

The London Care Project Limited

Watford Office

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

The inspection took place on 25 November 2015 and was announced to make sure that the people we needed to speak with were available. At our last inspection on 13 June 2013, the service was found to be meeting the required standards in the areas we looked at. Watford Office is an organisation that provides at home support to adults with moderate learning disabilities. The service had 12 people who lived independently in their own homes with the added support of the projects live-in staff.

There was a manager in post who had registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People were supported by Watford Office to live in their own homes with staff that lived in to support people's needs. People were given the opportunity to meet the staff before agreeing to their support.

People felt safe, happy and were looked after in their homes. Staff had received training in how to safeguard people from the risk of abuse and knew how to report concerns both internally and externally. Safe and effective recruitment practices were followed to help ensure that all staff were suitably qualified and experienced.

Staff completed regular health and safety checks that included security and fire safety.

Relatives and healthcare professionals were positive about the skills, experience and abilities of staff who worked in people's homes. Staff received training and refresher updates relevant to their roles and had regular supervision meetings to discuss and review their development and performance.

People were supported to maintain good health and had access to health and social care professionals when necessary. People were supported with shopping and meal preparation.

Staff made considerable efforts to ascertain people's wishes and obtain their consent before providing personal care and support, which they did in a kind and compassionate way. Information about local advocacy services was available to help people access independent advice or guidance.

Staff had developed positive and caring relationships with the people they supported and clearly knew them well. People were involved in the planning, delivery and reviews of the care and support provided. The confidentiality of information held about their medical and personal histories was securely maintained throughout their home/in the office?

Care was provided in a way that promoted people's dignity and respected their privacy. People received personalised care and support that met their needs and took account of their preferences. Staff were

knowledgeable about people's background histories, preferences, routines and personal circumstances.

People were supported to pursue social interests and take part in meaningful activities relevant to their needs, both at their home and in the wider community. They felt that staff listened to them and responded to any concerns they had in a positive way. Complaints were recorded and investigated thoroughly with learning outcomes used to make improvements where necessary.

Relatives, staff and professional stakeholders were complimentary about the manager and how the service was run and operated. Appropriate steps were taken to monitor the quality of services provided, reduce potential risks and drive improvement.

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.

People were kept safe by staff trained to recognise and respond effectively to the risks of abuse.

Safe and effective recruitment practices were followed to help ensure that all staff were fit, able and qualified to do their jobs.

Sufficient numbers of staff were available to meet people's individual needs at all times.

People were supported to take their medicines safely by trained staff.

Potential risks to people's health and well-being were identified and managed effectively in a way that promoted their independence.

Is the service effective?

Good 

The service was effective.

People's wishes and consent was obtained by staff before care and support was provided.

People were supported by staff that were well trained and received the appropriate support.

People were assisted with a healthy balanced diet which met their needs.

People had their day to day health needs met with access to health and social care professionals when necessary.

Is the service caring?

Good 

The service was caring.

People were cared for in a kind and compassionate way by staff that knew them well and were familiar with their needs.

People were involved in the planning, delivery and reviews of the care and support provided.

People's privacy and dignity was promoted.

People had access to independent advocacy services and the confidentiality of personal information had been maintained.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that met their needs and took account of their preferences and personal circumstances.

Detailed guidance made available to staff enabled them to provide person centred care and support.

People were given extensive opportunities to help them pursue social interests and take part in meaningful activities relevant to their needs.

People and their relatives were confident to raise concerns which were dealt with promptly.

Is the service well-led?

Good ●

The service was well led.

People, staff and healthcare professionals were all very positive about the managers and how the home operated.

Effective systems were in place to quality assure the services provided, manage risks and drive improvement.

Staff understood their roles and responsibilities and felt well supported by the manager.

Watford Office

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 25 November and home visits took place on the 01 and 04 December 2015 by one Inspector and was announced. We reviewed other information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with four people who lived at their homes, one relative, four staff members and the manager. We also received feedback from health and social care professionals, stakeholders and reviewed the commissioner's report of their most recent inspection. We looked at care plans relating to six people and four staff files.

Is the service safe?

Our findings

People were safe and protected from harm. People told us they felt safe living with their Shared Lives carer and that they were treated well. One person told us, "I feel safe because of the staff and the door is locked." One person told us that they felt less anxious because of the help they received from staff.

People were supported by staff that were of good character and were suitable to work in the care environment. All staff had been through a robust recruitment procedure which involved obtaining satisfactory references and a criminal records check before they were employed by the service. However, we noted that two out of the four staff files we looked at did not have complete work histories. We asked the manager about this and they told us that the two files were people who had been employed before the manager had started. The manager confirmed these checks would be completed.

There was enough suitably experienced, skilled and qualified staff available at all times to meet people's needs safely and effectively. One person told us, "There is always someone here when I need them." Staff completed regular health and safety checks to help ensure people were cared for in safe environments. For example, staff completed a check of each person's home to ensure they had working smoke alarms, lockable medication cabinets and planned escape routes in the event of an emergency. Staff were required to have all safety equipment in good working order. We saw documented regular health and safety checks completed by staff.

Policies and procedures were in place at each person's home to protect people from avoidable harm. People and staff had good working relationships which enabled them to communicate honestly and without fear of repercussions. Staff were knowledgeable about protecting people from avoidable harm and felt confident to report concerns to staff or to the local authority if they felt it necessary. Staff understood their safeguarding responsibilities and understood how they could report safeguarding concerns. One staff member said, "I would always report any concerns I had to the manager." They also confirmed that they would report to other professional bodies such as the police or CQC if required.

People were supported to be independent and were a part of their local community. People told us they felt supported to do what they wanted and staff were extremely positive and encouraging for people to be as independent as possible. Risk assessments were in place to identify areas where people needed additional support to keep them safe. For example, one person who was at risk of self-harm was supported in the kitchen and had access to the utensils with staff to support. However, staff ensured that kitchen knives would be locked away when not in use. This still promoted the persons independence but also managed risk.

Information gathered in relation to accidents and incidents that had occurred was personally reviewed by the manager who ensured that learning outcomes were identified and shared with staff. All incidents were documented by staff and were discussed at regular meetings.

People's medicines were managed safely. There were suitable arrangements for the safe storage,

management and disposal of medicines. People were helped take their medicines by staff that were properly trained and had their competencies checked and assessed in the workplace. Staff had access to detailed guidance about how to support people with their medicines in a safe and person centred way. A staff member told us, "We support people to take there medicines and we record this on their Medicines Administration Record (MAR)." We saw that these were audited regularly by the manager and completed consistently. People knew about the medicines they took and what the medicines were for.

Is the service effective?

Our findings

People received support from staff that had the appropriate knowledge, experience and skills to carry out their roles and responsibilities. There were support plans in place that gave good guidance to staff. One person told us, "Staff are very good they know how to look after me."

New staff were required to complete a structured induction programme, during which they received training relevant to their roles, and had their competencies observed and assessed in the work place. Staff received the provider's mandatory training and regular updates in a range of subjects designed to help them perform their roles effectively. This included areas such as food safety, medicines, first aid and infection control. Staff told us that the training they received was appropriate and enabled them to develop new skills which helped them provide support to people. Staff commented that the training was good and that they received regular updates to refresh their knowledge. A staff member said, "I enjoyed the training and I feel supported by the manager."

Staff felt supported by the manager and were actively encouraged to have their say about any concerns they had and how the service operated. They had regular supervisions where their performance and development were reviewed. Staff confirmed that they had regular meetings. One staff member said, "The manager is always popping in to make sure things are ok."

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. We checked whether the service was working within the principles of the MCA and found that they were.

Throughout our inspection we saw that, wherever possible, staff sought to establish people's wishes and obtain their consent before providing care and support. One person told us, "They [staff] never assume what you want. They always ask us first so that we can decide what to do." The guidance provided to staff showed that people, their relatives and, where appropriate, social care professionals, had been consulted about and agreed to the care provided. A staff member said, "We always give them [People] choices and let them decide what they want."

Staff understood the importance of ensuring people gave their consent to the care and support they received. One staff member told us, "People have the right to choose what they want to do." We saw one person's support plan had weekly goals set for the person to achieve and this would be reviewed to see how the person had done and to discuss any further support that they might need. One person explained to us, "I manage my bank account and although I sometimes spend my money too quickly that's my choice."

People were supported to have sufficient food and drink and to maintain a balanced diet. One staff member

told us that they had recognised the person needed support to understand the positive effects of a healthy eating plan. The staff member said, "I will always support [Name] to choose the healthy option. For example if we are having fish I will encourage that we bake the fish rather than fry it because it is a healthier option." The person confirmed that they had lost weight and felt healthier for it. They were pleased at their achievement.

People's healthcare needs were met by healthcare professionals. We saw that people were supported to attend appointments with dentists, opticians and GP's. Each person also had a folder that contained relevant information which may be needed in an emergency or if admitted into hospital. For example, medicines the person was prescribed, next of kin details, known medical conditions and any allergies they may have. This meant that people's health care needs were supported to help ensure good care.

Is the service caring?

Our findings

People were cared for and supported in a kind and compassionate way by staff that knew them well and were familiar with their needs. One person told us, "I think of my [Staff] as family they are like a sister to me." Another person said, "I feel cared for."

Staff helped and supported people with dignity and respected their privacy at all times. One person told us, "Staff always knock on my door and check if it's ok to come in." Staff had developed positive and caring relationships with people they supported and were knowledgeable about their individual needs and preferences. One staff member said, "We don't always have the same meals because our preferences are different." People we spoke with told us that the staff were caring and respectful. One person said, "I feel cared for." We saw that people's cultural needs and preferences were met. For example, one person confirmed that they were supported to attend church every Sunday as this was important to them.

Staff and the people using the service had their own separate bedroom this ensured that they had a private space. All the people were positive about the staff that provided their support. The manager confirmed that people met their potential support staff to make sure that they were suited and got along before being allowed to be the supporting staff member. People we spoke with confirmed that they had met with staff to see if they were suited. The manager gave an example where one person did not have a good relationship with a staff member and a replacement was found. This ensured that people and the staff were suitable to live together.

People were supported to maintain positive relationships with friends and family. One person told us about how they had invited a few people round for their birthday and staff helped with this. They said, "I had had a brilliant time." One person told us that they were now seeing their relative again. The Manager explained that there had been previous issues but the person was now wanting contact and this had been arranged. The person's relative lived some distance away. They were supported to travel by train. Initially a staff member had travelled with them and stayed in a separate location but had been available if required. The person was now happy with the travel arrangements and now completed the journey by themselves. The support had been in place to enable the person to establish the relationship and their independence was promoted.

People had been fully involved in the planning and reviews of the care and support provided. One person said, "We have talks about my care." A relative commented, "I have been fully involved in care planning and reviews." One staff member told us, "Although we have monthly reviews about [Names] care. We are always discussing what [Name] needs or would like to do." One person who liked to go out to their local shopping centre but liked staff to be with them said, "If I feel like going out, I will just speak with [Name] and they will come with me."

Confidentiality was well maintained throughout the home and information held about people's health, support needs and medical histories was held securely. Information about local advocacy services was available. The manager told us where people had been put in touch with independent advisors to support

their needs.

Is the service responsive?

Our findings

People received personalised care and support that met their individual needs. One person said, "Staff are good to me and have always been there when I need help." Staff had access to detailed information and guidance about how to look after people in a person centred way, based on their individual preferences, health and welfare needs. This included detailed information about people's routines and how they liked to be supported, the medicines they needed help with, relationships that were important to them and dietary needs. For example, one person who required support with personal relationships had received support from staff and the manager.

People were supported by staff that had the appropriate guidance to meet their needs. This provided information for staff about how to support people with varying needs. For example, behaviour that challenged. Staff demonstrated they were aware of people's specific needs and gave examples of strategies they used to support people. One staff member said, "I just listen when [Name] is annoyed. This helps them to express themselves and we always reflect on what's happened." One person who was supported by Watford office had been able to change behaviour that had been detrimental to their wellbeing. They told us that they were happier; they had the support of people they liked living with. Another person who had been supported with problems told us, "I love living here, the staff are like family." One person's social worker told us that they were very happy with the support their client received. They were impressed at the involvement of the manager and staff.

People we spoke with enjoyed being involved with activities in the community. One person told us how they loved horse riding every week. They would have to travel quite a distance on buses to get there but they said, "I really love horses and I travel on my own to get there." The staff member told us that they had initially travelled with the person until they had gained confidence and had learnt the route. People had opportunities to take part in meaningful activities and social interests relevant to their individual needs and requirements both at their home and in the community. For example, one person loved art and showed us some of their work. It was clear that they enjoyed their hobbies and they were supported with access to the community. We found that people attended clubs and maintained their interest in the community. Some people had attended college and there had been encouraged by the manager to be involved with volunteer work.

People received care that responded to their needs. A relative told us that they had recently had a meeting with the manager and their relative was also present. They told us that, "[Name] now feels like they have a home." They explained that [Name] had moved around a lot and did not trust anyone. They told us that the manager and staff had gained the persons trust because [Name] felt listened to and supported by staff that supported them. The relative said, "For the first time ever I feel there is a future for [Name]." During the meeting they told us that there had been a plan in place to support the person back to work.

People told us they were encouraged to have their say. They felt listened to and told us that staff and the management responded to any concerns raised in a prompt and positive way. For example, one person spoke to the manager about concerns they had with having enough money for presents. The manager

arranged a time for them to sit down and discuss their concerns. We saw that information and guidance about how to make a complaint was displayed in an 'easy read' format appropriate to people who lived in their home. People confirmed that they had regular meetings to establish what people wanted and to discuss any issues. One person told us, "I am happy to talk with [Staff]."

Is the service well-led?

Our findings

People who used the service, their relatives, staff and professional stakeholders were all positive about how the service was run. They were complimentary about the manager who they described as being approachable and supportive. We saw that people knew the manager well and they had a good relationship with them. For example. One staff member told us, "I had an incident in the early hours and called the registered manager who came straight away." All staff told us the manager was a regular visitor and they felt supported. Staff felt well supported which enabled them to provide good standards of care to people.

Staff told us and our observations confirmed, that the manager led by example and demonstrated strong and visible leadership. The manager was very clear about their vision regarding the purpose of the support provided and level of care. They told us their vision for people was to enable individuals to make choices about their daily activities, to lead as full a life as possible, promote their independence and support them to try new experiences. These issues were regularly discussed with people and their support staff. A staff member commented, "The manager is very supportive, whatever time we call [Name] will answer. They have supported me with my learning."

The manager was knowledgeable about the people that were supported by the service which included their needs, personal circumstances and relationships. Staff understood their roles and were clear about their responsibilities and what was expected of them.

The manager told us about the ethos of the service and why they felt it worked. They told us about a person who had experienced problems due to lifestyle choices. The person had found it difficult to adjust to using care and support services prior to receiving support from Watford Office. The manager said, "We assessed them and felt that we could manage their needs with our model of independent live in care provision. Prior to coming to us they had seventeen placements that did not work. Since being with us [Name] has remained safe in the community for the last eight years and this was made possible with a live-in staff member who offered [name] support and companionship, and helped them develop better living skills."

People were supported by the management team to establish and maintain strong links with the local community to good effect in supporting people to achieve their personal goals and aspirations. For example, people were supported with attending day care centres, colleges and people had been involved with volunteer work.

People's views and experiences had been actively sought and responded to. People and staff confirmed that this was an ongoing daily event. For example people told us that they would talk to the staff on a daily basis about any concerns they had and could always express their views. Questionnaires seeking feedback about the service were sent out to people on an annual basis.

Systems were in place to monitor the service. These included regular audits carried out in areas such as medicines, infection control and health and safety. The manager was required to gather and record information about the individual homes and audited on a monthly basis. The manager also carried out

regular visits to ensure that people received the support they required.

The manager told us that they felt supported by the nominated individual (The nominated individual is responsible for supervising the manager) and confirmed they had regular weekly meetings. They said, "I can call them at any time to discuss any issues." They also confirmed that the nominated person visited people at their homes to ensure standards were maintained. The manager had training through the local authority and this helped to ensure that they worked in accordance with best practice through training and legislation.