London Borough of Richmond upon Thames

# London Borough of Richmond upon Thames - 26 Cross Street Residential Care Home

## Inspection report

26 Cross Street
Hampton Hill
Hampton
Middlesex
TW12 1RT

Tel: 02087830973

Date of inspection visit:
19 January 2016

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01 March 2016

## 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 |
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# Summary of findings

## Overall summary

This was an unannounced inspection and took place on 19 January 2016.

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

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.

In May 2014, our inspection found that the service met the regulations we inspected against. At this inspection the home met the regulations.

People said and their body language showed that they enjoyed living at the home and the way that staff provided care and support for them. People chose their activities, when they wished to do them and with whom. There were a number of activities available to choose from. They felt safe in the home and in the local community. When we visited there was a warm, welcoming atmosphere with people freely coming from and going to activities. People using the service interacted positively with each other and staff during our visit.

The home records were accessible, kept up to date and covered all relevant aspects of the care and support that people received. This included the choices they made, activities they attended and way their safety was protected. People's care plans were completed and the information contained was regularly reviewed. This enabled staff to perform their duties competently and efficiently. People were encouraged by staff to discuss their health needs and had access to GP's and other community based health professionals. People were supported to be healthy by choosing nutritious, balanced meals that promoted a healthy diet whilst taking into account their likes, dislikes and preferences. This meant people were protected from nutrition and hydration associated risks. People told us they liked the meals available and we saw that they were of good quality with plenty of choice.

People were familiar with the staff as they had been supported by them over a long period of time. They said they liked the staff and enjoyed the way that staff supported them. People were provided with information about any activities taking place so they could decide if they wanted to join in. Staff provided care and support in a professional, friendly and supportive way that was focussed on people using the service as individuals. They told us they knew people who use the service and their likes and dislikes well. Staff were well trained, had appropriate skills and were accessible to people. They said they enjoyed working at the home and had received good training and support from the manager.

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. Staff had been recruited in a robust way with appropriate checks carried out.

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 as 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.

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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 and took place on 19 January 2016.

The inspection was carried out by one inspector.

During the visit, we spoke with three people who use the service, one relative, two care staff and the registered manager. There were four 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 the two personal care and support plans for people using the service.

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.

Good

# Is the service safe?

## Our findings

People told us they felt safe living at the home and never put under any pressure from the staff to do things they did not want to. This was reflected in the way they chose what to do and when. One person said, "It's nice to come home." This indicated that they felt safe living at the home.

Staff were aware of how to raise a safeguarding alert and had received appropriate training. There was no current safeguarding activity. Previous safeguarding alerts had been appropriately reported, investigated and recorded. People had access to information regarding keeping safe and staff advised them how and supported them to do so. Staff had received training in assessing people to take acceptable risks, at home and in the community.

Staff were aware of what abuse was and the action to follow if confronted by it. Abuse policies and procedures were made available to them and they had received induction and refresher training. This meant people were protected from abuse and harm in a safe way.

There was a comprehensive staff recruitment procedure that recorded all stages of the process. 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 prior to staff being in post. There was also a six month probationary period. If there were gaps in people's knowledge the organisation decided if they could be filled and the person employed. Staff received a handbook that contained the local authority's disciplinary policies and procedures. The staff rota showed and staff confirmed 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 had individual care plans that contained assessments enabling them to take reasonable risks and enjoy their lives safely. They included home and community based activities. The assessments were regularly reviewed and adjusted if people's needs and interests changed. There were also general risk assessments for the home and equipment used that were reviewed and updated. Equipment was also regularly serviced and maintained. Staff had access to information contained in people's care plans that enabled them to accurately risk assess people's chosen activities. They were able to evaluate and compare risks with and for people against the benefits they would gain. Examples of this were the way people accessed community facilities.

Staff said that the team shared information regarding individual risks to people. This included discussing any incidents or planned activities during shift handovers and at staff meetings. Accident and incident records were also kept up to date. Staff said they were familiar with people living at the home, their routines and were able to identify the situations which might put people at unacceptable risk or be made to feel uncomfortable. This meant they could take action to minimise risks and put people in situations they may not be comfortable with.

Medicine was safely administered and the records were completed and up to date. Records were regularly audited and medicine properly stored and disposed of. Staff were trained to administer medicine and this training was regularly updated.

Good

# Is the service effective?

## Our findings

People made their own decisions regarding how and when they received care and support. They said the care and support provided was delivered by staff in the way they needed and delivered in a way that they liked. One person said, "I'm looking forward to seeing my brother, he is ringing tonight and my bags are packed." This demonstrated that the home enabled people to maintain good contact with relatives. A relative told us, "The home has transformed mine and my son's lives for the better."

Staff received good quality induction and annual mandatory training. The training matrix identified when mandatory training was due and confirmed that it had taken place. Training included safeguarding, infection control, behaviour that may challenge, first aid, food hygiene, equality and diversity and the person centred care approach. 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 contained areas for health; nutrition and diet that included nutritional assessments that were completed and regularly updated. The home kept weight charts of people if required and staff monitored the type of meals and how much people had to eat to encourage a healthy way of living and diet. The care plans also contained information regarding the type of support people required at meal times. Staff told us that if they had concerns about people's health, they were raised and discussed with the person and their GP. Staff provided nutritional guidance, advice and there was access to community based nutritional specialists who reviewed nutrition and hydration needs. The records showed that referrals were made to relevant community based health services as required and they were regularly liaised with. People also had annual health checks.

People chose the meals they wanted on a daily basis, participated in food shopping and could change their minds at any time with alternatives provided. One person told us, "I like the food." Meals were timed to coincide with people's activities and their wishes. 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.

The organisation had a de-escalation policy and procedure should people demonstrate behaviour that may challenge, that staff had received been trained in. They were also 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 and local authority 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 said staff treated them with dignity and respect, were friendly and kind and provided them with the support they needed. We saw care practices that reflected this. Staff encouraged and enabled people in a friendly, approachable and supportive way. They treated people as their equals, did not speak condescendingly to them and treated everyone equally, giving them the same care, support and as much time as they required to have their needs met. Staff listened to what people said, valued their opinions and acted on them as required in a patient and friendly way. The support they provided was caring and helpful. One person told us, "The staff are all nice to me." A relative told us, "Everyone is very well looked after." People's body language was relaxed and positive during our visit which indicated they were happy in their environment and the way staff supported them and delivered care.

People were encouraged to make decisions about their lives and staff met their needs in a relaxed and supportive way. Staff demonstrated skill, patience and knew people, their needs and preferences well. People were communicated with by staff at a pace that made it easy for them 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 people what they wanted to do, when and who with. People also discussed the type of activities they wanted with staff during keyworker sessions and during home meetings.

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 in acknowledging peoples' right to 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 on going training and referred to in the staff handbook.

Good

# Is the service responsive?

## Our findings

People said their needs were met in a relaxed and friendly way that they liked and were comfortable with. During our visit people contributed fully in decisions about their care and activities. One person said, "I went to a dance last week." Another person told us, "I'm buying a new chair for my room." A relative said, "This is people's home in the real sense." Staff encouraged people to give their views, opinions and to decide things for themselves. Staff listened to them and were available for people to discuss any wishes or concerns they might have. The appropriateness of the support was reflected in people's positive responses. If people had a problem, it was resolved quickly and in an appropriate way. Records also showed that people were asked for their views, encouraged to attend meetings and sent questionnaires to get their opinions. People were supported to put their views forward, including any complaints or concerns and there were also house meetings for this purpose. Information from people's concerns and the house meetings was monitored and compared with that previously available to identify any changes that may be required to improve good practice. There were also monthly keyworker and annual care reviews that people were invited to attend.

People and their relatives were consulted and involved in the decision-making process before moving in and staff understood and explained the procedure. 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. The local authority forwarded assessment information to the home, which also carried out pre-admission assessments. People were invited to visit as many times as they wished before deciding if they wanted to live at the home. Staff told us about the importance of recognising people's views as well as those of relatives so that care and support could be focussed on the individual. 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. 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. If a placement was not working alternatives were discussed and information provided to prospective services where needs might be better met.

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 appropriate. 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.

Activities were a combination of home and community based. Each person had their own weekly activity planner. One person said, "I'm doing art tomorrow." 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 eating out with friends, going to church, walks in Bushey Park, art therapy and shopping. Other activities included, visits to the pub, cinema and the theatre. One person told us, "I play the guitar." Another person said, "I went shopping in Kew and had a cup of tea." 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.

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. They were also aware of their duty to enable people using the service to make complaints or raise concerns.

Good

# Is the service well-led?

## Our findings

People and their relatives told us that they were happy speaking with the manager and staff to discuss any concerns they may have. 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 we spoke with 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 local authority and specific areas of responsibility. Staff told us they received good support from the manager and their suggestions to improve the service were listened to and given serious consideration by the manager. Staff said they enjoyed supporting people using the service and working at the home.

There was a whistle-blowing procedure that staff knew how to access. There was currently a career development programme within the local authority that enabled staff to progress towards promotion in a way that was tailored to meet their individual needs.

There were minutes of regular staff meetings that enabled staff to voice their opinions. The records demonstrated that regular staff supervision and appraisals took place and this was confirmed by staff. One member of staff said, "The manager is brilliant, very supportive."

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 told us that appropriate notifications were made to the Care Quality Commission in a timely way.

There was a robust local authority 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.

The home used a range of methods to identify service quality. These included daily, weekly and monthly manager and staff audits such as, files maintenance, care plans, night reports, risk assessments, infection control, the building, equipment and medicine. There were also shift handovers that included information about each person.