

Look Ahead Care and Support Limited

Tower Hamlets LD Service

Inspection report

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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 ●

Summary of findings

Overall summary

We carried out this announced inspection on 20 February 2019. Tower Hamlets LD Service is a supported living service for adults with a learning disability. The service is based in a large house with communal kitchen and bathroom facilities. At the time of this inspection the service was providing personal care to three people.

At our last inspection on 26 July 2016 we rated the service 'good'. At this inspection we found the evidence continued to support the rating of 'good' and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. "The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen."

The service 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 2008 and associated Regulations about how the service is run.

People were supported to achieve their goals. This included improved access and involvement in the local community, varied activities and access to paid employment. People were involved in all aspects of the running of the service and told us they felt staff treated them with dignity and respect and were listened to.

People continued to be able to speak up about the service they received and what they would like to achieve in future and the service advocated for people's future care needs. Information was provided to people in line with accessible information standards and people felt confident raising concerns with managers.

People continued to be safeguarded from abuse and risks to people were well managed. Medicines were safely managed and there were enough staff to meet people's needs. Safer recruitment processes were operated with the involvement of people who used the service.

Support workers felt well supported by managers and received regular training and supervision to carry out their roles. People had the right support to maintain good health and eat well and healthily. The service supported people to meet their cultural needs and to communicate well with support staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Managers were more confident in ensuring standards were met and worked well with people who used the service and other agencies to improve the service and deliver better outcomes for people.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Tower Hamlets LD Service

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 was a routine inspection as 30 months had passed since we rated this service 'good'. Prior to carrying out this inspection we reviewed information we held about the service, such as serious incidents that the provider is required to tell us about. We also contacted a local authority monitoring officer for their views of the service. We were not aware of any serious incidents or concerns about this service.

The inspection took place on 20 February 2019. We gave the service 48 hours' notice of the inspection visit because the location provides a supported living service for adults who are often out during the day. We needed to be sure that they would be in.

The inspection was carried out by an adult social care inspector. We spoke with the registered manager, team leader and three support workers. We spoke with four people who used the service, and after the inspection made calls to two family members of people who used the service.

We looked at records of care, support and medicines management for three people and records of recruitment and supervision for four staff members. We looked at records of the management of the service including training records, rotas, audits and house meetings.

Is the service safe?

Our findings

People were safeguarded from abuse as people using the service told us they felt safe and knew how to raise concerns. Comments from people included "This is alright, it's quiet at night" and "This is a safe place". A care worker told us "They are very close with us, if anything happens they will come and tell."

Care workers we spoke with understood their responsibilities to report suspected abuse and were very clear that any concerns they raised were taken seriously by managers. The provider had a safeguarding policy which was discussed in team meetings. People were protected from financial abuse or loss as the service kept records of transactions they had carried out on people's behalf and these were checked monthly by a team leader and externally audited by the provider.

Risks to people's safety and wellbeing were assessed and suitable management plans were in place to address these. These included when people were at risk from self-neglect, their environment or from their physical health. These were detailed in their scope, and included possible risk signs and triggers.

The service had arranged a fire risk assessment to be carried out by an appropriate person and had worked with the local authority to address any identified actions. The health and safety officer was a person who used the service and they worked with staff members to carry out regular health and safety checks. A person using the service was responsible for the security of the building, including checking the identity of visitors and maintaining a record of visitors to the building. There were up to date checks of electrical safety and portable appliance testing.

Where people may require support to evacuate the building in an emergency they had personal emergency evacuation plans in place to document this, and people's ability to evacuate was tested in two yearly fire drills.

People told us they thought there were enough staff to meet their needs. A person said, "There's enough staff to help". The provider had arranged additional one to one staffing to support a person whose needs had increased.

The provider continued to follow safer recruitment measures. This included obtaining proof of the staff member's identification, right to work in the UK, a full work history and evidence of satisfactory conduct in past employment. The provider also carried out checks with the Disclosure and Barring Service (DBS) before staff began work. The DBS provides information on people's background, including convictions, to help employers make safer recruitment decisions. People using the service were involved in the recruitment process, and asked questions at interview on how the candidate would support them with things that were important to them. The provider told us "We have changed how we recruit, and we have recruited well."

People continued to receive support to receive their medicines safely. People had medicines profiles which documented the medicines they took, why they took them and how they needed to be supported to take them. Support workers recorded the medicines people took on medicines administration recording (MAR)

charts, which were correctly completed and checked by managers. There were monthly audits carried out of each person's medicines, including whether required stock checks had taken place.

The provider kept records of incidents and accidents which had occurred in the service. There was appropriate learning from events, such as updating risk assessments in response to unexpected incidents. In response to a near miss incident, where the cooker was in use and had been left unattended, the provider had fit a specialist system which shuts off the cooker when unattended.

Is the service effective?

Our findings

Support workers received regular training in key areas. This included safeguarding adults, health and safety, fire safety, manual handling, equality and diversity, food safety, infection control and first aid. This was monitored by managers and refresher training arranged where necessary. A support worker told us "If you feel like you need any training you can talk to [a manager] and see what's available." Staff continued to receive supervision with their managers bimonthly.

People received the right support to stay healthy, and health action plans were in place to promote this. People were also supported to attend annual health reviews with their doctor. People's weights were monitored monthly, with changes in weight noted and acted on as needed.

A support worker told us of a time they had realised a person wasn't well as their cough sounded abnormal for them, adding "That's why it's so important to know the people well. And I feel good because you tell the staff and they react immediately. That means there's trust."

People had support to eat and drink healthily in a way which met their needs. Where a person had a lactose intolerance, there was a clear plan for managing this. This included highlighting the foods the person could and could not eat and purchasing lactose free alternatives. Support workers promoted the person's independence whilst protecting their health. For example, specialist foods for the person were kept in a box in the fridge labelled with the person's picture, so that the person was able to just pick this up and serve themselves. There were signs around the kitchen highlighting people's preferences and cultural needs, including how one person was supported to keep a halal diet, and the provider had arranged for a separate fridge for only halal foods.

The provider worked in line with the Mental Capacity Act (2005) (MCA). The Act 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 had consented to their care, and their support plans were clear about what decisions people could make for themselves and where they may require more support, for example to manage or make decisions about money.

Is the service caring?

Our findings

People told us they were treated with respect by their support workers. Comments included "They're ever so nice", "They listen" and "They're alright here, we get on alright." Comments from relatives included "[My family member] is very happy living there" and "[My family member] always seems to be very happy."

Rotas showed that there was a relatively small staff team which meant staffing was consistent. There was a caring ethos amongst the staff team. The service had organised a recent Valentine's Day party, and the team described how they had dressed in red to express love, kindness and appreciation.

Communication passports were in place for people who used the service. These included details of how people may indicate that they were unhappy or anxious. Communication passports also included clear pictorial information on people's likes and dislikes and their preferences for their care, but at times this was duplication of what was on people's support plans.

People were supported to make choices in creative ways. For example, people did not have menu boards which displayed their meal choices for the week, but instead were supported to have an illustrated board which showed what foods the person had available.

People using the service had key roles in the house such as health and safety and security, and we saw examples of how people now took the lead in carrying out these roles. Tenants meetings continued to take place monthly and were used to discuss how people were feeling about the service, their relationships between one another and with staff, responsibilities within the home and any changes to scheduling. In addition, the service carried out bimonthly satisfaction surveys to see if people were happy with the service, were treated with respect and whether there were any maintenance issues that needed to be followed up.

People's plans were detailed about how to support people to maintain and develop their independence. The provider gave an example of how a digital personal assistant programme had been used to enable people to make phone calls independently. A manager told us "It's part of everything we do. I call it #independence." Support workers described how they had supported people to increase their independence, such as encouraging people to walk without aids where it was safe to do so. There was an agreed rota in place for people to carry out their agreed jobs within the house. A person using the service told us "We do things for ourselves here". A relative told us "I think they help [my family member] keep his independence."

Is the service responsive?

Our findings

The service continued to provide person centred care which met people's changing needs.

People's support plans were reviewed regularly and covered the key areas of people's support, which included how people were supported to keep safe and healthy, develop skills and find purpose. There was information on how people wanted to be supported with personal care, food, mobility and to access the community. There was an emphasis on the important things in people's lives and how support workers could help them to maintain these. Support workers recorded each day the support people had in key areas such as wellbeing, personal care, food and access to the community.

People were supported to identify outcomes they wanted to achieve. These included attendance at day activities or jobs, access to places of worship and holidays and day trips. People's outcomes were reviewed every six months and measured outcomes such as how often they had attended the place of their choice or changes in their health. At times outcomes were harder to measure; for example, where people had stated they wished to maintain contact with friends and family this lacked detail on what support they needed to promote this, whether anything needed to change or whether the person was happy with existing arrangements.

People received regular key working sessions. A support worker told us, "Normally it's once a week, but if anything happens we do it there and then". There was evidence of regular discussions and those in response to particular concerns or required events. This included discussing people's plans to move on, health monitoring and those relating to holiday plans and meeting their goals.

People were supported to have interesting and varied activities. At Christmas people had expressed an interest in a cruise on the River Thames, which had been arranged with the help of staff. People had regular day activities, such as day centres and college, and several people had been supported to find paid employment. A person using the service told us "Staff helped me to find a job, it's tiring but good."

People also had regular holidays of their choice. Some people enjoyed gardening and carried out a lot of work in the garden, including growing vegetables. One person was supported to grow Asian vegetables in line with their culture, and people had joined a community gardening social enterprise. People using the service were involved in the management and running of a local club night.

The provider was meeting the Accessible Information Standard (AIS). The AIS was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they could understand. It is now the law for the NHS and adult social care services to comply with the AIS. Plans highlighted how people needed information presented to them and staff met this standard. For example, people's plans included pictorial information on what people liked and disliked doing. Pictures were used to illustrate people's menu choices for the week, their timetables and goals for the week. These were suitable for the purpose and recognisable, although sometimes they were generic pictures. For example, one person's plan showed a church, rather than a picture of the actual church the person visited.

Policies and information relating to the running of the service were also made available to people in accessible formats.

At our last inspection we were made aware that the service was not suitable for the three people receiving personal care to live in as they got older. This was because people had increasing mobility needs and an increased risk of falls, and the building was old, with narrow passageways and a lot of stairs. The service had worked with people to manage this risk in the short term, for example by providing additional support, ensuring handrails were in place and refitting bathrooms to make them easier for people to use.

The provider had spoken with people and their families and recognised the need for the people using the service to remain living together. As a result they had advocated with the local authority and housing association, and a property had been identified where the people using the service could remain together. We saw examples of how this had been raised with people in their keyworking sessions. People we spoke with were happy about this change. A family member told us "I am so glad they are staying together."

People using the service told us they were able to complain to managers if they wanted to do so, and we saw one example of a complaint which was resolved informally by managers. There was a complaints procedure in place in an accessible format.

Is the service well-led?

Our findings

The service remained well-led. Managers were more confident in their roles and standards were more comfortably maintained.

Managers had worked with stakeholders to identify what needed to change in the service and had an action plan in place, which was displayed prominently in the office. A commissioning manager in the local authority told us "The scheme is well-run, providing good outcomes for service users." People using the service had been involved in developing a vision for the service and we saw examples of people approaching managers for help or advice.

The service had received several awards from the provider, including a partnership award for providing a customer-led and empowering service and an excellence award for the team leader. The team leader had also used their experience of the previous inspection to advise other services on how to prepare. A support worker told us, "There's been a lot of changes, the support we've given to customers is much improved" and another said, "I see the managers and team leader support you fully." Support workers felt that changes in the service had impacted positively on people who used the service. A staff member told us "People now come to us and tell us it's time for their review meeting." People using the service had received recognition awards from the provider for their contribution to the community.

There were clearer responsibilities for the staff team. This included a list of responsibilities for shift leaders and items to be covered in handover, such as checks, incidents and concerns about people's wellbeing. Monthly team meetings were used to discuss people's progress and issues of concern and changes to the service, and were used to clarify expectations with staff, for example around absence reporting, training and policies.

Audits were in place across the service. At our last inspection we found that managers frequently found issues of concern and followed these up with support workers. At this inspection we found the same systems of audit were in place, but overall recording was of a much higher standard.

Where actions were identified by audits managers worked with the staff team and with external agencies such as the landlord to address these. Information was shared between health professionals, the provider and day services to be aware of what was working for the person and when any changes were needed, including to people's plans and risk assessments. Managers had arranged an event for other services for people with learning disabilities in the area to promote social links.

The provider was displaying ratings from their previous inspection and informing the Care Quality Commission (CQC) of significant events as required.