

Rev Edmund Kofi Ampadu

# Rev Edmund Kofi Ampadu - 314 High Road

## 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 

### Overall summary

The inspection took place on the 17 March 2015 and was unannounced. The service met all of the regulations we looked at when we last inspected in July 2013.

The service provides accommodation and support with personal care for up to four adults with mental health conditions. At the time of our inspection, four people were using the service. The service had a registered manager in place. 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 protected from harm and the service had good procedures for safeguarding people from abuse and

# Summary of findings

harm. The staff knew how to report any concerns they had and could all identify the different types of abuse. People's needs were assessed and risk assessments were in place to make sure that people were kept safe.

People's medicines were managed and recorded safely. We saw that people's medicines were all recorded correctly and that any unused medicines were stored and disposed of safely in line with the service's procedure.

There was enough staff to support people effectively. The staff were all recruited using safe recruitment procedures and all criminal records, identity and employment history checks had been completed and satisfactory references obtained. Staff were supported with regular supervision and appraisals, and had all received training to make sure they had the skills required to support people well.

The registered manager and staff had good understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). People using the service all had capacity to make their own decisions about their care and support and nobody's freedom was restricted. All the staff we spoke to demonstrated an understanding of MCA and DoLS and worked in line with the code of practice when supporting people.

People told us the service and the staff were caring and provided them with the support they needed. We observed good caring interactions between staff and

people while support was being provided. People's privacy was respected with people having keys to their own rooms, and staff always knocked and asked permission before entering their rooms.

People were involved in decisions about their care and were encouraged to give their views on how they wanted to be supported. We saw that people were able to ask for what they wanted and make changes to their care plans based on their changing needs.

People were asked for their feedback about the service and were able to tell staff or the registered manager if they were unhappy with their care. The service had a formal complaints procedure and people knew how to make a complaint.

There was an open culture that encouraged people and staff to speak to the registered manager with any ideas or concerns. We saw that people were able to express their ideas and were involved in making decisions about the service.

Regular audits were completed to make sure that the service provided high quality care and support for people. These audits included an annual survey of people using the service to get their feedback in addition to audits of care files, risk assessments and policies and procedures.

# 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. People were supported by staff who all understood how to recognise and report any abuse they witnessed or suspected.

There were enough staff to provide people with safe care and these staff had been recruited using safe recruitment processes.

People's medicines were stored, administered and recorded safely.

Good



### Is the service effective?

The service was effective. Staff had received regular training and supervision to help them with the performance and development.

People were supported to be independent and make choices about their care.

People were not deprived of their liberty and the registered manager understood the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Good



### Is the service caring?

The service was caring. People were supported by staff who had good relationships and knew people's preferences and individual needs.

People were involved in the setting and review of their care and all decisions about what support they received.

People were treated with dignity and respect and the service promoted their privacy and independence.

Good



### Is the service responsive?

The service was responsive. People were involved in decisions about their care and staff understood how to respond to people's individual needs.

People knew how to make a complaint and were confident that their concerns would be addressed.

Good



### Is the service well-led?

The service was well-led. The service had an open and transparent culture and people and staff were able to discuss any issues with the registered manager.

The service had quality assurance and monitoring systems in place which included audits of the service and surveys to gather people's views.

Good



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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 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 17 March 2015 and was unannounced. The inspection was carried out by one inspector and observed by a member of the Care Quality Commission's Strategy and Intelligence Directorate.

Before the inspection we reviewed the information that we held about the service. This included two previous inspection reports, details of its registration and notifications sent to CQC. During this inspection we spoke with the four people that used the service. We spoke with two members of staff, including the registered manager and a support worker. We observed how staff interacted with people who used the service. We examined various records including four care plans, four staff files, training records, medicine administration records for four people, health and safety documents and quality assurance audits.

# Is the service safe?

## Our findings

People told us they thought the service was safe. One person who used the service told us, "I like it here. I feel safe." Another person told us, "It's good they look after me well."

Staff members we spoke to all understood the safeguarding procedure and were able to correctly tell us what they would do if they witnessed or suspected any abuse had taken place. They knew about the different types of abuse and how to recognise any potential abuse. The service had a safeguarding procedure in place that all staff understood and followed.

People were protected from the risks of financial abuse through the clear process for supporting people to manage their finances. We saw the details of people's accounts, and saw a clear audit trail for all money coming in and going out, with receipts for purchases and all transactions had been signed by the person using the service.

We saw risk assessments had been completed for each person using the service and one for the overall service, which made sure that all risks were considered and that appropriate responses were in place to minimise these risks. People had been involved in the development of their risk assessments and we saw these were reviewed annually or sooner in response to any incidents that had occurred. We saw examples where people were supported to maintain their freedom and access to the community, with the risks of these assessed and had been explained to them.

The risk assessments included details of people's behaviours that could challenge others. These risks set out what the different behaviours were that people exhibited, and had guidelines for staff to follow to provide appropriate support to manage these behaviours safely

and effectively. We spoke to the registered manager who told us that they did not use any physical restraint and instead trained and supported staff to use techniques to de-escalate behaviours through helping to calm people down, remove them from the situation and provide distractions for people.

The service had enough staff to support people when they needed it. We saw that there were flexible working arrangements, where additional staff could be added to the rota at short notice if people required additional support, such as when they needed to attend hospital appointments. We looked at the staff files and checked the recruitment process used. We saw that the provider had followed safe recruitment processes for all of the staff. We saw that all the files contained copies of people's references, criminal records checks, past employment history and copies of people's personal identification and visas where people required these to work in the UK. This system meant that all of the staff recruited were appropriate to provide care for people.

People's medicines were managed safely. One person told us, "I look after my medicines and they remind me to take them." Most of the people who used the service were supported to self-medicate. We saw that people's medicines were kept in locked cupboards in their rooms. Staff prompted people to take their medicines, but they were able to take them without support and the staff recorded when people took their medicines.

We checked the Medicines Administration Records (MAR) for a six week period. We saw that all of these had been completed correctly throughout this period. There were no gaps in the recording of medicines, and if people were away from the service this was recorded on the MAR sheet. There was a process for recording and returning any unused medicines to the pharmacy and this was monitored by the registered manager.

# Is the service effective?

## Our findings

People told us they were happy with the service and that it met their needs. One person told us, "I'm happy here. I can do what I want."

People's needs were assessed when first referred to the service. We saw details of people's trial periods living at the home to make sure that it was appropriate for them and for the staff to be sure they could provide the best care for that person. A full needs assessment was completed after this, with the involvement of the person in this process. The needs assessments included all areas of the person's life, including their personal preferences, ethnic background and religion, to ensure that all of their personal needs were met in addition to their health and care needs.

Staff were provided with the training and support they needed to be able to look after people effectively and meet their individual needs. We saw details of the induction programme which included all the policies and procedures and all the training required to provide good care. Staff members had all completed the core training including safeguarding and managing medicines. The training was kept up to date and we saw that members of staff were supported to complete Level 3 qualifications in Health and Social Care, which enabled them to improve the quality of care they provided.

Staff were provided with regular supervision with the registered manager to help them discuss their work and any issues they had, and could identify any training needs through this process. We saw that supervision for the year had been booked and staff we spoke to confirmed they found these sessions useful in their work.

We spoke to the registered manager about the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). They had a good understanding of the MCA and DoLS and made sure that people were supported to maintain their freedom. Services should only deprive someone of their liberty when it is in their best interests and there is no other way to look after them. This should be done in a safe and correct way. The registered manager

knew how to make an application for consideration to deprive a person of their liberty, but confirmed that there was not anyone who used the service who was deprived of their liberty. All of the staff we spoke to understood the MCA and DoLS and made sure that people's freedom was protected. We saw that all of the people using the service were able to leave the home when they wanted and had their freedom to do as they wished. People told us they were able to go out on their own. One person said, "I'm going out today. I'm going to the café." We saw them leave and return to the home later in the day.

People were asked for their consent for care and were encouraged to be independent and make their own decisions about care and support. This consent was recorded in people's care files and reviewed as a part of the annual care plan review process. Staff members told us they would always talk to people about what they wanted and provide this for them.

People were provided with food that met their individual needs and provided a healthy, balanced diet. People told us they liked the food. One person said, "The food is nice" and another said, "I get what I want." We saw that people were involved in decisions about the meals served and were able to ask for the meals they wanted. This included people being able to have cultural-specific food that related to people's ethnic backgrounds. We saw that people were able to have West Indian and Irish food and also could access kosher food specific to their religion. The service was aware of people's health conditions, so people with diabetes and other health conditions were provided with the appropriate food to manage these conditions effectively and helped them to maintain good health.

People's health needs were regularly assessed and monitored by the service. We saw details of appointments with GPs and hospital visits for people's health conditions. This included examples of supporting people to access specialist health services and attend operations in hospital where necessary. People were able to make appointments and go to the GP when they needed them, and any additional support required following these appointments was recorded within people's care plans.

# Is the service caring?

## Our findings

People told us they thought that the service was caring and they were treated with dignity and respect. One person said, "The staff are all good as gold" and "She's [registered manager] is very caring."

We observed care being provided and saw that people were treated with kindness and compassion. We saw a person being supported to prepare their lunch. The support that was provided helped them to have the confidence to prepare the meal for themselves but could ask for additional support when they needed it.

The staff knew people well and had knowledge of people's life histories, likes and dislikes and preferences for their care. We saw this was all detailed within people's care plans. We saw in one person's care plan the information about their preferences for activities, stating they liked to go out each day and the support they required in order to do this.

People's needs related to equality and diversity were recorded and acted upon. The registered manager told us how care was tailored to each person individually and that care was delivered according to people's wishes and needs. This included providing cultural and religious activities and food for people and helping people to access their specific communities. We saw that people were supported to attend an Irish community centre to keep their connection with their community.

The registered manager told us the ethos of the service was to support and promote people's independence, and the care plans showed that they had a good understanding of what people were able to do for themselves and set out how to help people to be independent. One staff member told us, "They can look after themselves but we're here to support them if they need it."

People were able to make their own decisions about the care and support they received. We saw that people could ask for what they wanted at any time. People told us they could tell staff how they wanted their care. One person told us, "I always ask for help if I want it" and another person said, "I get to choose what I do."

People were given information verbally about the care they received and if there was any change in their care. We saw records of the conversations that staff had with people about the options for care and the choices that people made were recorded in their care plan, and these had been signed by the person and the registered manager.

People were treated with dignity and their privacy was respected. People told us, and we saw, that staff knocked on people's doors and asked their permission to enter their rooms. We saw that staff used people's preferred names when talking to them and they had good relationships with people using the service. People all had keys to their rooms and could keep them locked and private as they wanted. Two people showed us their rooms and these had been personalised with family photographs, pictures and furnishings of people's choosing.

# Is the service responsive?

## Our findings

People told us they were happy with the service and liked living in the home. One person told us, "I'm happy. I get to do what I want. I go out every day and choose what I do."

People who used the service were involved in decisions about their care and they got the support they needed. We saw that care plans contained comprehensive assessments of people needs, which looked at all aspects of the person, not just their main health needs. We looked at care plans which all contained details of people's health, life history, activity preferences, health needs, lifestyle choices and environmental needs. The lifestyle choices section had information about how people liked to live, including when they wanted to get up or go to bed, foods they liked or disliked and the involvement they have with their families. These detailed care plans enabled staff to have a good understanding of each person's needs and how they wanted to receive their care.

The care plans were reviewed annually with the person, so they could give their feedback about what they liked and what they wanted changed. These reviews were all signed by the person and the registered manager. We spoke to people who said they were happy with their care plans and their involvement in their care.

People were supported to access a range of activities of their choosing. On the day of our inspection two people told us they were going out to celebrate St Patrick's Day at a local community group. Another person told us they were

going out for lunch. One person told us that they had been supported to visit their family in another country and were going back to see them again this summer. We saw that activities were organised in response to people's wishes and personal preferences. One person who wanted to become more independent had been supported to access courses at the local college and participate in voluntary work.

People were encouraged to maintain relationships with their families and friends. One person told us they went to see their mother every week, and another person regularly visited family and friends locally.

People knew how to make a complaint and knew that their concerns would be taken seriously and dealt with quickly. One person said, "If I'm not happy I talk to the manager and they sort it out." Another person said, "I tell them if anything is wrong." People told us they could raise any issues immediately with staff or the registered manager and that they respond to these issues immediately. The service had a complaints procedure which was available to people, their families and other visitors. A staff member told us, "They come and approach us to tell us if there's anything they aren't happy with and we talk about it and sort it out for them." The registered manager told us there had been no formal complaint recently, but they had details of issues that people had raised with them. We saw that suggestions has been responded to and implemented and that people were happy with the care they were provided with.



# Is the service well-led?

## Our findings

People told us that they liked the registered manager and found them to be helpful and responsive to their needs. One person said, "She does what's there to be done. She's very good" and another person said, "I get on really well with her." People told us they found the service was comfortable and provided a safe and supportive environment for them.

The service had an open culture that encouraged people and staff to discuss any ideas or suggestions for improvement. The registered manager and staff team all had good relationships with people and involved them in decisions about the service. One staff member told us, "I can always talk to the manager. She's very supportive and listens to what I have to say."

The service had good links with the local community. We saw that people were supported to participate in activities with local groups and could access courses through the local college, attend day centres and interest groups and socialise with people outside of the home.

The registered manager demonstrated good leadership through being accessible for members of staff and working at different times and days to see how the service worked

at different times. We saw that the registered manager worked some nights and weekends to understand the different needs and staffing requirements at these times, and took the opportunity to understand issues from people and staff member's perspectives.

Staff members were provided with regular feedback from the registered manager. This verbal feedback was constructive and supportive. One member of staff told us, "I'm well supported and very happy here. She [registered manager] gives us training and support."

The premises were well maintained and the registered manager had completed all of the necessary safety checks and audits. We saw that fire safety checks were done regularly and fire drills completed twice a year.

The provider had systems in place to monitor the quality of care and support that people received. We reviewed the quality assurance files and saw that they had looked at organisational risks and processes and had a structured system for collecting feedback from people. We saw the results from the last three years' service user survey, which showed that people were satisfied with the service they received and could make recommendations for improvements to their care through this.