

LD Care







No 36

Inspection report

36 The Grove
Isleworth
Middlesex
TW7 4JF
Tel: 02085608989
Website: www.ldcare.org

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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

The inspection took place on 24 February 2015 and was unannounced. This was the first inspection of the service which had been registered on 8 January 2014.

No 36 is a care home for up to six adults who have a learning disability. The service is operated by LD Care Limited, a private organisation. LD Care Limited manages two other homes for adults with learning disabilities within the London Borough of Hounslow. At the time of our inspection there were six people living at the home.

There was a registered manager in post. 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.

One person who lived at the home and both relatives we spoke with told us the home was well run, they were happy with the care there and the staff were kind and supportive. One relative said, "we are very happy with the

Summary of findings

care there and (our relative) is very happy.” One of the professionals we spoke with told us, “As far as I can tell the service appears safe, well led and is meeting clients’ needs in an appropriate way.”

The provider had systems and procedures to help protect people from harm. The risks to them and the environment had been assessed. People were given the support they needed to take their medicines. There were enough staff employed to meet people’s needs in a safe and caring way. The recruitment procedures made sure the staff were suitable to work with vulnerable people.

People were cared for by staff who were well trained and had the information they needed to care for them. People had consented to their care and treatment and the provider was aware of their responsibilities under the Mental Capacity Act 2005. People’s health care and nutritional needs had been assessed. Their care was planned and delivered to meet these needs.

There were positive caring relationships between the staff and the people living at the home. Interactions were polite, friendly and kind. People’s privacy and dignity was respected.

People received care which met their individual needs and reflected their choices and lifestyle. Their needs were regularly assessed and the provider responded to changes in their needs. The provider responded to complaints appropriately.

People using the service and staff felt it was well managed. They liked the manager and felt the provider offered support, guidance and responded to concerns. There were systems to monitor the quality of the service and to plan for developing it in the future.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. The provider had systems and procedures to help protect people from harm. The risks to them and the environment had been assessed.

People were given the support they needed to take their medicines.

There were enough staff employed to meet people's needs in a safe and caring way. The recruitment procedures made sure the staff were suitable to work with vulnerable people.

Good



Is the service effective?

The service was effective. People were cared for by staff who were well trained and had the information they needed to care for them.

People had consented to their care and treatment and the provider was aware of their responsibilities under the Mental Capacity Act 2005.

People's health care and nutritional needs had been assessed. Their care was planned and delivered to meet these needs.

Good



Is the service caring?

The service was caring. There were positive caring relationships between the staff and the people living at the home.

Interactions were polite, friendly and kind. People's privacy and dignity was respected.

Good



Is the service responsive?

The service was responsive. People received care which met their individual needs and reflected their choices and lifestyle.

Their needs were regularly assessed and the provider responded to changes in their needs.

The provider responded to complaints appropriately

Good



Is the service well-led?

The service was well-led. People using the service, other stakeholders and staff felt it was well managed. They liked the manager and felt the provider offered support, guidance and responded to concerns.

There were systems to monitor the quality of the service and to plan for developing it in the future.

Good



No 36

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.

The inspection took place on 24 February 2015 and was unannounced. The inspection team consisted of one inspector.

Before the inspection we looked at all the information we held about the provider, including notifications of significant events. This was the first inspection of the service since it was registered in 2014.

During the inspection we met three people who lived at the home and spoke with one of them about their experiences. The other two had complex communication needs and were not able to describe how they felt about the service. We also spoke with three support workers, the quality monitoring manager, the registered manager and the provider. We observed how people were being cared for. We looked at care records for three of the people who lived at the home, records of staff recruitment and training for four members of staff. We also looked at the way medicines were managed, records relating to quality monitoring, accidents, complaints and staff support.

Following the inspection visit we spoke with the relatives of two of the people who lived at the home. We also spoke with four health and social care professionals who supported some of the people who lived at the home. The provider also sent us feedback they had received from a fifth external professional.

Is the service safe?

Our findings

One person living at the home and two relatives told us people were kept safe at the service. The person living at the home said, "The staff look out for me and I let them know what I am doing, so they make sure I am safe."

The provider had policies and procedures regarding safeguarding adults and whistle blowing. We saw that these had been regularly reviewed and updated. They included reference to local authority procedures. The staff told us they knew what to do if they suspected someone was being abused or at risk of abuse. They told us they would notify the relevant authorities and speak with the manager or provider if they had any concerns. The staff told us they had regularly discussed safeguarding with the manager. We saw evidence that the manager had run group learning sessions to discuss safeguarding and whistle blowing. There was a file of information available for staff to access. The staff had been trained in these areas and we saw evidence of this training. This meant the staff had the information they needed to recognise potential abuse and they knew their responsibilities in reporting this and helping to prevent abuse occurring. We saw evidence that the provider had responded appropriately and worked with the local authority when a safeguarding referral had been made.

There were appropriate procedures for supporting people to manage their own money. Cash held on their behalf and other valuables were stored securely. The records and balances of these were checked every time there was a changeover of staff. We saw evidence of this. There were receipts for all expenditure and the manager regularly audited records. This meant people could be confident their money was handled in a safe way and the risk of financial abuse was minimised.

The recruitment of staff included checks on their suitability to work with vulnerable people. These checks included references and criminal record checks. All staff had completed an application form detailing their employment history. We saw evidence of this in the four staff recruitment files we examined.

The provider had a policy on restraint and no physical interventions were used. The staff told us that if people became agitated or posed a risk of harm to themselves or others they would use strategies to support the person to

feel calmer rather than physically intervene. This approach was recorded in care plans and staff had been instructed in techniques to reduce the likelihood of problems escalating. The relatives of people we spoke with told us their relatives had appeared more relaxed and less likely to be physically challenging since they moved to the home. The manager confirmed this. There was a record of all incidents and these indicated people were supported so that challenges did not escalate and they did not injure themselves or others. The provider told us an external behavioural specialist visited the home offering support and guidance for staff so they could support people in the least intrusive way.

There were risk assessments for everyone who lived at the home. We looked at these for three people. They were regularly reviewed and updated. The assessments identified potential risks, how to prevent these and how to minimise the chances of harm. There was clear information for staff based on people's individual needs, communication and preferences.

The provider employed sufficient staff to meet people's needs. Some of the people living at the home had their own individual staff member during the days. We saw the staff attending to people's needs promptly. People were able to do the things they chose and there were enough staff to support them to do this. Three members of waking staff were employed at night time to meet everyone's needs and to ensure they were safe. The staff told us they felt there were sufficient numbers of staff and they could call on additional resources when needed. The provider employed a number of additional staff who worked in all the different locations and provided cover for sickness and other staff absences. The staff told us the manager and other senior members of staff also worked directly with people living at the home when they needed additional staff.

People's medicines were managed in a safe way. There was an appropriate procedure which had been regularly reviewed and updated. The staff told us they were aware of this. They had all been trained to administer medicines and their competency in this area had been assessed by the senior staff. The manager undertook regular checks of medicines storage and records. These had been recorded and any identified problems had been rectified immediately. We looked at a sample of the medicines held and the records relating to this. The records were accurate

Is the service safe?

and medicines were appropriately stored. Some people were required to take medicines out of the home with them in case of emergency. The staff had been trained to administer these emergency medicines and there were appropriate procedures in respect of this.

Is the service effective?

Our findings

The person we spoke with told us the staff were skilled and knew how to support them. They said, "They are alright and know what they are doing." They told us they were asked for their consent with regards to their care and treatment and the staff did not do anything without making sure this was what they wanted. Relatives told us they felt the staff had the skills needed. One relative said, "(our relative's) main carer is really good, they really understand his needs and know how to meet these." One professional told us, "The staff are generally knowledgeable about clients." Another professional said, "They take an active interest in their welfare as well as professionally handle some difficult situations with some of the family members."

We looked at records of staff training and saw that all staff had received an induction into the home and a variety of training. Training included health and safety, safeguarding, food hygiene, first aid, manual handling and a variety of training courses relating to people's specific needs, such as administering emergency medicines, autism and communication. The staff told us they had the training they needed to support people. They said that if they had any other information or training they could request this. They told us the team met regularly to discuss different aspects of their work, including key procedures and the needs of individual people.

The staff told us the manager was very supportive. One staff member said, "she is always here, we all support each other and work as a team, the manager is excellent." Another member of staff told us, "the manager is very helpful and supportive." We saw records of individual supervision meetings between the staff and the manager. These were regular and included discussions about people's performance, their training needs, their strengths and needs. There were records of annual appraisals for all staff. The staff told us other senior staff and the provider were also supportive. There were regular team meetings and these were recorded. They included opportunities for the staff to discuss any concerns they had. Therefore the staff had the support and information they needed to care for people living at the home.

The law requires the Care Quality Commission (CQC) to monitor the organisation's compliance with the Mental Capacity Act 2005 and the operation of the Deprivation of

Liberty Safeguards (DoLS). DoLS provides a process to make sure that providers only deprive people of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them.

The manager and staff had received training and had information on the Mental Capacity Act 2005. They were able to tell us about their responsibilities under this act. People's capacity to consent had been assessed. Where people were able to they had signed their consent to the care and treatment plans. Where people were unable to sign the care plans included information about how they communicated their consent. Care plans included information for staff so they would check people's consent with different aspects of their care, including washing, dressing and administering medicines. The care plans made it clear the staff should obtain their consent and respect people's choices. Daily care notes indicated people had been offered choices and had consented to the care they had received each day.

The manager told us about some of the specific decisions where assessments had judged people did not have the capacity to make a decision. There was evidence the provider and others had met to discuss the care which would be in the person's best interest. In one instance it was considered that a person was being deprived of their liberty in order to keep them safe. The provider had made the appropriate application to authorise this so that the decisions made on behalf of this person were lawful.

One person told us they liked the food at the home and were able to choose what they ate and buy their own food if they wanted. Relatives told us people had a varied and individual diet which met their nutritional needs. One relative said, "There always seems to be fresh fruit and the staff prepare all the food (my relative) likes." Another relative said, "They have supported (my relative) to cook and prepare meals which is really great."

People were supported to have sufficient food and drink and to have a balanced and varied diet. There was a weekly menu which reflected people's choices and dietary needs. The food and drink people ate was recorded each day and their weight was monitored. People were able to choose a different option from the main menu choice and the home was well stocked with a variety of alternatives. The staff prepared fresh food each day and planned and prepared individual meals to meet people's preferences. Some people had dietary needs. There were detailed care plans

Is the service effective?

relating to these. The staff had received information and training about these needs and were able to discuss them with us. Some people were supported by a dietitian and speech and language therapists. We spoke with them and they told us they were happy with the way staff monitored and supported people's dietary needs.

Relatives told us people's healthcare needs were met, saying that the staff worked closely with other health care professionals to make sure people stayed healthy. One person told us their relative had complex health needs and the staff made sure they met these. One relative said, "The staff carefully monitor (my relative's) health needs and this is reassuring to us."

Health care professionals said that they felt the service met people's needs. They told us the staff followed their advice, shared information and monitored people's health needs. One healthcare professional said, "I provide service users

with exercise programmes and teach/advise staff about implementing them. The staff talk about the exercise programme and also about which exercise the service user is able to do and any relevant concerns regarding the implementation of that programme. Based on this I can say that staff are following my instructions to help service users to achieve their set goals."

People's health care needs had been recorded. We saw care plans included details about specific health conditions and how to meet these. There was evidence people had regular appointments with the healthcare professionals who supported them. Information from these appointments was recorded and we saw the staff discussed these and any changes in people's health needs. Daily care notes included information on people's health and wellbeing and we saw the staff had responded promptly to any deterioration in people's health.

Is the service caring?

Our findings

The person we spoke with told us the staff were kind and caring. They said, “You can have a laugh with them – they are nice.” Relatives told us they thought the staff were polite, caring and attentive. One relative said, “They allow him to make choices and do what he wants.” Another relative told us, “(my relative) gets on very well with the staff, they are kind, and listen, they are very gentle in their approach.” Another relative said, “The staff always speak very highly of the people they are caring for.” They told us they saw positive interactions and relationships at the home.

We saw the staff were kind and respectful towards people. Each person had allocated staff who were supporting them that day. The staff were patient, kind and let the people they were supporting make choices about what they did and where they went. The staff reassured people when they became distressed. We overheard the staff sharing a joke with people and asking them about their comfort and wellbeing.

One of the health care professionals we spoke with told us, “In my observation relevant to the two service users I see, the staff appears to be interested in the care of service

users and provided me with the required information. Service users appeared clean and well-dressed every time when I visited them.” Another professional said, “The staff have always been welcoming and accommodating and the clients have looked happy and well cared for.”

The care plans included information for staff on how to communicate with each person and how to understand the way each person expressed themselves. Some people were non-verbal or had limited language. There was detailed information for staff on how to make sure they understood what people were telling them and how they could make themselves understood. The staff used objects of reference, photographs, pictures, sign language and body language to communicate effectively. Care plans included pictorial guides to help clarify specific information. The staff were able to tell us how they communicated with different people.

Everyone had their own bedroom and their own en-suite or individual toilet and shower or bath facilities. The staff attended to people’s intimate personal care in private. The staff showed consideration towards people’s privacy and dignity by knocking on bedroom doors, closing doors after people and offering assistance in a quiet way which did not draw attention.

Is the service responsive?

Our findings

One person told us their needs were met at the home. They said they were given the support they needed. They told us they felt the staff and manager listened to them and when they had complained about something this had been acted upon.

There were detailed needs assessments for each person. These included assessments of their health, personal care and social needs. There were individual care plans to meet each assessed needs. These included supporting people to learn independent living skills, accessing the community, maintaining friendships and family contact as well as meeting personal and health care needs. Care plans had been regularly reviewed and updated. The staff kept records to show how people's needs had been met each day. These showed that care plans had been followed. The records also detailed how the person had felt each day and if any changes to their care and support were needed.

The relatives told us they felt the home was meeting people's needs. One relative said, "(my relative) has done really well there, such positive changes in his health and behaviour." They told us the staff had created innovative ways to offer support, such as building a café in the garden in the summer, where people could eat their meals or snacks. Relatives told us the staff offered support to meet people's needs and to keep them fit and healthy. One relative told us, "the staff always send me photos of what he has done and they are good at staying in touch."

There was a range of organised activities for each person. These included activities both inside and outside the home. There was a garden with play and sensory equipment and people had responsibilities to look after the home's chickens and growing vegetables. There was also a well-equipped activity room which people used for exercise, craft activities and games. People were involved in

shopping, preparing meals, laundry and cleaning their bedrooms. Some people attended places of worship and were supported to attend activities and socialise with other people from the same cultural and religious backgrounds. The staff told us they were learning about people's different cultural backgrounds so they could offer the best support to meet these needs.

The staff used a variety of different techniques to communicate with people. They had received training in communication techniques and also had information about each person's individual way of communicating. We saw them using Makaton (a type of sign language), pictures and objects of reference to help support communication. They also took time to listen to people and observe the way people expressed choices.

Relatives told us the staff responded straight away to concerns and answered queries they had. They said the manager was very responsive and always contacted them if they had any questions or worries.

The professionals we spoke with felt the service was responsive. One professional said, "The staff have liaised with me well and acted on advice given." Another professional told us, "My initial visit was with the client himself, the manager assisted by contacting relevant family members to help with my information gathering and arranging for them to be at my initial visit. The house followed my advice and contacted me as necessary when the person's needs changed."

There was an appropriate complaints procedure. This had been shared with people living at the home and families. There was a pictorial guide to the procedure to help people to understand what they needed to do if they wanted to complain. We looked at the record of complaints and saw that these had been appropriately investigated and the provider had responded to the complainant with the outcome of this investigation.

Is the service well-led?

Our findings

People we spoke with felt the service was well-led. One person living there said, "I can always talk to (the manager) she listened to me and always comes when I ask to see her." The relatives of people who lived at the home told us they felt the service was well managed. They said they had seen improvements for their relative and in general at the home. They felt the staff were well supported and the manager had made positive changes at the service.

Some of the things external professionals working with the service told us were, "I have had a positive overall experience with the service at 36 The Grove", "The Manager has always been quick to respond to emails/ phone calls and staff are receptive towards ideas", "Overall I have found the home helpful and supportive of their clients and feel confident they will alert me as and when necessary" and "there is a dedication and commitment from the staff and the support they provide. The staff I met have a great understanding of the needs of the residents they support. The Care Plans and record keeping is some of the best I have seen, clear, comprehensive and evidenced. (the manager has been) welcoming, honest and forthcoming answering all my questions and are a credit to your organisation."

The registered manager had worked at the home since it was registered. She also had a managerial role overseeing

the provider's other locations. She demonstrated a good knowledge of the service, the people who lived there and the needs of staff. She had plans for on-going improvements and had introduced new systems to reflect feedback from other professionals and following the inspections of the provider's other locations. The manager told us she was well supported by the provider and had the resources she needed to manage the home well. The organisation had worked with other professionals to help develop care plans based on recognised good practice. For example an external professional had supported the staff to improve the care plans around behaviour that challenged.

The provider undertook regular checks on the service. These included monthly checks on the health and safety of the environment and equipment, checks on record keeping, staff training and supervision and risk assessments. The provider employed a senior member of staff to conduct quality audits. These were detailed, up to date and identified areas for improvement. There were regular staff meetings where the staff were kept informed and able to contribute their ideas. Relatives told us they had regular contact with the manager and felt their ideas were listened to and acted upon. Shortly before our inspection the provider had asked relatives and other stakeholders to complete satisfaction surveys. They were waiting for the responses to these.