

Look Ahead Care and Support Limited

Alison House Short Breaks Service

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Inadequate



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

We carried out an inspection on 17, 18 and 20 October 2014. The inspection was unannounced. At our last inspection on 25 November the service met the regulations inspected.

Alison House Short Breaks Service provides short term respite accommodation and support to adults with physical and/or learning disabilities aged 18-65 years. The

service has five bedrooms which are all wheelchair accessible. The service is staffed 24 hours and provides personal care but not nursing care. At the time of our inspection three people were using the service.

The service did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

Staffing levels were determined according to the needs and dependency levels of people who use the service. Staff had qualifications in health and social care and/or previous experience of working in care settings. We were told new staff were required to complete a five day induction programme prior to working with people who use the service.

We found that some staff had not completed relevant training prior to working with people using the service. As a result some staff were not familiar with service policy and procedure regarding emergency response particularly in the case of what to do if someone was choking or having an epileptic seizure. This meant there was a breach of the relevant legal regulation and you can see what action we told the provider to take at the back of the full version of the report.

People's needs were assessed and care plans were developed to identify what type of care and support people required. People were involved in making decisions about their care wherever possible. If people were unable to contribute to the care planning process, staff worked with people's relatives and sought the advice of healthcare professionals to assess the care they needed. Some of the care plans we looked at had not been signed or dated making it difficult to confirm whether plans had been reviewed as per the service's policies and procedures.

Medicines were not always managed safely. We saw that staff were not always following the correct procedures regarding the logging, storage, administration and

recording of medicines. This meant there was a breach of the relevant legal regulation and you can see what action we told the provider to take at the back of the full version of the report.

We saw that incidents and accidents were logged appropriately but it was not always clear what steps were taken to reduce the risk of incidents reoccurring.

There were processes in place to monitor the quality of the service and action points were used to identify required improvements. However, audit records we looked at often lacked any clear indication as to who was responsible for actioning recommendations and the timescales required for this action.

We observed staff supporting people to engage in activities and prepare for attendance at day centres. A range of activities were on offer at the service. However, people indicated via written feedback forms that they would like more access to the local community and more indoor games, computer facilities and activities.

Staff were patient and polite when supporting people who used the service. Staff supported people to maintain their dignity and were respectful of their right to privacy. Relatives of people using the service told us they felt their family members were well looked after and safe.

Staff were knowledgeable about how to recognise the signs of potential abuse and aware of the appropriate reporting procedures. We found the provider was meeting the requirements of the Deprivation of Liberty Safeguards. Staff had been trained to understand when an application should be made, and how to submit one.

Staff felt supported by their team leaders and were open to suggestions on how to improve the service from people who use the service, their relatives and visiting professionals.

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 not safe. Some staff were not up to date with current guidance and unable to demonstrate that they would respond appropriately to emergencies to ensure people's safety.

Medicines were not managed safely. Staff were not always following the correct procedures regarding the logging, administration and recording of medicines.

Assessments were undertaken to identify any risks to people and management plans were in place to minimise these risks. Staff were knowledgeable in recognising signs of potential abuse and familiar with the correct reporting procedures.

Inadequate



Is the service effective?

Some aspects of the service were not effective. There was a programme of training for staff to ensure they had the skills and knowledge required to meet people's needs although training was not always completed prior to staff working with people who use the service.

People's care plans covered their health and personal care needs. Staff told us they used the care plans to familiarise themselves with the specific needs of each person using the service. Some of the care plans we looked at had not been signed or dated making it difficult to confirm whether plans had been reviewed as per the service's policies and procedures.

We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). While no applications had been submitted, staff understood when an application should be made, and how to submit one.

Requires Improvement



Is the service caring?

The service was caring. Relatives described staff as "kind" and "caring" and told us they were kept informed by the staff about their family member's health and the care they received.

Staff told us they spoke with family members to find out people's likes and dislikes. Relatives of people who use the service told us they were happy with the care and support their family members received.

We saw staff engaging positively with people and using touch to comfort and reassure people when needed. Staff were polite, supported people to maintain their dignity and were respectful of people's right to privacy.

Good



Summary of findings

Is the service responsive?

Aspects of the service were not responsive. There was a timetable of activities which included games, watching television and listening to music. However, feedback gathered by the provider from people who use the service showed that some people wanted the opportunity to participate in more activities and outings in the community.

A complaints procedure was in place. We were told complaints were logged and responded to in line with the provider's policies and procedures. However, not all complaints were logged appropriately.

Some of the care plans we looked at contained contradictory information, appeared to be missing information or organised in a manner which made information difficult to follow. Not all care plans had been signed and dated by people and/or their family members.

Requires Improvement



Is the service well-led?

Aspects of the service were not well-led. The service did not have a registered manager. Relatives were unsure who was responsible for the day to day management of the service.

Staff told us they received adequate supervision and indicated that they felt able to raise any concerns or questions they had about the service.

Internal audits were undertaken on a regular basis but action points and recommendation were not always being followed and/or improvements delivered.

Requires Improvement



Alison House Short Breaks Service

Detailed findings

Background to this inspection

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

Prior to the inspection we asked the provider to complete a Provider Information Return (PIR). The PIR is an important element of our new inspection process. It helps us plan our inspections by asking the provider to submit data, and some written information under the five key questions: Is the service safe? Is it effective? Is it caring? Is it responsive? And is it well led? We received this information and were able to review this and other information we held about the service before we carried out the inspection. We also spoke to the local authority commissioning team who provided us with information about recent contract monitoring visits and safeguarding investigations.

We carried out an unannounced inspection on 17, 18 and 20 October 2014. The inspection was carried out by a single inspector.

At the time of our inspection the service did not have a registered manager. During our visit we spoke with four support workers, a team leader, a contracts manager and an operations manager. We were unable to speak to people who use the service at the time of our inspection but we did undertake general observations in communal areas as people were getting ready to attend day services or activities in the community. We spoke to the relatives of four people who use the service. We reviewed the care records of three people who use the service and records relating to the management of the service such as audits, meeting minutes, accident and incident records and letters of complaints.

After the inspection we spoke with two health and social care professionals from a local authority learning disability service involved in the care of people who use the service.

Is the service safe?

Our findings

Relatives we spoke with following our visit told us they felt their family members were safe when staying at the service. However, we found that proper steps had not been taken to protect people who used the service from the risks of unsafe care, by ensuring staff knew how to respond appropriately to medical emergencies. For example, two staff members were unsure how they would respond if a person using the service was choking or having an epileptic seizure. One member of staff described a procedure they would use which was incorrect and potentially dangerous and therefore we could not be assured that people would get the support they required in the event of an emergency. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Medicines were stored in a locked cabinet. Staff told us the shift leader held the keys to the cabinet. During our visit we noted that the keys to the medicines cabinet were being kept in an unlocked drawer in the kitchen area. Staff told us that all medicines brought into the service were checked against the medicines administration record (MAR) on receipt and recorded in a medicines log. We observed staff receiving medicines for a person who was due to arrive at the service later in the day. Staff were unable to log the medicines because the MAR sheet was missing which resulted in medicines initially being stored in the cabinet without proper checks and controls.

We saw the information contained in people's medicines folders was not always fully completed, for example; MAR sheets were not always dated, expiry dates had not been completed on log in sheets and guidelines were missing for the administration of tablets that required crushing in order to be administered via the percutaneous endoscopic gastrostomy (PEG) route. Medicines checklists had not been completed by night staff and where the team leader had identified that medication profiles and staff signature lists required updating; this had not been rectified. This meant that people were not always protected against the risks associated with medicines because the provider was not always following procedures in place to store, record and manage medicines appropriately. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Medication errors had been recorded in line with the service's policies and procedures but we found no evidence to demonstrate that a review process had taken place to fully understand why mistakes continued to occur and how improvements could be delivered.

There were processes in place to protect people from abuse and keep them free from harm. Staff were knowledgeable about how to recognise signs of abuse and were aware of the correct reporting procedures. Staff told us any concerns about the safety or welfare of a person would be reported to a senior member of staff or the manager who would assess the concerns and report them to the local authority's safeguarding team and the Care Quality Commission (CQC) as required. Staff told us they had completed safeguarding training as part of their induction and that this was updated as required.

We saw that staff had attended local authority meetings following a recent safeguarding incident and that appropriate action had been taken as a result. For example; we saw it was documented that staff had met with the family members of the person involved in this incident and discussed with them why the incident may have happened and how to reduce the risk of this type of incident recurring.

Before people began to use the service, assessments were undertaken to identify risks to people who used the service. Where risks were identified, appropriate management plans were developed to minimise the risk occurring. For example, one person was at risk of dehydration. Their care plan identified that staff were to provide regular fluids and that fluid charts should be used to document all fluid and nutrient intake. We saw that staff were doing this and that the relevant documentation was up to date and reviewed as and when required.

Staffing levels were determined according to the dependency levels of people who used the service. We were told that agency staff were employed on a regular basis to cover shifts and that most of the agency staff had been working at Alison House for several months. There were adequate numbers of staff on duty to meet people's needs when we visited. We were told staff had access to a 24 hour on call duty manager who could provide support and advice when needed. Relatives of people who used the service told us they felt there were enough staff on duty to care for their family members.

Is the service effective?

Our findings

The team leader told us “No specific training was required for the job” but that when recruiting staff, they looked for people who were “interested in working with people with learning disabilities, who have compassion and an ability to be empathic and creative.” We saw from records that staff had completed qualifications in health and social care and/or had previous experience of working in care settings before commencing employment at Alison House Short Breaks Service.

We were told by the team leader that new staff completed an induction programme which included sessions on service values, communication and engagement, support planning and risk management. A rolling programme of classroom based training and e-learning courses was also available to all staff members. Some staff had booked to complete further training and refresher courses to ensure they continued to build upon their skills and knowledge. Training included: autism awareness, safeguarding vulnerable adults, epilepsy management, moving and handling, health and safety and food hygiene. From the staff training records we looked at it was evident that not all staff had completed and/or updated training in areas such as epilepsy, basic first aid, medicine management and infection control. Therefore, staff may not have had sufficient knowledge or the skills to meet people’s needs effectively.

We were told staff received supervision every six weeks. The team leader told us, “Supervision provides a space for

discussions about what we are trying to achieve, how the team works together, things that work well and things we could do better.” Staff records confirmed that staff had received supervision within the last two months.

Staff told us people had access to food and drink throughout the day and that when and where appropriate, people were provided with support to eat and drink. Staff used pictorial menu plans to plan, prepare and organise meal times. One member of staff told us, “We pay attention to people’s specific needs and ask for feedback from carers as to likes and dislikes.” We did not have the opportunity to observe meals being served on the days we visited the service as people were either out attending day services or required feeding via a PEG route. We observed staff providing fluids and nutrients using this procedure and fluid balance charts were in place and records completed and up to date.

We found that staff were aware of Deprivation of Liberty Safeguards (DoLS) practice and procedure. The team leader told us they would liaise with the local authority to ensure the appropriate assessments were undertaken to protect people who used the service from being unlawfully restricted. At the time of our inspection no-one using the service was subject to a DoLS authorisation.

Staff told us that where people had capacity they were involved in decisions about their care. If people did not have the capacity to make specific decisions the service involved their family or other healthcare professionals in the ‘best interests’ decision making process as required by the Mental Capacity Act 2005. One relative told us, “I’m happy with the care plan, everyone has been trained up to care for my child.”

Is the service caring?

Our findings

The manager of a local day centre described staff as helpful and flexible. A relative of a person using the service described the staff as “kind and caring.” We saw staff talking calmly to people and using touch to reassure and comfort people. Staff called people by their preferred name and interactions between staff and people using the service showed they understood people’s needs and preferences. For example, we saw staff members had ensured one person was wearing the jewellery they liked to wear and later in the day we saw staff selecting this person’s favourite DVDs to watch.

Relatives told us they were kept informed by the staff about their family member’s health and the care they received. One parent told us, “I need to work with [staff] to get the care right and expect my child to be cared for in the same way as I do.” Another relative told us “I have great trust in the [senior support worker] and other members of staff.”

People’s care plans included assessments of the person’s health and care needs and information about their likes and dislikes, hobbies and interests. Staff told us the assessments and other information were used to develop a detailed care plan and risk assessments. Staff told us they looked at people’s care plans in order to ensure that care was person centred and specific to people’s needs.

Care plans showed that where people could not make an informed decision about the support they received, relatives and health and social care professionals were involved in the care planning process and that decisions were made in the person’s best interests.

We saw a timetable of activities which included listening to music, watching television, visits to the park, art sessions and board games. The service’s monthly newsletter informed us that people at the service had been decorating their rooms with sensory landscapes and that paintings and pictures were put up in people’s rooms when they re-visited.

A health professional we spoke with described the environment as basic and said they would like to see more going on. During our visit we saw one person being taken out into the community and noted that this activity was recorded on a daily activity chart. We saw from completed customer feedback forms that some people had requested more activities and outings. The team leader told us there were plans to develop a new timetable of activities so that people using the service had more choice.

People had their own bedrooms which afforded privacy and we saw staff respected people’s dignity by closing the door when assisting people with personal care. We saw that people were able to join others in the communal area for activities and socialising and that visitors were greeted warmly and felt able to talk to staff about the needs of their relatives.

We noted that confidential information about people using the service was kept securely in the office area.

Is the service responsive?

Our findings

Relatives told us they were involved in planning and reviewing the care received by their family members. One relative told us they were “Happy with the care plan which was put together by quite a few people.” Care plans included summary customer information, assessments of people’s health care needs, contact and finance records and information from health and social care professionals involved in people’s care. Staff told us they used the care plans to familiarise themselves with the specific needs of each person using the service. They also stated that these assessments were used to inform and develop appropriate guidelines and risk management plans around areas such as choking, care of PEG site and PEG feeding, self-care, mobility and transfers.

The team leader told us people’s care plans and risk assessments were reviewed annually or at any time support needs changed or new risks were identified. Some of the care plans we looked at had not been signed or dated making it difficult to confirm whether plans had been updated as per the service’s policies and procedures. We were unable to locate communication passports in two of the care plans we looked at which may have meant that staff lacked essential information about how to communicate and engage with people who were non-verbal.

Relatives told us they knew how to make a complaint. One relative told us they had never had any problems and if they did they would “speak to the team leader or the manager.” Another said that if they had any issues with the staff or the service they, “would complain to social services.”

The provider had a complaints and feedback policy dated July 2013 which informed people how to make a complaint, provide feedback or make a suggestion. We saw an easy read copy of this policy displayed on the noticeboard in the main entrance area. Complainants were invited to initially discuss their concerns with a member of

staff to try and resolve them. People’s relatives told us they felt comfortable talking to staff and felt able to raise any concerns they may have. They felt their concerns would be listened to and dealt with appropriately.

We looked at the complaints log and noted that no complaints had been logged since August 2013. The team leader told us, “We had two formal complaints logged and there may have been some informal complaints or comments that may have not been recorded but going forward we will ensure that all matters are logged whether formal or informal”. We asked the provider to send us details of the two logged complaints. We received this information and noted that these complaints had been responded to appropriately and that one complaint had been investigated under local authority safeguarding procedures.

Staff told us they organised coffee mornings for relatives and carers on a monthly basis. We saw details of meetings advertised on the noticeboard. Two relatives told us they found the meetings useful and an opportunity to meet the manager and catch up with what was happening. Other relatives told us they found the meeting times a bit awkward as they were held in the mornings and were sometimes difficult to attend. The next meeting was scheduled for 29 October 2014 from 10.00am to 11.30am.

People who used the service were supported to complete satisfaction surveys at the end of their stay. We looked at surveys gathered over the past 12 months and saw that feedback was mostly positive. Three people had however requested more activities and/or outings. During our visit we saw staff selecting DVDs for one person to watch. We also saw one person being taken out into the community in their wheelchair. Although there was a broad range of advertised activities for people to take part in we did not see this range and choice reflected in people’s activity recording charts. Watching TV, listening to music and playing with toys appeared to be the main activities that took place. The team leader told us there were plans to introduce additional activities to provide people who used the service with more choice.

Is the service well-led?

Our findings

The service did not have a registered manager in post as required by their registration with the CQC. We were told that there had been three service managers during the past six months and that due to these changes a registered manager had not yet been appointed.

There were processes in place for reporting accidents and incidents. Reports included details of the incident/accident and any follow up action taken. We were told that all incidents/accidents were reviewed by a manager. Since October 2013 a number of incidents had been recorded as medication errors. Reports detailed the action taken following these errors but it was unclear whether the review system in place had been applied to identify any patterns and the possible reason for continued and repeated errors in the administration, recording and storage of medicines.

We saw that audits were undertaken to assess compliance with internal standards covering areas such as customer files, staff files, finances and safeguarding. However, audit records we looked at often lacked any clear indication as to who was responsible for actioning recommendations and the timescales required for this action. This may have meant that service improvements were not delivered in a timely manner. For example; we reviewed the findings from the latest quality visit which took place on the 10th September 2014. One area identified as requiring improvement was in the organisation of care plan files to include a support plan, risk management plan, health action plan and communication passport. We checked three care plans to see if staff had taken action following the quality visit and found only one care plan contained a communication passport.

The contracts manager told us he was based at Alison House Short Breaks Service two days a week. The service had a part-time team leader and a full-time senior support worker. Relatives told us the senior support worker is “very, very good” and “says what’s she’s going to do, puts it in the

notes and speaks to other staff members.” Some support workers were employed on a permanent basis and agency support workers were regularly used on a shift pattern basis. We were told most agency support workers had worked at the service for a number of years.

Health and social care professionals we spoke with raised concerns around the recruitment and retention of senior staff members and told us that the provider relied heavily on the involvement of the area manager. Relatives were able to name most of the support staff working at Alison House Short Breaks Service but were unsure who was responsible for the day to day management of the service. Staff at Alison House told us, “A more settled management team is needed.”

The team leader told us that people using the service, their family members and representatives were asked regularly for their views on the care and support provided. Relatives confirmed that they always felt able to discuss with staff any issues or concerns they had and that matters were usually dealt with satisfactorily.

We were told that a service re-launch party held in September 2014 had elicited positive feedback from attendees. A member of the local authority contracts team told us the re-launch event had provided an opportunity for them to find out more about key staff members.

Staff told us they received regular supervision and annual appraisals. We saw supervision documents within the staff records we looked at. Staff told us they felt able to raise concerns with senior staff and felt listened to.

Staff meetings provided an opportunity to discuss the needs of people who used the service, share information, raise any concerns and identify areas for improvement. The team leader told us that meetings took place on a monthly basis or when specific issues arose and needed to be discussed. The team leader was unable to locate the minutes of any meetings held in the past three months.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services The registered person did not take proper steps to ensure that each service user was protected against the risks of receiving care or treatment that was inappropriate or unsafe as planning and delivery of care did not ensure the welfare and safety of service users. Regulation 9 (1) (b) (ii).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines The registered person did not protect service users against the risks associated with the unsafe use and management of medicines. Regulation 13.