London Borough of Richmond upon Thames

London Borough of Richmond upon Thames - 26 Egerton Road Respite Care Service

Inspection report

26 Egerton Road
Twickenham
Middlesex
TW2 7SP
Tel: 020 8891 6308
Website:

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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

This was an unannounced inspection over two days and took place on 4 and 5 February 2015.

Summary of findings

The home provides respite care and accommodation for up to six people with learning disabilities. It is located in the Twickenham area.

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 September 2013, our inspection found that the service met the regulations we inspected against.

At this inspection the home met the regulations. People and their relatives told us they were very happy living at the home and with the service provided. People could continue to pursue the activities that they would do when living at home, felt safe and the staff team provided the care and support they needed.

The home provided an atmosphere that was enjoyable, light and it was a nice place to stay.

The records were comprehensive and kept up to date.

The home was well maintained, furnished, clean and enabled people to do what they wished. It provided a safe environment for people to live and work in.

The staff we spoke with were very knowledgeable about the field they worked in, had appropriate skills and training and knew people and their carers well. They also understood people's needs. Their knowledge was used to provide care and support focussed on the individual, in a professional, friendly and supportive way.

People were enabled to do the activities they did at home as well as joining in other activities that were group and individual based. People and their relatives said they followed their usual routines and were supported to do so. There was lots of smiling, laughter and good natured banter between people using the service and staff during our visit.

We looked at care plans that contained clearly recorded, fully completed, and regularly reviewed information that enabled staff to perform their duties to a good standard.

People and their relatives were encouraged to discuss their health needs with staff and had access to community based health professionals, during their stay in the same way they would at home.

People were protected from nutrition and hydration associated risks with balanced diets that also met their likes, dislikes and preferences. Relatives spoke positively about the choice and quality of food available.

The staff were well trained, knowledgeable, professional and accessible to people using the service and their relatives. Staff said they had access to good training, support and career advancement.

Relatives said the management team at the home, were approachable, responsive, encouraged feedback from people and consistently monitored and assessed the quality of the service provided.

We contacted two health care professionals to get their views.

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.

Good

People and relatives told us that they thought the home provided a safe environment and they had not seen people mistreated.

There were effective safeguarding procedures that staff were trained to use and understood.

The manager and staff improved the service by learning from incidents that required practice improvement.

The staffing levels were in addition to those that just make the home function.

People's medicine records were completed and up to date. Medicine was regularly audited, safely stored and disposed of.

The home was safe, clean and hygienic with well-maintained equipment that was regularly serviced.

Is the service effective?
The service was effective.

Good

People's support needs were assessed and agreed with them and their families.

Staff skills and knowledge were matched to people's identified needs and preferences. Specialist input from community based health services was maintained, liaised with and provided as required.

People's 24 hour care plans monitored food and fluid intake and balanced diets were provided to maintain health that also met their likes and preferences.

The home's layout and décor was geared to meet people's needs and preferences.

The home had Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) policies and procedures. Training was provided for staff and people underwent mental capacity assessments and 'Best interest' meetings were arranged if required.

Is the service caring?
The service was caring.

Good

Staff provided support in a kind, professional, caring and attentive way that went beyond their job descriptions. They were patient and gave continuous encouragement when supporting people.

People's opinions, preferences and choices were constantly sought.

People's privacy and dignity were respected and promoted by staff.

Is the service responsive?
The service was responsive.

Good

People continued the recreational and educational activities they did at home and joined in with a number of other activities the home provided. This was within the home and the local community.

Summary of findings

People's care plans identified how they were enabled to be involved in their chosen activities and daily notes confirmed they had taken part.

People and carers told us that any concerns raised with the home or organisation were discussed and addressed as a matter of urgency.

Is the service well-led?

Good

The service was well-led.

There was a vibrant, energetic, friendly and positive culture within the home that was focussed on people as individuals. This was delivered by everyone at the home during our visit. People were familiar with who the manager and staff were.

We saw the management team enabled people to make decisions and supported staff to do so by encouraging an inclusive atmosphere.

Staff were well supported by the manager and management team. There was an approachable management style at the home. The training provided was of good quality and advancement opportunities were available.

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 over two days and took place on 4 and 5 February 2015.

This inspection was carried out by an inspector.

There were four people living at the home. We spoke with three people, four carers, four care workers and the registered manager.

Before the inspection, we 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 provided, was shown around the home and checked records, policies and procedures. These included the staff training, supervision and appraisal systems and home's maintenance and quality assurance systems.

We looked at the personal care and support plans for four 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.

We contacted two health care professionals to get their views. They were social workers.

Good

Is the service safe?

Our findings

People and their relatives said they thought the service was safe. One person told us, “a home from home.” Another person said, “This is a very safe environment.” Relatives said they had never witnessed bullying or harassment at the home.

When we arrived, we were asked to produce identification before entering the building, to identify that we were authorised to carry out an inspection.

There were policies and procedures regarding protecting people from abuse and harm that staff followed during our visit. This included treating people in the same way, giving them equal attention and as much time as required to meet their needs. Staff told us they received induction and mandatory refresher training in this and it included assessing people taking risks.

We asked staff to explain their understanding of what abuse was and the action they would take if they were confronted by it. Their response met the provider’s policies and procedures.

There was a comprehensive staff recruitment procedure that recorded all stages of the process. This included advertising the post, 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 security checks carried out prior to starting in post. There was also a six month probationary period.

The staff rota was flexible to meet people’s needs and there were staffing levels during our visit that met those required to meet those needs, in some cases on a one to one basis. This was reflected in the way people were enabled to do the activities they wished safely.

The home had disciplinary policies and procedures that were contained in the staff handbook and staff confirmed they had read and understood.

People’s personal information including race, religion, disability and beliefs were clearly identified in their care plans. This information enabled care workers to respect them, their wishes and meet their needs. The information gave staff the means to accurately risk assess activities that people had chosen. They were able to evaluate and compare risks with and for people against the benefits they would gain. This enabled people to continue to pursue their hobbies, interests and education whilst staying at the home.

We looked at four people’s care plans. They contained risk assessments that enabled them to take acceptable risks and enjoy their lives safely. There were risk assessments for all activities and aspects of people’s daily living. The risk assessments were reviewed regularly, adjusted at each visit and when people’s needs and interests changed. People, relatives and staff were encouraged to contribute to them when the opportunity arose.

During our visit staff encouraged input from people whenever possible. This was governed by people’s capacity to do so and therefore some plans and risk assessments were reliant on staff observation and carers input. Two carers confirmed they were invited to review meetings.

The staff shared information within the team regarding risks to individuals. This included passing on any incidents that were discussed at shift handovers and during staff meetings. There were also accident and incident records kept.

There were general risk assessments including fire risks that were completed for the home. Equipment was regularly serviced and maintained.

There was no current safeguarding activity. Previous safeguarding issues had been suitably reported, investigated, recorded and learnt from.

We checked the medicine records for all people using the service and found that the records were fully complete and up to date. Medicine was regularly audited, safely stored and disposed of as required.

People were reminded about keeping themselves safe, including ‘Stranger danger’ and had received visits from the local police to provide advice regarding this.

Good

Is the service effective?

Our findings

We saw staff delivering care that met needs effectively. They were aware of people's needs and worked hard to meet them in a homely, comfortable and relaxed atmosphere that people enjoyed. There was laughter and people enjoyed each other's and the staff's company during our visit. People came and went to various activities as they pleased.

Staff were fully trained and received induction and annual mandatory training. The training matrix identified when mandatory training was due. Training included safeguarding, infection control, challenging behaviour, first aid, food hygiene, equality and diversity and the person centred approach. Monthly staff meetings 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. Staff had achieved 'Qualification and Credit' framework awards at level two and predominantly level three.

The home had access to specialist training either directly from the local authority or from specialist organisations, that the local authority had contracted with.

Specific communication training was provided as required. We saw staff using different forms of communication effectively based upon their knowledge of the individual and their communication needs. People understood and responded to the way staff communicated with them if they had communication difficulties.

People took part in SUGAR meetings two or three times per year where they were enabled to contribute to service improvement suggestions. These had been filmed so people using the service could discuss them further. SUGAR is the service user's group at respite.

The assessment information we saw showed us that people's needs were appropriately assessed. People, their carers and advocates were fully consulted and involved in the decision-making process before deciding to have a stay at the home. Staff confirmed the importance of capturing the views of people using the service as well as carers so that the care could be focussed on the individual.

The home carried out pre-admission assessments where possible that included speech and behaviour before people came to stay. There were transitional and emergency placements depending on people's needs and their nature. Placement agreements were based upon the home's ability to meet the need of the individual, safety of other people staying at the home and the support that could be provided.

Records showed that where suitable support could not be provided, referrals were not accepted and re-referrals made to more appropriate services. The admission of non-emergency placements involved an assessment visit by the manager and staff who also liaised with carers. Information from any previous placements was also requested.

The pre-admission assessments and other available information formed the basis for 24 hour care plans that were added to after each visit. Many people using the service had done so for many years and archived information was available to revisit in order to help identify current needs.

The four care plans we looked at included sections for health, nutrition and diet. Nutritional information was updated regularly. Where appropriate weight charts were kept and staff monitored how much people had to eat. There was information about individuals preferred food and type of support required at meal times.

Staff said any health concerns were raised and discussed with the person's carer and GP if required. Nutritional advice and guidance was provided by staff for people during our visit and there was access to community based nutritional specialists. People chose the meals they wanted at each mealtime as they would in their own home.

Staff received mandatory training in The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). 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 under DoLS were submitted by the provider and were authorised. Best interest meetings were arranged as required and renewed annually or as required. Best interest 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

Good

Is the service effective?

received appropriate training and recorded in the care plans. 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 monitored regularly by the home. Staff continually checked that people were happy with what they were doing and activities they had chosen throughout our visit. The records we looked at also demonstrated that consent to treatment was sought, referrals were made to relevant health services as required and they were regularly liaised with.

The home had a pro-active de-escalation rather than restraint policy that staff had received training in. They explained the procedure and we saw it being followed during our visit. They were aware of what constituted lawful and unlawful restraint. Information recorded in daily notes included if de-escalation had been used. Any behavioural issues were discussed during shift handovers and during staff meetings to help inform staff knowledge.

The care plans documented behaviour specific situations that may provoke inappropriate behaviour by people and how they may be triggered. There was guidance within the care plans of how to deal with challenging behaviour for each person that detailed the action to be followed under those circumstances.

During our visit people chose the meals they wanted, there was a good variety of choice available and the meals were of good quality. One person said, "The food is really good and I eat what I want". A carer said, "The meals are of good quality and provide a balanced diet."

The home and local authority had contact with organisations that provided service specific guidance so that best practice was followed.

Good

Is the service caring?

Our findings

People were involved in making decisions about their care and the activities they wanted to do throughout during our visit. This was when staff were aware of our presence and when they were not. People told us that staff were very supportive and provided the type of care and support that was needed, when it was needed and in a way that was appropriate and they liked. This matched the care and support we saw. One person said, “I call them my angels.”

People and carers told us that the service treated them with respect, dignity and compassion. The staff had made real efforts to make sure people’s needs were met; they enjoyed staying at the home and were supported to do what they wanted to. Staff listened to what people said and did more than just meet needs. People’s opinions were valued and staff were always friendly and helpful.

This mirrored the care practices we saw during our visit. Staff were skilled, patient, knew people, their needs and preferences very well. They made great efforts to ensure people led happy, rewarding lives, as they would at home rather than just meeting basic needs, during their stay.

One person we spoke to told us, “I like the people here, they are so nice.” Another person said, “You can go where you want, I go to (a day centre) and am getting on famously”. Someone else said, “I get on with the other people, they ask me what I’ve been doing and we all say good night.”

The staff training matrix recorded that staff received training about respecting people’s rights, dignity and treating them with respect. There was a relaxed, fun atmosphere that people clearly enjoyed and thrived on due to the approach of the staff.

People were constantly consulted by staff about what they wanted to do, where they wanted to go and who with. They were asked about the type of activities they wanted to do and meals they liked. These were discussed with staff and during home meetings.

Everyone was encouraged to join in activities and staff made sure no one was left out. People were encouraged to interact with each other rather than just staff.

Activities were a combination of individual and group with a balance between home and community based activities. Each person had their own weekly individual activity plan that was based on the activities they would be doing at home. A carer said, “Wonderful service.” Another carer told us,”I have nothing bad to say.” The activities that took place included trips to the shops, cafes and cinema. When we visited, one person continued to attend their college courses during their stay that included art, maths and English.

Carers confirmed that they were aware that there was an advocacy service available through the local authority.

The home had a confidentiality policy and procedure that staff said they were made aware of, understood and followed. Confidentiality was included in induction and on going training and contained in the staff handbook.

There was a policy regarding people’s privacy that we saw staff following throughout our visit. They were very courteous, discreet and respectful even when unaware that we were present.

There was a visitor’s policy which stated that visitors were welcome at any time with the agreement of the person using the service. Carers we spoke with confirmed they visited whenever they wished, were always made welcome and treated with courtesy.

Good

Is the service responsive?

Our findings

People and relatives said that they were asked for their views formally and informally by the management team and staff. They were invited to meetings and asked to contribute their opinions. During our visit people were asked for their views, opinions and choices. They made their own decisions, were listened to and their views were acted upon. They talked to the manager and staff about any problem they might have, when they wished. We saw that needs and support required were dealt with promptly and appropriately. One relative said, "I call them my angels, service couldn't be better." Another said, "Top marks for this service."

People had the opportunity to decide the most positive support for them and who would provide it. The level and timing of response was reflected in the positive and happy demeanour of people using the service. If there was a problem, it was dealt with and resolved quickly whilst staff maintained appropriate boundaries.

Records showed that people and their relatives were asked for their views, encouraged to attend meetings and sent questionnaires to get their opinions. There were minuted meetings and people were supported to put their views forward including any complaints or concerns. The information was monitored and compared with that previously available to identify any changes in the home's performance positively or negatively.

Once referrals from the local authority were received any further available assessment information was gathered so that the home could initially identify if the needs of the person could be met. The home then carried out an assessment with the person and they and their carers were invited to visit, unless it was an emergency placement. They made as many visits as they wished and it was during the course of these visits that the manager and staff added to the assessment information. People and their relatives were provided with written information about the home.

Emergency placements were also fully assessed to ensure needs could be met and a placement would not adversely affect people currently using the service. A database helped improve the support provided for everyone after each visit.

If not an emergency placement, the assessment process took as long as required to ensure this was the right respite placement for people and what they wanted. The decisions were made on placement appropriateness and were not decided by financial constraints. They incorporated the opinions of people, their carers, staff and other health care professionals. This was fully documented. A relative said, "The process was thorough from start to finish."

The 24 hour care plans recorded people's interests, hobbies, educational and life skill needs and the support required for them to be maintained. They contained individual communication plans and guidance. 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 during each visit. The information gave the home, staff and people using the service the opportunity to identify any new activities they may wish to do. They also included indicators of when people were uncomfortable and staff showed knowledge of this by responding appropriately.

The care plans showed that people's needs were regularly updated, re-assessed with them and their relatives and re-structured to meet their changing needs. They were individualised, person focused and developed by identified lead staff as more information became available and they became more familiar with the person and their likes, dislikes, needs and wishes. They were formalised and structured but also added to during conversations, activities and people were encouraged to contribute to them as much or as little as they wished. People's agreed activities and needs were reviewed with them and their carers and daily notes confirmed that identified activities had taken place. Reviews took place that were geared to the needs of people using the service and their relatives that they were invited to attend. Previous interests, likes and dislikes were not discounted, but re-visited to see if interests had been rekindled.

Relatives told us that they were aware of the complaints procedure and how to use it. We saw that the procedure was included in the information provided for them. We also saw that there was a robust system for logging, recording and investigating complaints. There was evidence that complaints made had been acted upon and learnt from with care and support being adjusted accordingly. Staff were also aware of their duty to enable people using the service to make complaints or raise concerns.

Any concerns or discomfort displayed by people using the service were responded to quickly during our visit.

Good

Is the service well-led?

Our findings

Relatives told us there was an open door policy that made them feel comfortable in approaching the manager, staff and organisation. One relative told us, “The manager and staff always make themselves available.” Another relative said, “Everyone is very open and we have a great relationship”. During our visit there was an open, listening culture with staff and the manager taking on board and acting upon people’s views.

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 regularly revisited during staff meetings. The management and staff practices we saw reflected the vision and values as they went about their duties. People were treated equally, with compassion and staff did not talk down to them. Rather they listened.

There were clear lines of communication within the organisation and specific areas of responsibility and culpability.

Staff told us the support they received from the manager was excellent, although messages from senior management were not as clear. They felt suggestions they made to improve the service were listened to and given serious consideration within the home. There was a whistle-blowing procedure that staff told us they had access to. They said they really enjoyed working at the home. A staff member said, “I’ve worked here a long time and wouldn’t still be here if I didn’t enjoy working with the people who use the service and staff team”. Another member of staff told us, “The best home I’ve ever worked in, the manager is supportive, listens and acts.”

People and their relatives were actively encouraged to make suggestions about the service and any improvements that could be made during our visit.

There were regular minuted meetings that enabled everyone to voice their opinion.

The records we saw demonstrated that regular staff supervision and annual appraisals took place.

As a respite service the home followed a clear policy and procedure to inform other services within the community or elsewhere of relevant information regarding changes in need and support as required.

Records showed that safeguarding alerts and accidents and incidents were fully investigated, documented and procedures followed correctly. This included hospital admissions where comprehensive information was provided and people accompanied by staff. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely manner.

There was a robust local authority quality assurance system that contained performance indicators, 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. Instances of good care were recognised by ‘Dignity in care awards’ run by the provider where staff were nominated by people using the service.

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