

The Westminster Society For People With Learning Disabilities

Flat A 291 Harrow Road

Inspection report

291 Harrow Road
London
W9 3NR
Tel: 02072862593
Website: www.wspld.org.uk

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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?

Inadequate



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 28, 29 May and 1 June 2015. The visit was announced. Flat A, 291 Harrow Road consists of four separate bedrooms, a communal lounge and a kitchen area. The service provides accommodation for people with learning disabilities. There were four people living in the flat at the time of our visit.

The service had a registered manager in post at the time of our visit. 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.

However, on 7 July 2015 we received an email from the provider informing us that the registered manager had resigned from her post with immediate effect. We are awaiting formal notification regarding this matter.

Summary of findings

During this visit we noted that staff were not always being managed and supported effectively. We also observed low levels of interaction and engagement between staff and people using the service.

The service received referrals from social workers based in Westminster. Initial assessments were carried out by senior staff members to ensure that the service was able to identify and meet people's support needs before they moved into the service on a permanent basis.

Care plans were developed in consultation with people and their family members. Where people were unable to contribute to the care planning process, staff worked with people's representatives and sought the advice of health and social care professionals to assess the care needed.

People's risk assessments were completed and these covered a range of issues including guidance around accessing the community, personal care, moving and positioning.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and DoLS, and to report upon our findings. DoLS are in place to protect people where they do not have the capacity to make decisions and where it is regarded as necessary to restrict their freedom in some way, to protect themselves or others.

Staff had received training in mental health legislation which had covered aspects of the MCA and DoLS. Senior staff understood when a DoLS application should be made and how to submit one.

Staff were familiar with the provider's safeguarding policies and procedures and able to describe the actions they would take to keep people safe.

Staff supported people to attend health appointments and had received training in first aid awareness. There were protocols in place to respond to any medical emergencies or significant changes in a person's well-being. These included contacting people's GPs, social workers and family members for additional advice and assistance.

People attended music sessions, went for walks, ate out in restaurants and visited museums.

Staff were aware of people's specific dietary needs and preferences and offered people choices at mealtimes. Where people were not able to communicate their likes and/or dislikes, staff sought advice and guidance from appropriate healthcare professionals and family members.

There were arrangements in place to assess and monitor the quality and effectiveness of the service. This included house meetings, medicines administration auditing and quarterly service audits.

We found breaches of the regulations relating to person-centred care and good governance. You can see what action we told the provider to take at the back of the full version of this report.

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?

Aspects of the service were not safe. Care plans contained risk assessments that identified risks to people's safety and/or that of others and contained information about how to manage the risks. However, review processes were not robust.

Staff had completed training in adult safeguarding prior to working with people who used the service.

Medicines were stored and administered safely. Medicines administration records (MAR) were completed appropriately.

Requires improvement



Is the service effective?

Aspects of the service were not effective. Staff were not always being supervised on a regular basis.

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

Staff had received training during their probation period which covered aspects of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were supported to access appropriate healthcare services.

Requires improvement



Is the service caring?

The service was not caring. Staff did not always demonstrate a caring attitude towards people using the service.

We did not observe staff using appropriate communication methods with people using the service. Interaction between staff and people using the service was minimal.

Staff were able to explain and give examples of how they would maintain and promote people's dignity, privacy and independence.

Inadequate



Is the service responsive?

Aspects of the service were not responsive. People were supported to attend day centres, leisure facilities, parks and places of interest but activity levels within the flat were low and did not meet people's individual needs.

Staff accompanied people to annual health reviews with their GPs and made appropriate appointments with other healthcare professionals as and when needed.

Requires improvement



Summary of findings

The service had a complaints policy which was available in an easy read format for people using the service. Complaints were managed in line with the provider's policies and procedures. Not all family members felt comfortable about making a complaint.

Is the service well-led?

The service was not well-led. The registered manager was not always on site. Staff did not always feel supported or listened to when they provided suggestions as to how the service could be improved.

Staff received supervision sessions but these were not always on a regular basis.

The service monitored the quality of care through contact with people and their family members. Some relatives wanted to receive more regular updates about their family members.

Requires improvement



Flat A 291 Harrow Road

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.

This inspection took place on 28, 29 May and 1 June 2015 and was announced. The provider was given 24 hours' notice because we needed to be sure that someone would be in. The inspection was carried out by a single inspector.

Before the inspection took place, we looked at the information the Care Quality Commission (CQC) holds about the service. This included notifications of significant incidents and complaints reported to CQC since the last inspection in May 2014.

During the inspection we spoke with four support workers. We also spoke with the operations manager and the registered manager. Following the inspection we spoke with three relatives of people using the service and a further two support workers.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at a variety of records, including care plans for all the people using the service, four staff files and records relating to the management of the service. We received feedback from two health and social care professionals with knowledge about the service and the people using it.

Is the service safe?

Our findings

One relative told us, “I think essentially [my family member] is safe but I do have concerns. I felt I could trust [staff] before but I’m not so sure now.” A member of staff told us, “[People] are physically safe but I think more attention needs to be paid to the service users and we need different staff with different points of view.”

Family members expressed concerns around the frequent changes of staff and the management structure. One relative told us, “There’s no regular staff base and [the service] relies on agency staff.” Another relative said, “You never know where you are because staff don’t stay very long.” The service employed a mix of permanent, temporary, agency and bank staff.

The operations manager told us they were in the process of recruiting new permanent staff members. New applicants were shortlisted and invited to attend a group assessment and interview. Before staff were employed they were required to undergo criminal record checks and provide satisfactory references from previous employers, photographic proof of identity and proof of eligibility to work in the UK. We reviewed information which confirmed that people using the service were being cared for by staff who had satisfactorily completed these pre-employment checks.

Care plans contained up to date risk assessments that identified risks to people’s safety and/or that of others. Risk assessments were both generic and specific and covered areas such as accessing the community, mobility and personal care. For example, people using the service needed support when going out into the local community and the risks relating to this had been assessed and plans were in place to minimise the risks. Risk assessments were dated and signed by a member of staff to indicate that a

review had taken place within the past 12 months. However, assessments lacked sufficient evidence to demonstrate how the review process had been conducted and who had been involved in the proceedings.

Appropriate arrangements were in place to protect people from the risk of abuse. Staff had completed training in adult safeguarding prior to working with people who used the service and were able to tell us what they would do if they felt someone they were supporting was being abused. There had been one safeguarding incident in the past 12 months, and records showed that the service had involved the relevant professionals and other agencies when taking action to keep people safe.

People’s medicines were managed so that they were protected against the risk of unsafe administration of medicines. Medicines prescribed as a variable dose were recorded accurately and there were individual protocols in place for people prescribed ‘as required’ medicines (PRN). This meant that staff knew in what circumstances and what dose, these medicines could be given, such as when people had changes in mood or sleeping pattern. People’s current medicines were recorded on medicines administration records (MAR). We saw that these were completed correctly when medicines were administered to people using the service.

Where people had complex healthcare needs or staff were unfamiliar with a specific procedure such as the management of epilepsy, the registered manager told us they sought relevant guidance from people’s GPs and nurses with specialist training. Staff we spoke with confirmed that they would consult people’s care plans for any specific guidance relating to support needs or speak with their manager to ask for advice if they were unsure about anything.

Is the service effective?

Our findings

We looked at people's health care files which included information relating to their health care needs and a health action plan. We saw that staff made appropriate appointments for people to see their GPs as and when needed and accompanied them to healthcare appointments. We saw evidence of people being seen by a wide range of healthcare professionals. These included mental health specialists, dietitians and district nurses. One relative told us their family member attended weekly health appointments and that they received feedback from staff and healthcare professionals on a regular basis.

Staff were aware of the protocols in place to respond to any medical emergencies or significant changes in a person's health and wellbeing. Staff told us that if someone they were supporting became unwell they would contact staff based in the office and/or contact emergency services.

Staff told us they supported people with menu planning, food shopping and meal preparation. We observed staff preparing food with fresh ingredients. However, we did not see people being involved in this task or see people sitting down together to eat their meal. One relative told us, "It would be nice to walk in one day and see [people] eating around the table together. I have never seen it in all the years." We saw that staff recorded people's food and drink intake and discussed this during the afternoon handover session.

Staff told us they received supervision but this was not always on a regular basis. Some of the staff we spoke with told us their ideas and suggestions were not always received well by the registered manager and that changes to service delivery were difficult to initiate because "[The registered manager] is not listening to what we say."

Staff had completed mandatory training in areas such as person-centred planning, safeguarding and health and safety. Staff were able to complete further training courses in areas such as autism awareness and non-physical approaches to managing behaviour that challenges. Healthcare professionals we spoke with told us they were very involved with staff training and that clinicians devised specific training for staff when and where indicated.

The manager told us staff received training during their probation period which covered aspects of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. Senior staff had completed internal service checklists to identify whether people supported by the service were subject to restrictions such as continuous one to one 24 hour supervision, locked doors, cupboards and secured appliances. As people using the service were subject to these restrictions, the provider had referred them to the relevant agencies to consider if decisions had been made in the best interests of the individual and to assess whether or not they had capacity to make their own decisions about safety.

Is the service caring?

Our findings

Aspects of the service were not caring. One relative told us, “[The service] has gone downhill over the years, some of the staff don’t care, it feels chaotic.” Another relative said, “You need dependable staff who are doing their job for the love of it, I don’t see much of that.”

Staff were not always engaging with people using the service. A relative commented, “I don’t see a lot going on, I like [my family member] to take part in things.” On one occasion we observed staff eating their lunch and talking to each other in the communal area whilst one person played on their own in the living area and another person walked continuously around the flat and from room to room. At no time did staff attempt to engage with either of these people. A member of staff told us, “I think people are incredibly bored and restless and this is causing problems for them. There’s nothing really going on.”

One staff member we spoke with told us that one particular person using the service was “quite isolated and gets ignored a lot because people don’t know how to interact with [them].” The manager told us that staff were working to meet people’s communication needs. Staff told us they used a range of communication methods such as picture charts and objects of reference to engage with people using the service. However, we did not observe staff using any of these methods to communicate with people and recorded during our visit that interaction between staff and people using the service was minimal.

Staff told us they supported people to make choices in their daily lives in areas such as personal care, activities and meals. Care plans contained detailed information about people’s preferences. We asked a member of staff to tell us something about one of the people they supported; “[They] like to go out for walks, listen to music, do things that are sensory orientated.” We did not see this person partaking in any of these activities during our visit.

These factors indicated there were shortfalls in the delivery of person-centred care. People were not always supported to participate in meaningful activities at a level that was appropriate and beneficial to their health and wellbeing. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 such as asking people’s permission, drawing curtains and making sure doors were shut whilst people attended to or were being supported with their personal care.

Staff told us they entered daily information in people’s daily logs. Information included a brief overview of the support given, activities participated in and details regarding well-being and behaviour. Family members were kept updated about any changes in the health and welfare of their family members although one relative told us “I have to keep chasing staff to get the info I need.”

Is the service responsive?

Our findings

Before moving into the service people's care needs were assessed by senior staff. People's relatives told us they had been involved in the initial assessment process. The registered manager told us they visited people in their homes or in the service they were currently living in and sought advice and guidance from family members, previous providers and professionals involved in people's care. People and their family members were encouraged to visit the service before arrangements were put in place for an overnight stay prior to moving in on an initial trial basis. During this period, review meetings were held so that people's progress and welfare could be monitored.

Assessments covered all aspects of people's physical and mental health needs, their background and social relationships and included details about the ways in which people preferred to communicate and strategies for supporting positive behaviour. Support plans were in place for each person using the service and had been produced in an easy read format. People's relatives told us they had not received copies of their family member's support plans but would request these if required.

We were told staff supported people to engage in a range of activities that reflected their interests. These included walks, shopping trips and visiting museums. People's relatives and those that mattered to them could visit or go out into the community with them whenever they wished.

During our visit we did not see people actively engaged in any form of task or activity. Staff told us that one person had been out to a museum on one of the days we visited and another had attended a hospital appointment.

The registered manager told us that they contacted people and their relatives on a regular basis to review the care and support they were providing. The registered manager told us that people's care was reviewed annually and more often if required. Relatives told us, "They ring me if there's a problem," and "If there's something wrong they let me know." Another relative told us they didn't always receive information about their family member in a timely manner.

Relatives told us they knew how to make a complaint and to whom. One relative told us, "[Staff] take notice of what you say." However, another relative told us "I don't like complaining, you have to keep quiet." The service had a complaints policy which was available in an easy read format for people using the service. The manager told us the complaints process was implemented as soon as one was received. We saw evidence that formal complaints were investigated in line with the provider's policies.

We were told by staff that one person using the service would benefit from the support of an independent advocate and that this had been discussed with a social worker. An advocate works in partnership with people with learning disabilities to make sure they are supported with dignity and respect and are supported to put their views across when choices and decisions need to be made about their own lives.

Is the service well-led?

Our findings

Relatives of people using the service held mixed views about how the service was run. One relative told us, “There has been a decline in the service, mostly to do with staffing issues.” Another family member praised the registered manager highly and said, “She’s absolutely fabulous, a wonderful person.” Staff comments about the registered manager’s approach to managing the service were not positive.

The provider carried out quarterly observational visits. We looked at the findings for a visit carried out in March 2015. We noted that staff conducted regular fire drills and fire safety checks. However, we noted that the audit did not contain a section for recommendations or action points. We also noted that the section relating to the observation of interaction with people using the service had not been completed.

We were told that the provider conducted friends and family surveys on an annual basis. However, we looked at the results of the last survey carried out in 2014 and noted that there were no responses from family or friends of people who used the service.

The registered manager told us she monitored the quality of care by contacting people’s relatives either by phone, email or in person. Some relatives felt that communication between family members and staff needed to be improved. One relative told us, “There are no relative’s meetings.” Another relative said, “There are no family meetings, nothing like that at all, I’ve never met any other parents.”

House meetings were held on a weekly basis so that people using the service could plan menus and activities. We saw records relating to these meetings although staff told us that these meetings didn’t always take place due to staffing arrangements. Staff told us they used picture charts and objects of reference to plan menus and activities.

We noted that the registered manager was absent from the service on one of the days we visited and following our visit when we attempted to contact her. We were told that this

was because she was accompanying one person using the service to a medical appointment. During the registered manager’s absences the service was managed by a shift leader, agency and temporary support staff.

Staff told us they were encouraged to complete professional qualifications and ongoing training so that they developed the skills to implement the values of the service. Staff received supervision and an annual appraisal where they were asked to identify areas for further training and development. Staff told us they felt supported by their manager but didn’t always feel listened to when they made suggestions about how the service could be improved. One member of staff commented that supervision didn’t always take place on a regular basis.

These factors indicated there were shortfalls in the way the registered manager was managing the service. Feedback from people’s relatives and staff members was not always being sought, and/or acted on. This may have meant that evaluation of the service and improvements to the service were not always being implemented effectively. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us they audited people’s medicines administration records (MAR) on a weekly basis and any errors or omissions identified were discussed with the relevant staff members. We saw records that verified this auditing process had been completed and staff confirmed that MAR information was checked on a regular basis.

Staff attended team meetings during which they discussed issues such as staffing levels, health and safety and the welfare of people using the service. We read the minutes from a staff meeting held in May 2015 and saw that issues such as incidents and people’s upcoming health appointments had been discussed.

Staff were aware of the reporting procedures for any accidents or incidents that occurred and told us they would record any incidents in people’s daily communication records and report the matter to senior staff and family members.

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	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>People who use services were not being provided with and supported to participate in a range of meaningful activities that met their needs and preferences at a level that was appropriate and beneficial to their health and wellbeing. Regulation 9 (1) (a-c).</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider was failing to provide opportunities to support people, their relatives and staff members to express their views openly and, so far as appropriate and reasonably practicable, accommodate those views.</p> <p>Regulation 17 (1) (2) (a) (e) (f).</p>