

L D Care Limited

# LD Care - Moreton Avenue

## Inspection report

4 Moreton Avenue  
Isleworth  
Hounslow  
TW7 4NW

Tel: 02085825081

Date of inspection visit:  
04 June 2019

Date of publication:  
26 June 2019

## 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

### About the service

LD Care - Moreton Avenue is a care home for two adults with learning disabilities. Two people were living at the service at the time of the inspection. The service is part of LD Care Limited, a private organisation managing three other residential care homes in the London Boroughs of Hounslow and Richmond upon Thames. Care staff are employed to work at the service for 24 hours a day.

The service was registered and managed in line with the principles of Registering the Right Support. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going out with people. The size of service meets current best practice guidance. This promotes people living in a small domestic style property to enable them to have the opportunity of living a full life.

### People's experience of using this service and what we found

People living at the service were happy and well cared for. They were able to make choices about their lives and these were respected and promoted. The service had been responsive to their individual needs, for example working to reduce the medicines they were taking and adjusting how people spent their time because of changes in their needs.

The staff were kind, friendly and caring towards people. The provider had procedures to make sure only suitable staff were recruited. The staff were given an induction and training so that they understood how to provide good care. They took part in regular meetings, reflection sessions and appraisals with managers to make sure they were providing effective care.

People were safely cared for. The staff were familiar with safeguarding procedures and how to keep people safe. The environment was safe, clean and well maintained. The staff had assessed risks to people's safety and had plans to make sure these risks were minimised. Medicines were managed in a safe way and people were supported so they were not over medicated.

People had access to health services and were supported to stay healthy and active. They were involved in household tasks and planning and preparing food. They were offered a balanced diet which reflected their needs and preferences. 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. People took part in a range of different leisure activities and were part of the local community.

The service was appropriately managed. People were able to raise concerns, and these were responded to. There were effective systems to audit the service and to make improvements.

The principles and values of Registering the Right Support and other best practice guidance ensure people

with a learning disability and or autism who use a service can live as full a life as possible and achieve the best outcomes that include control, choice and independence. At this inspection the provider had ensured they were applied.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Rating at last inspection – At the last inspection of 10 January 2017 the service was rated Good (published 26 January 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# LD Care - Moreton Avenue

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We planned this inspection to check whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

LD Care – Moreton Avenue is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Before the visit to the service, we reviewed all the evidence we held about the service to help us plan. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

#### During the inspection

We met both people who lived at the service, two support workers, a team leader and the registered manager. We looked at the care records for both service users and information about the recruitment, training and supervision of five members of staff. We also looked at other records used by the provider,

which included audits, meeting minutes and quality checks. We inspected the environment and how medicines were being managed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had suitable systems to safeguard people from abuse and for staff to whistle blow. The staff received training in these. The staff also discussed how to recognise, and report abuse, during meetings with their line manager.
- There had not been any safeguarding alerts at the service. However, the registered manager knew what their responsibilities were to protect people if there was an alert in the future.

Assessing risk, safety monitoring and management

- The risks to people's safety had been assessed, monitored and managed. The staff completed detailed assessments including risks associated with people's physical and mental health, moving safely, use of equipment, risks of falling, abuse from others, eating and drinking, safety in the community and at home as well as medicines.
- The assessments included information about the risk, who was at risk, the severity of this, actions to prevent the risk, people who were responsible for this and references to relevant guidance. Assessments were reflected in care plans and were regularly reviewed and updated.
- The staff carried out checks on the safety of the environment and equipment being used. They recorded and reported any identified risks, and these had been addressed. The provider had sourced the services of external companies to help maintain equipment and service this. There was evidence of recent checks on electrical items, water safety and fire equipment.
- An external company had completed a fire risk assessment of the property in April 2019. Areas of identified risk had been addressed. There were emergency evacuation plans for the service and for each of the people who lived there. The staff undertook regular checks of fire safety equipment and carried out fire drills.
- The staff had undertaken training, so they could assist people to move safely, support people with eating and drinking and reduce the risk of choking.

Staffing and recruitment

- There were enough suitable staff to keep people safe and meet their needs. There were a team of support workers and two team leaders who worked permanently at the service. The registered manager and deputy manager worked at this and the provider's other services, regularly meeting people who lived at the service and staff, as well as carrying out audits.

- There were always at least two members staff working at the service during waking hours and more staff as needed. The staff were familiar with the needs of people who lived there and had good relationships with them. There was good retention of staff and no vacancies at the service.
- The provider had appropriate systems for recruiting and selecting staff. These included asking the staff to complete application forms with full employment histories, carrying out a formal face to face interview and undertaking checks on their suitability and eligibility to work in the United Kingdom.

#### Using medicines safely

- People received their medicines safely and as prescribed. Medicines were stored securely and appropriately. There were systems for receiving and disposing of medicines and clear records to show these. The staff carried out regular audits, including counting tablets and checking the supplies matched the records of these.
- There were procedures for the safe handling of medicines. Staff responsible for administering these had been appropriately trained. The registered manager regularly assessed their knowledge and competency to make sure they followed procedures.
- There was clear information about people's medicines, what these were used for and any side effects. Where people had been prescribed PRN (as required) medicines, there were protocols which described when and how these should be administered. The staff maintained accurate records of administration of all medicines. These were regularly checked by managers.
- The provider had been working with one person's prescribing doctor to reduce the amount of medicines the person was on. This had resulted in positive changes for the person meaning that they were more active and had therefore taken part in new activities and leisure interests. The registered manager explained how this reduction had been monitored and how staff had developed different strategies to support the person at times when they had felt anxious or worried, without resorting to medicines to control this.

#### Preventing and controlling infection

- People were protected from the risks of infection. There were procedures relating to this, and the staff were aware of these. They had information about good hand hygiene and the use of protective clothing, such as gloves and aprons. There were systems to make sure the environment and equipment were cleaned thoroughly. The provider had supported people to make sure they had vaccinations when needed to prevent certain infections.

#### Learning lessons when things go wrong

- The staff reflected on incidents and accidents, so they could learn from these and make improvements to the service. These were recorded with details about what happened, why, what action was taken, whether things could have been done differently and whether there was any training need. The reports also considered whether the staff should redesign care plans or tasks to prevent the incident occurring again.
- There were regular meetings where staff discussed any incidents and learnt as a team. The monthly audits of the service included an analysis of anything that had gone wrong and lessons learnt from these.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider had assessed people's needs and choices. Both people had lived at the service for a long time, however, the staff had reassessed their needs regularly to make sure care was provided to meet these. Care plans were reviewed each month and we saw that these had been adjusted to reflect changes in people's needs.
- The staff worked closely with other professionals, following their guidance when needed, to ensure that care reflected best practice. For example, the provider had introduced STOMP (Stopping Over Medication for People with a learning disability, autism or both), a national initiative introduced in 2016 designed to reduce the amount of psychotropic medicines people were taking. The staff had reassessed one person's needs in line with this and had successfully reduced their medicines leading to a better quality of life.

Staff support: induction, training, skills and experience

- The staff had the skills and experience needed to provide effective care. They received regular training, supervision and support. New staff undertook an induction into the service and were assessed to make sure they had the right attitude and skills. They took part in regular training in key areas which the provider considered mandatory.
- The staff worked closely as a team, regularly meeting to discuss the people they cared for and the service. They took part in 'learning outcomes' which were training sessions where the team discussed a particular topic and reflected on their own, and the service's, work around this. There were also individual supervision sessions where each staff member and their line manager discussed and reflected on specific topics.
- The provider supported staff to undertake vocational qualifications, and for those wanting to progress their career within the organisation. All of the staff took part in regular appraisal meetings. Records of these included comments by the staff member. These showed that the staff felt well supported and happy with the organisation.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have enough to eat and drink. Their care plans included an assessment and plan regarding their nutritional and hydration needs. These had been reviewed and included information about their preferences, cultural needs, risks associated with diet or choking and how to promote healthy eating choices.
- People were able to make choices about what they ate, they participated in shopping for food, and

preparation of their meals.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider followed the principles of 'building the right support' in providing support to meet people's healthcare needs and work with other professionals so that people could access healthcare services. Each person had a health action plan which described their needs and how these should be met. These were linked to detailed care plans about specific healthcare conditions.

- There were records to show that people had regular healthcare appointments. Guidance and information from healthcare professionals was included in plans and risk assessments.

- The staff had created 'hospital passports' which could be taken to hospital (if needed) and would explain to other professionals about the person's health and communication needs.

Adapting service, design, decoration to meet people's needs

- The building was suitable and met the needs of people who lived there. Both people had their own bedroom with the equipment they needed, such as hoists and specialist beds. These were regularly checked and serviced to make sure they were safe to use. People's rooms were personalised with their belongings and choice of décor.

- Communal rooms were decorated and furnished in an appropriate style, reflecting the choices and interests of the people who lived there. There were additional features, such as photographs of people, their friends and family to help it feel homely.

Ensuring consent to care and treatment in line with law and guidance

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The provider was acting in accordance with the MCA. They had assessed people's mental capacity and had made applications for DoLS authorisations. There were detailed records to show how people communicated and how their choice and involvement could be maximised. People's representatives had been involved in making decisions to ensure these reflected people's best interests.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with respect and recognised and valued as an individual. The small size of the service meant that people received very personalised care and support. The provider's recruitment procedures considered the values and ethos of the staff and they only recruited staff who shared the values of the organisation. They had regular meetings with staff and reflective practice sessions to make sure they worked to respect the people they were caring for.

- People's cultural and religious needs and life style choices were recorded in their support plans so that the staff knew these and how to meet them. People's families were involved in their care and support and worked closely with the staff.

- We observed the staff were kind, caring and polite to the people who they were caring for.

Supporting people to express their views and be involved in making decisions about their care

- Support plans included detailed information about how people communicated, and how they understood and made choices. There were examples of the non-verbal communication each person used and what this meant. The support plans also included goals to make sure people were understood and to support people to improve their social communication and expressive language skills.

- There were pictorial guides to support the staff to understand how to involve people in decisions and when best to offer choices so that they could be understood. Each aspect of care which was planned, included guidance about the type of decisions and involvement the person could have, for example making a choice about what they wore or ate, and how best to enable this choice.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. The staff ensured that doors were closed when providing care. They followed the established routines for providing care, which people were familiar with and felt comfortable with. Support plans included guidance for staff, to ensure they allowed people private time, prepared them for what was happening next and tried to see things from the person's perspective.

- People were supported to be independent where they were able. They took part in a range of different activities outside of the home and support plans explained the type of involvement and tasks people could take part in at home, for example with cooking and cleaning.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Good: People's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care was personalised and reflected their needs and choices. The staff had created support plans with people and their families to make sure there was detailed information about their needs and preferences. The plans were regularly reviewed and had been updated with changes. The care notes recorded by the staff indicated that support plans were followed, and that people had active and varied lives.

- The service had responded to changes in people's needs. For example, the registered manager told us that as one person's medicines had been reduced they had become more active and had wanted to start their daily activities at an earlier time. They had responded to this by changing the time the person went out and introducing new activities.

Meeting people's communication needs

- Support plans included a communication profile which outlined how people communicated. These included pictorial guidance for the staff and information about how to enhance communication. We witnessed the staff explaining what they were doing with people and responding positively when people communicated with them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People took part in a range of different activities outside of the service. They visited sporting or leisure facilities each day. They also visited the provider's other services to meet with the people who lived there, and had regular visits from members of their families.

- People living at the service and staff had recently participated in a charity walk to raise money for a local hospice. They had met with people from the local community and enjoyed receiving recognition for their contributions. The staff had created a video to help people remember and celebrate the event.

- People were going on a holiday shortly after the inspection. They were joining other people from the provider's other services. The staff explained they were planning a variety of different activities for the holiday.

Improving care quality in response to complaints or concerns

- The provider had an appropriate complaints procedure. This was displayed in easy to read format at the service. Complaints were recorded and responded to appropriately.

#### End of life care and support

- At the time of our inspection, no one was receiving care at the end of their lives. The provider had obtained information about their specific cultural and other needs and worked closely with their families so that appropriate support could be given if needed in the future.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider's policies, procedures and aims included an emphasis of person-centred care. They had regular reflection practice sessions with the staff to make sure they considered this at all times in their work. Support plans included personalised information and an emphasis on promoting choices and listening to what people using the service wanted.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had appropriate procedures relating to duty of candour and complaints. They carried out an analysis of all accidents, incidents and complaints and asked the staff to consider what they could have done differently. They also had open communication with relatives and other stakeholders, sharing ideas and asking for their feedback.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was familiar with the requirements of regulations. They worked closely with the owner of the company, developing policies, procedures and reviewing the quality of the service. They had a qualification in care management.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider had established links with the local community, including other care home providers. People using the service and staff had taken part in a charity walk to raise money for a local hospice.

- The provider asked people using the service, families and other stakeholders to complete surveys about their experience. The registered manager told us they spoke with family members, and these families visited, each week. They invited families to share a meal with people so that they felt welcomed and involved.

- The staff liaised with healthcare professionals and social workers to make sure people's care was planned in a holistic way and that they took on board their views to provide a good quality service for people.

Continuous learning and improving care

- The staff and provider undertook regular audits and checks of the service. These included checks on the

environment, records and care provided. A monthly audit of the whole service was conducted by a deputy manager. Areas for improvement were recorded and acted on. Each month, there was a staff meeting and any areas for improvement were discussed at these.