calming techniques and accredited restraint methods in order to support people appropriately when they displayed behaviour which challenged. Refresher training was provided annually, but the provider was planning to change the training offered to bring it in line with the methodology used by the local authority so that, if it was needed, people would experience a continuity of approach. Staff told us restraint was a rare event and those we spoke with had never used it. We saw evidence in staff meeting minutes that staff had followed guidance from a speech and language therapist to improve communication with one person who used the service as part of a plan to reduce their frustration and associated anger. A senior member of staff commented, "Staff really understand that challenging behaviour [can be minimised by use of effective] communication."

We saw that staff followed advice from a dietitian in relation to two people who required a specific diet on account of their healthcare needs. At breakfast other people were offered a choice, we saw one person eating a cooked breakfast, others had toast and cereals. We observed that people ate their meals where they pleased, but they did not have the choice of sitting down communally to a meal as this was not on offer. When we looked at the foods available we found that there were sufficient supplies to ensure everyone had a choice of food at mealtimes and there were healthy snacks available. One person who used the service confirmed, "The food's good here." Another told us, "You can have what you want [to eat]."

There was evidence that the staff team ensured that people received timely and appropriate healthcare support, even though, at times, this could be complicated as the nature

Requires Improvement

Is the service effective?

of the service meant that people were registered with a wide variety of healthcare providers. One person using the crisis service told us that they had been supported to go to an optician for the first time in their life.

We spoke with two new members of staff who were on their induction programme. They were shadowing experienced staff members until they had completed all their mandatory training courses. Two new members of staff told us that the existing staff team had been "very helpful" and welcoming during their induction. We saw that the induction programme covered appropriate health and safety topics. Other staff told us how they had received training about the needs of one person before they stayed at the service. This enabled them to meet their specific needs.

Although urgent repairs had been carried out, there was an extensive backlog of repairs and maintenance issues and the premises were long overdue for painting and decorating. The service had a system set up to record repairs and maintenance requests and associated progress, but little work was taking place. We heard this was due to complex arrangements with the organisation responsible for repairs and maintenance which had only just been sorted out prior to the inspection. This was confirmed by a local authority commissioner. A survey had been carried out and priorities had been set with a view to implementing significant improvements before the end of the financial year. However, at the time of our inspection, the building was drab with lots of evidence of heavy use and built in cupboards and items of equipment were broken or damaged. Some of the most frequently used doors on to the courtyard area were a trip hazard due to the need to step over the frame. One person present during the inspection was unsteady on their feet. There were alternative doors with level access, but people tended not to use them as they were less obvious.

Good

Is the service caring?

Our findings

People who used the service told us all the staff were "kind", "friendly" and "lovely". A management team member praised the "commitment and care" most staff provided.

We observed that there was an abundance of positive, caring relationships between staff and the people who used the service. All staff spoke enthusiastically to us about the people they supported and it was clear that staff who were established in post were well-informed about people's needs.

During our observations we noted how much staff and people who used the service were enjoying each other's company. When one person got distressed a staff member demonstrated both sensitivity and respect when seeking to understand the cause of their upset. Another person had speech which was difficult to understand until you got to know them, but the staff member who was supporting them was able to quickly know what they meant. One member of staff described in some detail to us how they showed people they cared about them, whilst maintaining appropriate professional boundaries.

As people moved in and out of the service on a frequent basis, it was difficult to hold regular group meetings to seek people's views about the service, but we saw evidence that people were asked for their views about their care on an individual basis, for example, during the 'checking out' service when they left.

The service was able to demonstrate that they were working to meet people's communication needs. We saw that some people had their own communication profiles describing how best to engage with them. One person used their own version of Makaton (a simplified sign language) which was outlined in their own personalised guide. Two separate members of staff pointed this out to us which demonstrated that they were familiar with the person's care plan.

Requires Improvement

Is the service responsive?

Our findings

A person who used the service told us, "I'm happy being here."

There were assessments and support plans in place for everyone who used the service. However, staff members described how they had to sometimes learn as they went along, as some people who used the crisis service did not arrive with their needs fully assessed. If this happened we saw health and social care professionals usually worked with the staff team to establish people's needs quickly. A staff member explained to us that they had to adapt their approach according to who they were supporting; some people could self-manage with a little prompting, whilst others needed assistance with most activities of daily living.

The registered manager explained how staff had tried to negotiate with a person to monitor an aspect of their health, but this had not been entirely successful as the person was not keen on the monitoring. It was clear from his detailed description that the discussion was on-going and staff had really tried to support the person to follow medical advice, but this was not captured in the care records which gave the impression that the issue had not been followed up.

We saw that the number and range of planned activities had been increased and the service was improving its links with external providers of activities, but many of the people who used the service had long periods of unstructured time. This was not in line with best practice for some people who used the service, for example, those with autistic spectrum conditions. The situation was compounded by two of the three units having broken television sets.

We saw that people who regularly attended day services or college were supported to continue with these commitments whilst using the service.

There were a number of documents in care files designed in a person-centred way. For the most part they were informative and gave the reader good insight into the needs of the individual and how best to meet them. One exception was the 'hospital passport' which was supposed to explain an individual's specific needs to hospital staff in the event of an admission. Unfortunately at least one member of staff was not clear about the purpose of the hospital passport and had not completed a number of them in a way that would be helpful to hospital staff.

We observed that one or two people who used the service were a bit unsettled at times because, from their perspective, staff kept disappearing from their unit. In fact staff members were usually only popping into another unit to fetch something. We pointed this out to the registered manager, as the matter had the potential to be reduced or resolved with better organisation.

A person who used the service told us they had attended a number of 'house meetings' during their stay which covered "all different subjects". We saw that people usually participated in their own reviews.

The complaints policy was available in an easy read format and people who used the service gave us the names of individuals in the management team when we asked who they would tell if they had a complaint. We saw evidence that staff helped people to make complaints when they wished to raise them and that the new management team had responded promptly to any complaints and concerns raised.

We recommend that the provider seeks advice and guidance from a reputable source to develop a more structured approach to free time for those who will benefit from this.

Requires Improvement

Is the service well-led?

Our findings

A person who used the service told us they sometimes assisted with staff recruitment by participating in the interview panel and they enjoyed this. Staff told us that the culture within the home had recently improved. One staff member described their line manager as "inspirational". A regular agency member of staff said that the local management team encouraged them to voice their opinions alongside those of the regular members of staff.

The service had suffered from a high turnover of managers. This had impacted on recruitment as vacancies had built up to a high level within the team and staff members told us it had affected their morale. This situation had continued for some months prior to the appointment of the new registered manager. However, he was able to show us his progress with filling vacancies and interviews to fill the last remaining vacancy took place during the inspection.

The provider conducted an annual audit, using an operational manager from elsewhere in their organisation to carry out the task, with quarterly visits to low scoring services. This service had not triggered quarterly visits, perhaps because vacant posts were not reviewed during the audit process. We saw evidence that information gathered during the annual audit was reviewed by the provider's quality team and a quality improvement plan had been implemented. We were informed that supplementary monthly audits were planned to start in February 2015. We viewed emails which confirmed this. Senior staff told us that this was an opportunity to make the audit process more specific to the service, for example, they could look at the use of alternative and augmentative communication methods (AAC).

Another recent improvement was the relocation of staff and other files from a central office to the service where they could more easily be referred to by line managers.

The registered manager was able to provide us instantly with information about accidents, incidents, safeguarding and similar events, which demonstrated regular recording and monitoring was taking place. He was able to discuss emerging themes and tell us how the service was planning to address the issues identified.

Some of the other processes which had been set up within the service to ensure good quality care needed review or closer monitoring as they were not working effectively. For example, staff were expected to sign to confirm they had read a care file, but only one person had signed in some cases and the management team was not maintaining oversight of the routine fire tests and associated records which contained gaps.

The supervision of care staff included regular observations of their care practice. We saw that this included hand hygiene and general infection prevention practices. Full-time staff received supervision every six weeks. We looked at team meeting minutes and saw that there had been opportunities for staff to discuss the needs of people who used the service and to air their own grievances about workplace issues. The managers were able to demonstrate that steps had been taken to better meet the needs of some people who used the service and to address staff concerns. A member of staff confirmed, "Morale is picking up."

The new manager had arranged for a member of staff to phone family carers a few days after people had returned home from their short break. The staff member checked if they were happy with the short break their relative had experienced. From carers' feedback some themes had been identified and action had been taken. For example, a list of planned activities had been provided in advance of the Christmas holiday season so people could better anticipate what to expect.

Carers were invited to attend an informal coffee morning each month and could pass comment on or raise any general concerns about the service at this event. We saw that a record was kept of issues raised and the service's response to them.

Staff members were working to build relationships with individuals and organisations which could provide activities for people who used the service. Links had been established with appropriate healthcare professionals. The local commissioning team described open and honest communication from local managers.

Two care staff told us how they had been involved in wider groups run by the provider to improve quality. One had participated in a working group to design the new support plan template. Therefore they were well-placed to complete a support plan and to advise their colleagues.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment There was a breach of regulation 13 (4)(b)(5)(7)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Care and treatment for service users must not be provided in a way that includes acts intended to control or restrain a service user that are not necessary to prevent a risk of harm posed to the service user or another individual. A service user must not be deprived of their liberty for the purpose of receiving care or treatment without lawful authority. For the purposes of this regulation a person controls or restrains a service user if that person restricts the service user's liberty of movement, whether or not the person resists, including by use of mechanical means.