

The Brandon Trust

Therapia Road

Inspection report

26 Therapia Road
Forest Hill
London
SE22 0SE

Date of inspection visit:
15 January 2016

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14 March 2016

Ratings

Overall rating for this service

Requires Improvement ●

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|----------------------------|------------------------|
| Is the service safe? | Good ● |
| Is the service effective? | Requires Improvement ● |
| Is the service caring? | Good ● |
| Is the service responsive? | Requires Improvement ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

This inspection took place on 17 December 2015 and was unannounced. Therapia Road provides accommodation and support to a maximum of five people with a learning disability. At the time of our inspection, five people were using the service.

At the previous inspection carried out on 27 June 2014, the service has met standards of quality and safety.

The service had a registered manager. The registered manager was also responsible for managing other services for the provider. The service had a team leader who managed the day-to-day running of the home.

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 provided with support that kept them safe from harm and abuse. Staff supported people to identify any risks to their safety and helped them to manage these risks. Staff followed safe medicine management procedures. Sufficient numbers of staff were provided to ensure that people's needs were met. However, there were delays in providing staff cover at short notice because the system used was not efficient. This had an impact on the support people received with their daily activities and personal care.

People were happy with the support they received. Staff were provided with training and support they required to deliver effective care for people. Regular staff supervisions and appraisal meetings were carried out to ensure their professional developmental needs were met. Staff were aware of the Mental Capacity Act 2005 principles and ensured that people were supported to make decisions for themselves. Staff were knowledgeable about people's health needs and asked for support from health professionals where appropriate.

We found that people were provided with limited support to make choices about the food they wanted to eat. Therefore we could not be reassured that the informed choices were available to people as required.

We made a recommendation for the service to seek advice and guidance from a reputable source, in relation to the requirements to support people with food choices as appropriate.

People liked their home and had good relationships with the staff. People's preferred communication methods were used to ensure that their wishes were heard and acted on. Staff involved people in making decisions about their care and support. People felt their privacy and dignity were respected.

People were encouraged to learn new skills in order to maintain their independence. Staff supported people to attend regular meetings in order to review their support needs and set goals. People were provided with

support to talk about their concerns if they wished to. People's relatives provided feedback about the service and felt that issues raised were addressed.

We found that people did not regularly attend activities in the community and had limited activities in the home. There was a risk that people were not provided with informed choices about the activities they could undertake.

We recommended for the service to seek advice and guidance from a reputable source, in relation to the requirements to support people with activity choices as appropriate.

The team leader had good communication with staff and advised them where required. Staff were involved in developing the services and felt listened by their manager. The management team reviewed and monitored the quality of care provided and made changes to improve it. Staff followed the service's incident and accident procedures, which meant that all actions were taken as appropriate to ensure good care 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 was safe. Staff were aware about the safeguarding procedures and reported their concerns to the team leader. Staff supported people to manage their individual risks and provided any additional support required when people's needs changed.

There were sufficient staffing levels in place to ensure that people were safe. However, the service found it difficult to cover staff's absence at short notice, which had an impact on the support people received with their daily activities and personal care.

People received their medicines safely.

People received their medicines safely.

Is the service effective?

Requires Improvement ●

The service was not always effective. Limited support was provided for people to make choices about the food they wanted to eat.

We recommend that the service seek advice and guidance from a reputable source, in relation to the requirements to support people with food choices as appropriate.

Staff attended training courses and had knowledge and skills to support people with their care needs. Effective supervision and appraisal meetings were carried out to ensure that staff were supported in their caring role. Staff were aware about their responsibilities under the Mental Capacity Act 2005 and ensured that people were involved in their care planning.

People were up-to-date with their health appointments.

Is the service caring?

Good ●

The service was caring. People developed good relationships with the staff and received support in line with their choices. People's preferred communication methods were identified and

used to involve people in making decisions.

People felt their privacy was respected and staff had identified their cultural needs.

Is the service responsive?

The service was not always responsive. People did not regularly attended activities of their choice and had limited activities at home.

We recommended for the service to seek advice and guidance from a reputable source, in relation to the requirements to support people with activity choices as appropriate.

People contributed to the assessment and planning of their care. Staff supported people to learn new skills and maintain their independence. People knew how to complain and at the time of inspection did not have any concerns.

Requires Improvement ●

Is the service well-led?

The service was well-led. Staff felt supported and approached the registered manager for advice when needed. The team leader encouraged staff to take initiative and make suggestions about people's care needs. Staff knew what was expected of them.

The management team monitored the quality of care provided for people and identified areas for improving.

Good ●

Therapia 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 15 January 2016 and was unannounced.

This inspection was carried out by one inspector. Before the inspection, we reviewed information we held about the service including statutory notifications. A notification is information about important events, which the service is required to send us by law. We also looked at the Provider Information Return (PIR) document. PIR document was sent to the provider before the inspection requesting to provide the CQC with some key information about the service.

We looked at three people's care records, three staff files, team meeting minutes, incident and accident reports and other records relating to the management of the service including staff rota and training records. We spoke with four people who used the service, two staff members and the team leader for this service. We used the Short Observational Framework for Inspection (SOFI) to observe the support provided for people at the service. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection, we made phone calls to three people's relatives and a social care professional to find out their views about the services provided for people.

Is the service safe?

Our findings

People told us that staff provided safe care for them. A relative said that people were, "supported the way they needed" to ensure their safety. Another relative told us that their family member was, "safe and that is what matters."

People were protected from the potential harm and injury because staff had the appropriate skills and knowledge to support them. A safeguarding policy was kept in the office and easily accessed by staff when needed for guidance. Staff had an awareness of the safeguarding procedure and recognised signs of potential abuse. Staff told us what actions they would take if allegation of an abuse was made. Any concerns they had were accurately recorded and reported to the team leader. This ensured that immediate support was provided for people. The team leader escalated the concerns to a local authority to ensure that the protection plan was in place and actions were taken quickly to protect people from harm and poor care. There were no safeguarding concerns reported since the last inspection.

Staff supported people to maintain their safety and reduce risks to their well-being where appropriate. The provider had appropriate processes in place to record incidents and accidents. Staff were aware of the incidents and accidents procedure. Staff reported incidents and accidents to the team leader to ensure that the necessary actions were taken to protect people. Care records had information on individual risks to people's safety. Staff followed the risk management plans to ensure that people received the support they required. Care records held information on people's behaviour that challenged. Guidelines were available on potential triggers and behaviour management strategies to ensure people's safety, for example when supporting a person with road safety. This meant that staff supported the person to manage the risks associated with this activity. We saw that the risk assessments were updated every six months and more often if people's needs changed. This meant that people's needs were reviewed regularly and actions taken when required.

The service had sufficient numbers of staff to ensure people's safety. The management team regularly reviewed staffing levels and based on the support people required. Staff numbers were increased if people needed additional support to meet their needs. For example, more staff were provided when people did not attend the day centres. The service used regular bank staff to cover shift where required. The team leader told us that the bank staff were used flexibly to accommodate people's needs who did not have a set time table. For example, when people needed support to visit their relatives on short notice. However, staff told us that in the last couple of months the service found it difficult cover staff's absence at short notice. Although staff said they had enough time to meet people's needs and there were no safety issues identified, the on one- to-one support provided for people with their daily activities was delayed on these occasions. A relative told us that the service, "could do with more staff" as on occasions their relative had to wait for support with personal care. We discussed this with the team leader who confirmed that the system used was not efficient and caused delays booking the bank staff. The registered manager had brought this issue to the attention of the provider for reviewing.

Staff ensured people received their medicines safely and as prescribed. Care records had information about

the medicines people took and the level of assistance they required from staff to take their medicines. Staff were aware of people's health needs and supported people with their medicines in line with their support plans. They ensured people received their medicines at the times they required them and the right dose. The medicine administration records were accurate and up-to-date. Information was available on 'as and when' (PRN) medicines taken by people. Staff followed individual guidelines to ensure that people had these medicines as prescribed, for example if a person experienced pain. Staff supported people to order their medicines and kept it safe in a locked cabinet. Unused medicines were returned to the pharmacy for safe disposal.

Is the service effective?

Our findings

Staff were supported to meet people's needs effectively. A relative told us that staff, "were doing a good job". The team leader carried out regular supervision and appraisal meetings. Records showed that staff were provided with opportunities to discuss their professional goals and agreed on actions to achieve them. For example, in one supervision meeting a discussion took place about available training on benefit systems. Staff told us they also used supervisions to discuss people's individual support needs. For example, how to support a person to meet new people and make friends. This meant that staff had support to identify their developmental needs and to ensure that their performance was in line with good practice. Newly employed staff attended induction before they started working with people. Staff told us they had time to get to know the service well and this helped them to develop good relationships with people. During the induction staff received guidance and training to ensure they understood service's policies and procedures. Staff also shadowed more experienced care workers, which meant they gained knowledge and skills to support people with their care needs.

Staff were supported to develop in their role that ensured they had the required knowledge to perform successfully. A relative told us that the service had, "very good and knowledgeable long term staff". Records showed that staff had attended initial and refresher training courses as required. Mandatory training courses included medication management, safeguarding vulnerable adults and mental capacity act. This meant that staff had up-to-date knowledge and skills to ensure effective care and support for people. Staff also undertook service specific training courses and applied the gained knowledge into practice. For example, a person who had autism was supported to follow a routine in order to reduce their anxiety levels. Records showed that the team leader gave advice to staff who required additional support regarding the online training, for example how to improve their computer skills. This meant that staff's development was aimed at their personal skills and qualities.

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 application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found that staff had awareness of the MCA and applied the legal requirements in practice. Staff told us they helped people to make decisions themselves. People had support that enabled them to make everyday choices about their care and support needs. For example, what time they wanted to get up in the morning.

Staff approached the team leader for support if they had concerns in relation to people's capacity. The team leader asked for support from the local authority where required to ensure that the follow-up actions were taken as appropriate. Mental capacity assessments were carried out and where necessary best interest meetings held if people lacked understanding about the risks involved in the decisions they were making. For example, a mental capacity assessment was undertaken, followed by the best interest meeting, where staff doubted a person's capacity to keep their money safely. This meant that people's individual abilities were considered when they made choices about the care they received.

The service protected people who lack capacity to make decisions for themselves in relation to their care and treatment and ensured that they were not unlawfully restricted. The team manager was aware about their responsibilities under the DoLS and completed application forms to request authorisation. At the time of the inspection, the service was awaiting for the local authority's decision to the service's request for authorisation.

People had their nutritional needs identified and recorded in their care plan. Staff were aware about people's dietary needs and followed people's individual guidelines that were available on healthy eating, for example where a person had limited use of dairy products in their diet. Records showed that people received advice from dietary and nutritional specialists where required. This meant that people's individual nutritional needs were identified and adhered to.

We found that people had limited support to make choices about the food they wanted to eat. People told us they liked their food. Staff told us that people had their preferred meals that they chose to eat regularly. We then looked at the support provided for people to make these choices. Staff told us they used cookery books with pictures to discuss menu options with people, however we saw that the images used were not clear. There was a risk that people might not be able to understand these and therefore make informed choices about their food. Staff also said that the provided budget for food was limited and this affected the variety of meals prepared for people. We discussed this with the team leader who told us that the food budget provided was sufficient and staff had to be more creative about the meals they prepared. We also observed that the menu board was not fully updated and pictures for food were missing. A staff member told us that the board was last updated, "about a month ago." This meant that people were not provided with appropriate support to understand the daily menu and make changes to the menu if they wished to. Therefore, we could not be reassured that people were provided with informed choices about the meals they wanted to eat.

We recommend that the service seek advice and guidance from a reputable source, in relation to the requirements to support people with food choices as appropriate.

People were provided with support to meet their health needs. A family member told us that staff supported their relative to attend all the medical appointments required. A social care professional said that the service, "managed [people's health needs] well. Staff were aware of peoples' health needs and helped them to book and attend their health appointments as required. Records showed that people were up-to-date with their regular health check-ups. Hospital passports had up-to-date information about people's health needs and people used it to provide hospital staff with important information about them, including their conditions, treatment and communication needs. Staff told us they contacted people's GP or the ambulance service to support them if people's health was deteriorating. Care records had contact details for people's health professionals, in an emergency.

Is the service caring?

Our findings

We found that the service was caring. A person told us that staff were "friendly" and "helpful." A relative said that people were "well cared for." A social care professional told us that a person "seemed to be very happy living in this home."

We saw that staff supported people with their individual needs as required. Care records had information on people's preferences and personal history. Staff used this information to identify and attend important events in people's lives, for example family celebrations such as birthdays. We saw that people's needs were met in relation to their gender. People had a choice to be supported with their personal care by someone of the same gender. Staff were aware about people's religious beliefs and supported them to meet these needs. For example, a person was regularly accompanied to attend a church of their preference. This meant that people's personal preferences were known to staff and adhered to.

Staff supported people to use their preferred communication methods. A relative told us that people were, "listened to and had their views acted on." Care records had information on people's communication needs and the support they required to ensure their full involvement. For example, a person's record included guidance to use short, simple sentences when communicating with them. We saw that staff had skills to use different communication methods, including body language and Makaton. Makaton is a sign language that helps people to communicate. This ensured that people's specific communication needs were promoted. We also observed that staff took time to listen to people making sure they understood what people were saying to them.

People were involved in making decisions about their care. Staff supported people to plan their individual care. People had regular key worker sessions that were used to review their achievements and progress in relation to specific decisions. A key worker is a named member of staff and main co-ordinator of support for a particular person in the care home. In one of these meetings, a discussion took place about the available finances for holidays. We saw that people knew their key workers well and approached them for support when required. The service also carried out regular resident's meetings. This ensured that all people were provided with opportunities to discuss the outcomes they wanted to achieve as a group, which included planning special occasions such as Christmas.

People told us they liked staff. One relative said that staff were, "always nice" to people. A social care professional told us that staff were, "pleasant" and had the, "right attitude" to do the job. We observed staff being attentive to people's requests. For example, staff respected people's decision not to be disturbed in their rooms. We saw that staff knocked on people's bedroom doors before entering. This meant that staff respected people's privacy and dignity. We found that people had discussions with staff in relation to their preferences in the event of their death. Staff told us they approached the topic with sensitivity to ensure they did not cause distress to people.

Staff supported people to maintain important family connections. People told us they had their families visiting them regularly. People's relatives said they came to the home when it suited them, which meant

there were no restrictions to visiting times. Staff also supported people to contact their relatives and to talk with them on the 'phone when they wished. The service helped people to plan their home visits. This ensured that people could see their relatives when they chose.

Is the service responsive?

Our findings

People's individual needs were included in their care plans. Care records had information on what people were able to do for themselves and where they required support from staff. We saw that people received support to learn new skills and were assisted to maintain skills they already had. For example, a person was assisted to carry out laundry tasks with minimal staff support. This ensured that people were supported to maintain their independence for as long as possible.

People contributed to the assessment and planning of their care. Records showed that people's care needs were individually assessed to ensure that the support provided had met their needs. Each person's record included information on how people wanted to be supported, for example with their night time routines. We saw that regular review meetings were carried out for people by the local authority and staff supported people to attend these meetings. Professionals involved in people's care had discussed and made changes to people's individual care needs. For example, in one of these meetings it was discussed to assist a person with the cooking activities in the home. The provider had reflected these changes in people's care plans to ensure that the support was provided to meet these needs. People also had annual review meetings held in the care home to discuss their achievements and agree on personal goals, for example in one of the meetings a person had expressed a wish to attend a live sport event and the support was arranged for this. This meant that people took part in planning of their care. Staff told us that people were supported to choose who they wanted to attend these meetings, which ensured that the required support to express their opinions and views was available to them.

People were supported to take part in social activities. People's care records had information on the activities they chose. One person attended a group that was aimed at building skills for having a relationship. We saw that some people had regular activities they went to, for example cinema. Staff told us they also supported people who did not have a set time table and chose what they wanted to do on a daily basis. For example, one person said they chose when they wanted to go shopping during the week.

We found that people were provided with limited activity choices in the service. A family member said to us that their relative, "does not do a lot in the house." A social care professional told us that staff, "could be more creative with the activities they offered to people." People had their weekly timetable that showed activities and groups they went to. Activities carried out for people at the service were mainly around the house tasks, including cleaning and laundry. Staff told us that people were offered activities such as doing puzzles, cooking and watching TV in the house. Daily activity records viewed did not have information on the activities carried out for people at the service. There was a risk that people were not provided with opportunities to engage in activities of their choice at home.

The choice of activities provided for people in the community was also limited. A relative told us that their family member, "did not go out for activities enough." One other relative told us that people did not, "go out a lot on the weekends." The team leader said that people received one-to-one staff support to go out in the community when they did not attend the day centres. People's daily activity records showed that on some days there were no records made to note people's activities. In some instances there were seven day gaps

without records being made. Staff told us that sometimes people choose to stay in the house. However, there were no records available to suggest what activities were offered to people at the time. We discussed this with the team leader who advised us that occasionally they had issues with the computer systems and therefore staff could not make the records as required. Nevertheless, we could not be reassured that people were offered activities of their choice. There was a risk that people were not provided with informed choices about the activities they could attend. This meant that the activity choices provided for people might not been sufficient.

We recommended for the service to seek advice and guidance from a reputable source, in relation to the requirements to support people with activity choices as appropriate.

We saw that people were supported to make a complaint. People told us they talked to their key workers if they were not happy about something. A relative told us that their concerns were, "always addressed well." Staff were knowledgeable about the complaints procedure. Any complaints received were recorded and passed to the management team for investigating and acted on as appropriate. Records showed that there were no complaints received since the last inspection. Staff asked other professionals involved, including the day centre staff if anything was observed in relation to people's concerns. This ensured that people's views were heard and their concerns were acted on. People's relatives said they were able to make a complaint and were confident that staff would take action as required. The people and their relative we spoke with did not have any complaints about the services provided.

The provider asked people's relatives for feedback about the service. We saw the feedback surveys completed in 2015. The majority of responses were positive. A number of positive comments were made noting that staff were attentive to people's needs and carried out their duties appropriately. This suggested that the relatives were happy about the care and support provided for people. We also saw that some improvements were identified, for example in relation to the general decoration of the home. The team leader told us that the housing provider was contacted and it was requested to redecorate the care home to ensure it provided a suitable environment for people living there. At the time of inspection, the service was waiting for the housing provider's response to their request.

Is the service well-led?

Our findings

We found that the service was well-led. A person told us that the team leader was, "good" and always there when people needed them. A staff member said "The team leader is very approachable."

The service was managed by the registered manager, who was assisted by the team leader. The registered manager had also managed other services for the provider. The team leader had managed the day-to-day running of the home. Staff said they were well supported by the management team and approached the team leader for advice and support on a daily basis.

Staff were involved in developing the service. Staff shared their concerns with the team leader where they felt that some actions had to be taken to ensure good care for people. We saw that people's individual needs were discussed and actions agreed where required. For example, it was decided to contact a health professional for advice in relation to a person's changing health needs. The team leader had also encouraged staff to make suggestions at the staff meetings. We saw actions agreed in relation to the home maintenance. In one of the meetings it was discussed to request a fire door lock to be changed. This action was done by the time this inspection took place. This meant that staff were listened to and actions taken to ensure appropriate care and support for people.

Staff told us they had support from their team leader to discuss people's needs where required. One relative felt that the managers were doing, "particularly good and not a lot of input was needed from the families." Staff approached the team leader for advice when needed shared their concerns if they had any. There was also an out of office hours 24hr on call service for staff to get advice on urgent matters. We observed good team working practices. A staff member told us they found the team supportive, for example when dealing with people's complex needs. Staff said there was clear information sharing amongst the team. Daily handovers were carried out to plan and share actions between the staff, for example a staff member was allocated to support a person to go to a hair salon. Staff also completed daily records to ensure that information was shared as appropriate. The team leader told us that staff knew what was expected of them and carried out their responsibilities as required.

The provider had carried out regular compliance audits to ensure good care provision for people. A manager from another service had visited the home regularly to monitor the quality of care at the service and recommend any changes required to improve. These included checks on people's care records and staffing training. We saw that some recommendations were made, for example it was suggested to approach an external agency to request a specific training course for staff. This meant that the provider had closely monitored the service delivery for people. The team leader had also carried out regular audits to assess the support provided for people. Checks were undertaken to monitor people's personal money. Records showed that people's income and expenditure was accurately recorded and the balance matched the money stored for people at the service. Medication checks were carried out to maintain accurate stocks. A checklist was used to ensure that medicines delivered matched people's prescriptions. Staff also undertook audits, including monthly environmental checks. Records showed that during the fire safety check an action was identified, which lead to ordering a new first aid box. This meant that staff were

encouraged to take initiative in providing good care for people.

The provider had policies and procedures for staff to follow, which ensured consistent care provision for people. We saw appropriate processes in place for dealing with incidents and accidents. Staff were aware and followed the procedure to ensure that all actions were taken as required. The service used incident and accident forms for recording necessary information, which ensured that important details were not missed. Any concerns staff had were reported to the team leader. This ensured that all necessary actions were considered and taken as appropriate. For example, after a fall it was agreed that staff would always support a person on the stairs.

The registered manager was aware of their registration requirements with the Care Quality Commission. This included ensuring that statutory notifications were submitted as required by law.