

The Westminster Society For People With Learning Disabilities

Piper House

Inspection report

2 St Marks Road
London
W11 1RQ

Tel: 07951472868

Date of inspection visit:
28 February 2017
02 March 2017

Date of publication:
04 May 2017

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 inspection took place on 28 February and 2 March 2017. This is the first inspection we have carried out since the service registered with the Care Quality Commission (CQC) under a new provider in September 2016. The first day of the inspection was unannounced. The provider was informed we would be returning for a second day to complete our inspection.

Piper House is a purpose built, supported housing service consisting of 12 self-contained, one bedroom wheelchair accessible flats. People have access to a shared reception/seating area and laundry facilities on the ground floor of the building. Flats located on upper floors are accessed by stairs and a lift. Ground floor flats open out onto a communal garden area.

People living at Piper House have a range of complex needs including learning and/or physical disabilities, autistic spectrum conditions, epilepsy and behaviours that may challenge services. The service is staffed 24 hours a day and is registered to provide support to people with personal care needs. At the time of this inspection the service was providing support to 11 adults.

The service had a registered manager in post who divided his time between this and another service run by the same provider. 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.

People's written risk assessments covered a range of issues including road safety, exploitation and abuse from others, self-neglect and financial management. Risk assessments had been reviewed in line with the provider's policies and procedures. People were protected from the risk of potential abuse because the provider operated systems for recording these matters.

Where possible, people were involved in decisions about their care and how their needs would be met. Staff developed caring relationships with people using the service and treated people with kindness, compassion. People were being supported to maintain their hobbies and interests

Staff supported people to attend healthcare appointments and liaised with people's GP and other healthcare professionals as required to meet people's needs. Medicines were managed and administered safely.

Staff recruitment procedures were in place and were being followed to ensure suitable staff were employed by the service. Staff received the appropriate training to equip them with the skills, knowledge and experience to carry out their duties effectively and with confidence and demonstrated a good understanding of people's individual needs and wishes and how to meet them.

People's individual preferences were respected in relation to food and drink choices and people were supported to prepare their own meals where this was possible

The home was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). CQC is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005, Deprivation of Liberty Safeguards (DoLS) and to report upon our findings. DoLS are in place to protect people where they do not have capacity to make decisions and where it is regarded as necessary to restrict their freedom in some way, to protect themselves or others. The registered manager understood when a DoLS application should be made and how to submit one.

Monthly and weekly audits were carried out across various aspects of the service; these included the administration of medicines, care records and health and safety checks.

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.

A range of risk assessments were completed in relation to the environment, people's mobility and personal care needs.

The provider had appropriate procedures in place to ensure staff had the guidance they would need to manage people's medicines.

Staff demonstrated a good understanding of safeguarding and whistle blowing policies and were able to provide examples of how they related to their duties and responsibilities.

Is the service effective?

Good ●

The service was effective.

People had access to a wide range of healthcare professionals including mental health specialists, dietitians and physiotherapists.

People were supported at mealtimes to have the food and drink of their choice.

Staff had completed mandatory training in areas such as Deprivation of Liberty Safeguards (DoLS), equality and diversity and health and safety.

Is the service caring?

Good ●

The service was caring.

People's care records were comprehensive and identified the care and support people wished to receive.

We observed that people were treated with respect by a staff team that knew them well.

The provider maintained good relationships with people using the service and their relatives.

Is the service responsive?

Good ●

The service was responsive.

People were provided with opportunities and support in relation to promoting their independence, home and community involvement.

Complaints were appropriately recorded and investigated. The complaints policy was available in more than one format to enable people to be able to understand the process.

People organised and chaired their own tenants meeting and were encouraged to express their wishes and discuss how staff and the service could best meet their needs.

Is the service well-led?

Good ●

The service was well-led.

The service had a registered manager in post.

The provider had quality assurance systems in place which included regular checks on fire safety, first aid equipment and medicines records.

Staff were well supported by managers through supervision and team meetings and their performance was reviewed regularly.

Piper House

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 inspection took place on 27 February 2017 and 2 March 2017. The first day of the inspection was unannounced. The provider was informed that we would be returning on the second day of our inspection.

Before the inspection we reviewed the information we held about the service. During the inspection we used a number of different methods to help us understand the experiences of people supported by the service. We spoke with four people using the service, the registered manager, two deputy managers and three support staff on duty. We also spoke with a team leader from the learning disability service based in the borough and two visiting relatives. We spent time observing interaction between people and the staff who were supporting them. We looked at people's care records, three staff files, as well as records relating to the management of the service. We contacted a further four relatives following the inspection to hear their views about how the service was managed.

Is the service safe?

Our findings

People using the service told us they were happy with the care and support they received from staff. Most of the relatives we spoke with felt their family members were safe, comfortable and well supported by staff. A member of staff stated, "This place is changing in a good way. The service users are in a very safe place and happy."

The provider had a safeguarding adults policy and procedure in place. Staff told us they received training in safeguarding adults as part of their mandatory training and demonstrated a good understanding of how to recognise abuse, and what action to take in order to protect people if they suspected abuse was taking place.

Staff understood whistleblowing procedures (whistleblowing is the term used when a worker passes on information concerning wrongdoings). Staff were aware they could report concerns to the local authority, the police and the Care Quality Commission. Staff told us that their ID cards provided details about how staff could access advice and information in relation to these matters. This demonstrated that the provider was committed to supporting staff to bring forward any concerns about practices that negatively impacted on the welfare of people who used the service.

The provider carried out a range of assessments to identify risks to people's health and safety. People's care and support files contained individual risk assessments and guidance that addressed their specific needs, for example if a person was at risk of self-harm, self-neglect, exploitation or abuse. Risk assessments were in place for people with moving and positioning needs and the service liaised with occupational therapists and physiotherapists where necessary for additional guidance and training to meet people's mobility needs. Staff were aware of identified risks and familiar with the measures in place to reduce these risks. Records showed that staff had attended moving and positioning training and were aware of the risks associated with immobility such as pressure sores. Risk assessments were being reviewed in line with the provider's policies and procedures.

The provider had appropriate procedures in place to ensure staff had the guidance they would need to manage people's medicines. Medicines were managed and administered by staff who had completed competency based medicines training. Each person using the service had a folder containing medicine administration records (MAR) to show when people's medicines were administered or when people were supported with their medicines, medicines policies, procedures and guidelines. Staff we spoke with told us they were using these records and knew what support people needed with their medicines. MAR sheets we looked at were up to date, accurate with no evident gaps or errors. First aid boxes we checked were adequately stocked with the appropriate items. Staff were aware of the protocols in place to respond to any medical emergencies or significant changes in a person's well-being.

Recruitment systems were in place to ensure all new recruits had the appropriate skills, knowledge and experience to be appointed. Staff were required to complete a Disclosure and Barring Service (DBS) check as part of the recruitment process before being appointed to their job. The DBS provides information on

people's background, including convictions, in order to help providers make safer recruitment decisions. We found that references were being sought to check the character of potential care staff and proof of their identification was part of the recruitment process. These checks were carried out as part of a legal requirement to ensure care staff were able to work with people and any potential risk of harm could be reduced. We saw that there were enough staff deployed to the service on the days we visited to support people with personal care needs and planned activities. The provider had systems in place to be able to increase staffing hours as and when people's support needs changed and utilised bank and agency staff as required.

The premises were clean and staff told us they had plentiful supplies of disposable gloves and aprons. The building was secure and we were asked to identify ourselves on arrival and sign in and out of the building accordingly.

Is the service effective?

Our findings

Staff were provided with a good level of information about people's health and social care needs and an understanding of the support they required, from their first point of contact. The registered manager told us he had worked closely with the previous provider, people using the service and their relatives, staff members and health and social care professionals (where appropriate) to ensure continuity of care. A relative told us, "Everyone was quite happy with the transition. They [the provider] let us know about the changes, sent us letters and introduced themselves before they took over. I've noticed improvements in everything, I'm quite pleased, I can breathe again."

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 registered manager understood the legal requirements relating to deprivation of liberty and worked with health and social services to ensure any restrictions were identified, so appropriate action could be taken to make sure these were in the person's best interests and would be authorised through the Court of Protection. We did not observe people's freedom being unnecessarily restricted in any manner during our inspection.

Where people had capacity to make their own decisions, care plans had been signed by the person who used the service to show their agreement with the information recorded. In cases where people lacked the capacity to make decisions about their own care, plans were developed in people's best interests and signed by family members (if appropriate) and/or health and social care professionals. Staff we spoke with demonstrated a good understanding of consent and capacity issues.

Care plans contained information and guidance for staff on how best to monitor people's health and promote their independence. Care records included contact details for people's GPs and where people were at risk of choking or falling, the appropriate health care professionals were involved. Speech and language therapists (SALT) and physiotherapists provided staff with appropriate guidance and we saw documents relating to how people should be supported. Staff were aware of people's health care needs and where required supported people to attend routine appointments. Care records also contained hospital passports. The aim of the hospital passport is to assist people with learning disabilities to provide hospital staff with important information about them and their health when they are admitted to hospital.

Staff had a programme of training, supervision and appraisal, so people were supported by staff who were trained to deliver care safely and to an appropriate standard. New staff were required to successfully complete a three month probation period during which they received supervision on a regular basis in line with the provider's policies and procedures. A member of staff told us, "They [the provider] made sure I had a really long induction, I shadowed for the first couple of weeks, I read people's care plans and learnt the routines. I ask for supervision because it's really important to know if I'm doing ok."

A training matrix showed the training all staff were required to undertake to meet the needs of people they supported such as safeguarding, Mental Capacity Act 2005, first aid, infection control and moving and handling. Staff told us they had access to further training and a high number of staff had completed vocational training courses in health and social care or had studied or were in the process of completing courses in psychology and/or nursing at degree level. Any gaps in staff member's training and development needs were addressed during staff supervision sessions.

Staff supported people with food shopping and meal preparation. Some of the people living at Piper House were able to make their own decisions as to what they had to eat and drink and were able to feed themselves. Where support was needed, people were supported at mealtimes to access the food and drink of their choice. Staff confirmed they supported people with eating and drinking and always offered people choices. Staff were able to demonstrate an understanding of healthy eating options and how they would support people if needed, to make these decisions.

Is the service caring?

Our findings

People we spoke with told us they liked the staff and were happy living at Piper House. Most relatives provided positive feedback about the care and support provided by the service and staff.

People's care records were comprehensive and identified the care and support people wished to receive. Staff confirmed they read the care records and made sure they understood the care and support people required to maintain their health and wellbeing. Care records were person-centred and identified people's likes and dislikes and what was important to them in their lives. One person had stated in their care plan that they liked 'music, socialising, food shopping and watching TV.' We observed this person listening to their favourite music, laughing and chatting to staff and being supported with meal preparation. Staff understood people's right to make decisions about their care and recognised and respected people's individual values and preferences.

Throughout our visit we saw responsive and respectful interaction between staff and people using the service. Staff understood people's needs with regards to their disabilities, race, sexual orientation and gender and supported them in a caring way. A team manager told us that some staff had attended a training session on sexuality awareness delivered by a sexual health nurse and that staff discussed these issues with people where this was appropriate.

Staff told us that respecting people's privacy and dignity was an important part of their work and they always made sure they observed good practice when people were being supported with their personal care. We saw that staff knocked and asked permission to enter people's flats and greeted people cheerfully and in a friendly manner. People were encouraged to be as independent as possible and where appropriate manage their own needs but when needed; staff were on hand to provide support. A member of staff described how they carried out personal care, "I talk to [them] and explain what I'm going to do. I close the blinds, ask permission and I give a warning if it's becoming more intimate, I'm gentle. I make sure my hands aren't cold."

We saw evidence that people were asked for their views about the care they received and how the service was run. Resident's meetings were held on a regular basis and well-attended. Meeting minutes showed that people felt able to discuss what was going well and not so well with themselves and within the service. Care records showed that staff supported people to access advocates and other appropriate agencies when this was required.

The provider maintained good relationships with people using the service and their relatives. Where appropriate, relatives had been given fob keys to enter the building and were able to visit their family members at any time. A relative told us, "There's a small group of staff who are all regular, like a family, who they [people using the service] have all got to know really well, [staff] know what they want, what their personalities are. It's spot on. Everything is fabulous."

Is the service responsive?

Our findings

Assessment information was used to plan people's care and records were in place for all of the people living at Piper House. Staff confirmed they read people's care plans and were familiar with people's support needs. People's health action plans had been completed and gave details of the range of healthcare professionals involved in people's care including GPs and social workers. Information was recorded in relation to people's health appointments and we saw that people were supported to attend dental and GP appointments when required.

Staff told us people's care was reviewed on a regular basis. The registered manager was aware that the process for completing reviews did not always provide evidence as to who had been present at the review meeting, what had been discussed and what actions if any had been agreed. This information is important as it ensures decisions are being made in people's best interests when they are unable to make care decisions for themselves. The registered manager has agreed to modify systems/templates in order to capture the participation and views of all those involved in future health and care reviews.

People were provided with opportunities and support in relation to promoting their independence, home and community involvement. People regularly attended leisure, social and learning activities. A relative commented, "The new manager is doing a lot more activities and people seem to be getting out and about a lot more." One person told us how staff had supported them to take a short break in the Lake District and had posted the following on the provider's public website, 'Since the Westminster Society started supporting me I have been going out loads more than I used to. I had my first holiday in years and went for an activity weekend in Cumbria – it was a great weekend'. Other people using the service attended groups and classes and staff told us that people took part in hydrotherapy sessions, went swimming, shopping and watched films together. A relative told us, "Staff are enthusiastic, [my family member] goes out all the time and at night time too. [They're] always doing something, always busy."

There was a key worker system in place in the service. A key worker is a staff member who monitors the support needs and progress of a person they have been assigned to support. Key working staff were able to explain the needs of the people they were supporting and how they did this. We saw that support was responsive to people's changing needs and staff recognised how to adjust the care provided dependent on whether a person was having a good or bad day. Staff told us about one person using the service who was unwell and having a difficult time and explained what they were doing to support this person saying, "We're trying to make [their] day go as smoothly as possible." Staff maintained daily records about people's care and relatives were provided with appropriate feedback about people's health and welfare. One relative told us, "I talk to [staff] nearly every day" and another relative said, "[Staff] are very good at contacting me."

The service manager told us resident's meetings were held with people using the service at which issues regarding future activities and the general running of the service were discussed. The service had a complaints procedure in place. We saw that the complaints process was available in more than one format to enable people to be able to understand the process. People using the service told us they knew how to make a complaint if needed. Relatives told us they knew how to make a complaint and were confident in

doing so. We saw that complaints were logged and responded to appropriately in line with the provider's policies and procedures.

Is the service well-led?

Our findings

The service had a registered manager in post who was supported in his duties by three team managers. One of the team managers told us, "We still have some way to go and improvements still to make before we have a chance to become outstanding."

Staff received training in safeguarding adults and demonstrated a good understanding of the provider's policies and procedures in relation to keeping people safe. Staff were able to describe the action they would take if they suspected or witnesses a safeguarding incident. The provider was aware of their reporting responsibilities and worked collaboratively with the local authority to investigate safeguarding concerns appropriately.

The management team operated an open door policy which meant people living at the service were able to meet and talk with staff at any time of the day. A member of staff said, "The manager is approachable. If you tell [management] something, they'll sort it out. They listen to any and all concerns." The provider had systems in place to enable staff to get support during times of the day when the office was shut or during a bank holiday.

Relatives had met the registered manager and knew most of the regular staff members by name. A relative told us, "The new management are definitely getting there." Another relative we spoke with acknowledged there had been "some improvements" but felt that the service needed "more management at night." A member of staff told us, "Everything has changed for the better. We have better staff, it's more organised and there is a much calmer atmosphere now." Another member of staff told us, "This place is changing for the better, in a good way. The service users are in a very safe place and they're happy. [The registered manager] is great, very positive and very enthusiastic."

People living at Piper House chaired and attended weekly tenant's meetings. These meetings provided opportunities for people to report maintenance issues, discuss new activities and make suggestions about service improvements. The provider also carried out tenant's surveys to monitor the provision of care and records people's views, comments and/or complaints.

We found the provider had a process in place to record accidents and incidents to ensure that these events were logged, investigated and monitored appropriately. Staff we spoke with were able to explain the actions they would take if an incident or accident was to take place. This included recording events, using body maps and reporting to senior members of the team.

The provider had a whistleblowing policy in place to enable care staff to raise concerns on an anonymous basis. Staff we spoke with confirmed they were aware of the policy and knew in what situations they would use it.

Staff team meetings took place each month or sooner if managers wished to discuss urgent issues relating to complaints, staff responsibilities and working policies and procedures. We read the minutes of meetings

held in February 2017 and noted that new shift plans, medicines auditing and record keeping were topics of discussion.

The service had quality assurance systems in place. We found that quality checks and audits were carried out on a regular basis to ensure medicines were managed appropriately, to check on the environment where people lived and to ensure staff were supporting people as per their wishes. The registered manager told us they completed regular and ongoing checks on fire safety and we noted that fire equipment had been tested and first aid boxes were fully stocked and kept in an appropriately accessible place.

A health and social care professional we spoke with during our inspection told us, "There's been a great deal of improvement. I'm getting positive feedback and families and residents are much happier."