The Westminster Society For People With Learning Disabilities

Piper House

Inspection report

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London
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10 October 2019
14 October 2019
15 October 2019
16 October 2019

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service:
Piper House is a purpose built, supported housing service consisting of 12 self-contained studio flats. People have access to a shared reception/seating area on the ground floor of the building. Flats located on upper floors are accessed by stairs and a lift. Ground floor flats open out onto a communal garden area.

People living at Piper House have a range of complex needs including learning and physical disabilities, autistic spectrum conditions, epilepsy and behaviours that may challenge services. The service is staffed 24 hours a day and is registered to provide support to people with personal care needs. At the time of this inspection the service was supporting 10 young adults.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

People's experience of using this service:
People and their relatives were involved in the care planning process. Although care plans were detailed and person-centred, they were not always being reviewed and updated to reflect people's current and changing healthcare needs. Some of the care plans we viewed contained inaccurate and/or out of date information.

Risks to people's health, safety and well-being were assessed and planned for. However, not all members of staff were aware of the policies and procedures in place to ensure people were safely evacuated from the building in the event of an emergency.

Medicines were not always being managed safely. We noted an administration error in relation to one person's medicines which had not been identified through the provider's checks and control procedures.

Staff supported people to access appropriate healthcare services. However, systems in place to document and monitor people's health and well-being were not always being completed in full. It was not always clear whether people's health conditions were being treated and monitored appropriately.

Staff completed training in food hygiene and supported people with food shopping and meal preparation. We noted that one person was not always being provided with healthy and nutritionally balanced meals.

People trusted the staff working with them and staff supported people in a kind and caring manner.

The provider had appropriate safeguarding and whistleblowing policies and procedures in place and staff were informed about how to recognise and report any concerns they may have.

Staff supported people to be as independent as they wished and had a good understanding of people's personal preferences.

People were supported to follow their interests and participate in leisure, learning and social activities.

Staff were mindful of people's privacy and endeavoured to maintain people's dignity by respecting their personal boundaries.

Safe recruitment processes were being followed to ensure staff were suitable for their roles.

Staff completed a range of training. However, not all staff had completed epilepsy training despite staff supporting people with this condition and recommendations made by a visiting healthcare professional.

The provider had systems in place to monitor the quality of the care provided and an improvement action plan was in place. However, at the time of our inspection, the premises were in need of renovation. Delays to repairs and ongoing issues with the water supply, lifts and equipment were having a negative impact on people's health, safety and well-being. Quality monitoring systems were not always effective and had not identified all of the shortfalls we found during this inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:
The last rating for this service was good (report published 4 May 2017).

Why we inspected:
This inspection was part of a scheduled plan based on our last rating of the service.

In March 2019, CQC received notification of an unexpected death within the service. The circumstances of this incident were discussed with a local authority safeguarding lead and the registered manager at the time of the event. We sought further information during this inspection in relation to these concerns and will request a full update once the investigation report has been completed to consider whether any further action is required.

Enforcement:
We identified breaches of the regulations in relation to safe care and treatment and governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up:
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Not all aspects of the service were safe.

Details are in our safe findings below.

Requires Improvement

Is the service effective?

Not all aspects of the service were effective.

Details are in our effective findings below.

Requires Improvement

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?

Not all aspects of the service were well-led.

Details are in our well-Led findings below.

Requires Improvement

Piper House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team
This inspection was carried out by one inspector.

Service and service type
Piper House provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support whilst taking into account any wider social care provided.

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
Inspection activity started on 10 October 2019 and ended on 6 November 2019. We visited the service on 10, 14, 15 and 16 October 2019. The first day of the inspection was unannounced.

What we did before the inspection
We used the information the provider sent us in the provider information return. 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. We also looked at information we held about the service. This included notifications which providers or others send us about certain changes, events or incidents that occur, and which affect the service or the people who use it. We used all of this information to plan our inspection.

During the inspection
We used a number of different methods to help us understand the experiences of people living at Piper House. Not everyone was able to provide feedback about their direct experience of using the service as they were unable to express themselves verbally. We spoke with three people using the service and a visiting relative. We spent time observing interaction between people and the staff supporting them. We spoke with the registered manager, a service manager, a compliance assessor, a property manager, a head of facilities and two members of support staff. We also spoke with a local authority quality monitoring representative and an officer from the London Fire Brigade both of whom were visiting the service at the time of our inspection.

We looked at four people's care records and related documentation, medicines records and correspondence. We looked at four staff recruitment files, supervision, training and appraisal records, policies and procedures, as well as other records relating to the management of the service.

Following the inspection, we contacted two safeguarding representatives and spoke with further representatives from the local authority quality monitoring team. We contacted five family members by phone and received feedback about the service from two of them.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated good. At this inspection this key question has deteriorated to requires improvement.

This meant some aspects of the service were not always safe despites the provider's assurances. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely

- Staff completed a range of risk assessments associated with people's health and wellbeing. These included advice and guidelines to ensure staff provided the appropriate level of support with personal care, mobility, communication, emotional and behavioural needs.
- Environmental risks were assessed, and systems were in place to test and monitor fire prevention equipment. However, not all members of staff were clear about the provider's emergency evacuation procedures and 'stay put' policy. When asked, one member of staff incorrectly stated that the fire assembly point was located in the reception area of the building and staff were unsure whether they were required to remain with people using the service under the provider's current 'stay put' policies. We discussed these issues with the management team and were informed that fire evacuation policies were under review and that fire procedures would be discussed with staff during subsequent handover meetings.
- Medicines were not always being managed safely. We noted an administration error in relation to one person's medicines which had not been identified through the provider's monitoring procedures. A relative told us there had been a number of errors involving their family member's medicines and that meetings had been arranged to discuss concerns. One person's missing person's profile had not been reviewed since March 2017 and contained incorrect medicines information. This may have left them at risk of receiving the incorrect support in an emergency. We discussed these issues with the registered manager during the inspection. He assured us that these matters would be investigated and appropriate action taken to address the concerns.
- We noted that call alarm systems were not always in full operation. On two occasions we saw that a telephone handset had been removed from its cradle. When we queried this, a senior member of staff told us that the handset had been taken off the hook because it continued to ring and was faulty. The reception/office was not always staffed, and we experienced difficulties gaining access to the service on the first day of our visit due to this reason. These issues meant that people, staff and/or visitors requesting assistance or attempting to access the service may have encountered unnecessary delays.

We found no evidence that people had been harmed, however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong

● In March 2019, the provider notified CQC of an unexpected death within the service. This event continues to be the subject of an in-depth multi-agency safeguarding investigation. The registered manager told us that in the interim, healthcare documentation had been thoroughly reviewed and revised systems introduced as part of the lessons learnt process. However, we found that information documented in care records and daily logs was not always complete, coherent and/or up to date.
● An internal strategic service review dated May 2019 noted, 'Health monitoring: there are shortcomings in ensuring the residents' health problems are monitored and issues followed up and/or investigated'. An improvement plan dated August 2019 stated that necessary actions would be completed by August/September 2019. However, we noted that the section titled 'Day to day management of health needs' contained no information addressing the concerns identified by the provider in May 2019.

Staffing and recruitment
● The provider had increased staffing numbers since our last inspection and there were plans in place to recruit further management staff to the team to ensure people's needs were met appropriately.
● Recruitment records we reviewed were in good order and contained appropriate references from past employers, identity checks to ensure that staff had the right to work in the UK and DBS (Disclosure and Barring Service) checks. These checks help employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse
● Relatives felt their family members were safe. One relative told us, "I have no issues with safeguarding or [my family member's] well-being. [They're] safe."
● The provider had a safeguarding policy and related procedures in place. Staff told us, and records confirmed they had completed or refreshed appropriate safeguarding training within the past three years.

● Staff were able to provide examples of the types of abuse people living in the service might be at risk of and knew what processes to follow in terms of recording and reporting.
● Staff were familiar with the provider's whistleblowing policies. Whistleblowing is when a worker reports suspected wrongdoing at work. A worker can report things that are not right, are illegal or if anyone at work is neglecting their duties, including if someone's health and safety is in danger.
● The provider notified the local authority of any safeguarding concerns and conducted appropriate investigations as required.

Preventing and controlling infection
● The provider had an infection policy and related procedures in place which staff were required to read before supporting people with their care.
● Staff had access to personal protective equipment such as disposable gloves and aprons to prevent the spread of infections.

Requires Improvement

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.

At the last inspection this key question was rated good. At this inspection this key question has deteriorated to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Initial assessments were used to design and develop individual care and support plans for each person using the service. Support plans documented people's personal likes and preferences, their social interests, as well as their physical and emotional needs.
- People's day to day health needs were managed by the staff team with support from family members and a range of healthcare professionals such as GPs, speech and language therapists, physiotherapists, psychologists, dentists and specialist nurses. However, health action plans and records of medical appointments, treatment and recommendations required closer monitoring to ensure people's healthcare needs were appropriately met and records were kept up to date. For example, in one person's daily log staff noted, 'toe nail looking black…. monitor toes for rest of week'. Subsequent entries over the following seven-day period were inconsistent. Another person's health action plan stated….'need to see HCA (healthcare assistant) for annual blood tests'. There was no information to state when or why these investigations were required, and no record of any blood test results recorded. A bowel and bladder appointment was recorded for 7 October 2019 and a neurology appointment for 20 September 2019. We could find no follow up information as to the outcome of either of these appointments.
- Information recording whether or not people had received their annual flu jabs had not always been added to people's care documentation. It was therefore unclear as to whether people's needs had been anticipated and appropriate appointments scheduled. We also noted that one person had no record of having been seen by a dentist in 2019 and that their last GP appointment was dated February 2018.
- Each person had a hospital passport/emergency admission plan in their care file. These are designed to provide hospital staff with information about people's care needs and how they liked to communicate with people. We noted that hospital passports were not always updated as and when people's needs changed.

We discussed all of the above issues with the registered manager during our inspection. We have received information to demonstrate how the provider intends to monitor and record people's changing healthcare needs more effectively. However, at the time of the inspection, we could not be assured that recording and monitoring systems were sufficiently reliable and robust to ensure people were protected from avoidable harm.

We found no evidence that people had been harmed, however, systems were either not in place or robust

enough to demonstrate that risks to people's health and well-being were being assessed, managed, documented and monitored appropriately. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

● At the time of our visit the service/home environment posed significant challenges to the way in which the service operated and care and support was delivered.

● The provider was aware of these issues and an extensive improvement action plan was in place to address issues in relation to the design, maintenance and repair, layout and decoration of internal and external spaces. The registered manager assured us that improvement plans had been approved and works were scheduled to begin before the end of the year.

● People's bedrooms, flats and homes were personalised to meet their preferences. One person told us, "I like everything here, I like having my own flat."

Staff support: induction, training, skills and experience

● New staff were required to complete an induction which included training in subjects such as safeguarding, health and safety, basic life support, fire safety and food hygiene. However, a training matrix we reviewed showed that not all staff had completed specialist training in areas pertinent to their roles and the people they supported. A member of staff commented, "I have enough training, some of it needs updating – epilepsy for example." The registered manager told us that epilepsy and autism training had been scheduled for November 2019.

● Staff told us they felt supported and received regular supervisions. Yearly appraisals were scheduled to discuss staff roles and responsibilities and identify any further training needs.

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

● Staff were responsible for supporting people with menu planning, food shopping and meal preparation. However, we noted that one person at risk of weight loss and constipation was not always being provided with healthy and nutritionally balanced meals contrary to recommendations provided by a healthcare professional.

● We observed staff sharing mealtimes with the people they were supporting ensuring that this was a pleasant and sociable activity.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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 had contacted the relevant local authority representatives regarding whether people's liberty

was restricted.

● People's care records demonstrated that a best interest decision making process was adopted when people required complex medical treatment. Family members told us they were invited to attend their family members' care reviews.

● Staff promoted people's independence and respected their right to make their own choices.

Good

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.

At the last inspection this key question was rated good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence
● Staff were mindful of the individual needs and preferences of the people they supported. Staff described how they offered people day to day choices relating to all aspects of their daily lives such as activities, clothes, meals and drinks.
● Staff spoke with people in a caring and respectful way. We observed staff members encouraging people to do the things they wanted or needed to do.
● The provider ensured that personal information was stored securely in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals.

Ensuring people are well treated and supported; respecting equality and diversity
● People told us they liked living at Piper House and got on well with staff members. A relative told us, "Staff are really good." People received care and support from staff who knew them well and understood how they liked things to be done.
●Staff provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity and faith. Care plans included information about people's likes, dislikes, preferences, cultural requirements and spiritual beliefs.
● People were supported to attend college, day centres, social and leisure activities, local events, shops and cafes. One person told us they liked it "when there's music" and staff confirmed this person spent time in their flat listening to their favourite artists and performers and attended a local music group.

Supporting people to express their views and be involved in making decisions about their care
● People and their families continued to be involved in the planning and reviewing of the care and support delivered by the provider, staff and service.
● Our observations showed staff had enough time to spend with people engaging them in conversation, household tasks and other chosen activities. Staff organised monthly residents' meetings to discuss and plan trips and activities.
● The registered manager told us that people had access to advocacy services if and when required. Advocates are trained to act in people's best interests and represent people's views.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated good. At this inspection this key question has remained the same.

This meant people received personalised care and support from a responsive service and staff team.

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

- People received personalised care that had been planned for them. Support plans contained a good level of detail and were written in an individualised style.
- Information was available about people's life histories, interests and preferred activities. This information helped staff to understand each person on an individual basis.
- Staff sought advice and guidance from relevant professionals to help inform care planning for people with behaviours that challenged.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was shared in different accessible formats to promote understanding, for example, using photos and pictures. This showed us that where possible, the provider was complying with the Accessible Information Standard (AIS).
- Staff had a good understanding of the AIS and people's communication needs were assessed and documented within their care plans. Staff were knowledgeable on how different people expressed themselves and during our inspection we observed that staff took time to listen, engage and respond with people patiently and with kindness.

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

- Staff recorded information about activities people had taken part in. A member of staff told us how one person had recently visited a chocolate factory in Birmingham. Other outings had included day trips to Southend and Brighton for fish and chips and a visit to the aquarium.
- People were encouraged to maintain close relationships, maintain hobbies and interests and participate in all aspects of the local community.

Improving care quality in response to complaints or concerns

- The provider's complaints procedure was available to people using the service, family members, staff and

visitors.

● People using the service and their relatives knew how to raise a concern or make a complaint. A relative told us, [The manager] takes complaints very seriously. Within a minute he sorts out any problems and calls me back."

● Systems were in place to record, investigate and respond to any complaints raised. People knew how to make a complaint and to whom. Complaints had been recorded and investigated appropriately.

End of life care and support

● At the time of our inspection no one at the service was receiving end of life care.

● The registered manager told us that end of life (EOL) guidelines were discussed during staff handover meetings. At the time of our inspection, no formal EOL training had been delivered. The registered manager informed us that appropriate discussions with families and individuals were planned.

Requires Improvement

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.

At the last inspection this key question was rated good. At this inspection this key question has deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had systems in place to monitor the quality of service provision. However, auditing systems had failed to address some of shortfalls we found during our inspection. This included incomplete, inconsistent and inaccurate information recorded in people's care and support documentation.
- At the time of our inspection, specialist training had yet to be delivered despite the complex care needs of people using the service and clear recommendations from healthcare professionals.
- The provider was failing to ensure that all staff members were clear about emergency evacuation policies and procedures. We have requested and are still awaiting further information in relation to fire safety.
- A copy of the most recent report from the CQC was on display at the service and accessible through the provider's website. This meant any current, or prospective users of the service, their family members, other professionals and the public could access the most current assessments of the provider's performance. However, we have noted and previously discussed the use of a CQC outstanding logo that appears on email correspondence from managers. This requires amending as it is potentially misleading.

We found no evidence that people had been harmed, however, systems were either not in place or robust enough to demonstrate that effective quality monitoring systems were in place. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There were opportunities for people, relatives, staff and visitors to provide feedback about the service via surveys, review meetings, key working sessions, supervision and appraisal.
- Relatives were kept up to date about the service and invited to attend meetings and care reviews. A relative told us, "I always get good feedback on time and staff are always very responsive." However, another relative complained that their emails were not responded to in a timely manner and that this was frustrating for them. Following the inspection, we raised this issue with the registered manager. We have since been informed that these issues have been addressed appropriately.
- Daily staff handover meetings took place to ensure important information about people using the service was communicated between the staff team and appropriately documented.

● The provider maintained and promoted good working relationship with representatives and healthcare providers supporting people using the service. External quality monitoring visits were taking place and demonstrated the provider's collaborative approach to service delivery and improvement.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 management team were clear about their duty to be open and transparent with people using the service, relatives, staff, stakeholders and others.

● The registered manager was aware of his responsibility to submit appropriate notifications to CQC when required.

● People told us they were happy living at Piper House and enjoyed having their own homes and independence. A relative told us, "I'm very satisfied. [The service manager] manages Piper House very well. He's very professional."

● Staff members worked as a team and were supportive of one another and their managers. A member of staff told us, "The manager is really good, he listens, he talks to you and asks about my welfare. Being here is really good." Another member of staff commented, "I'm really happy working here, doing something positive and making a difference to someone's life. We get on with each other really well."

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure that care and treatment was provided in a safe way. They had not assessed all risks to people's health and safety or done all that was reasonable to mitigate those risks.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider was failing to operate effective quality monitoring systems and was failing to identify and address shortfalls in service delivery.