Look Ahead Care and Support Limited

Queensdown Road

Inspection report

4 Queensdown Road
Hackney
London
E5 8NN

Tel: 02089850799
Website: www.lookahead.org.uk

Date of inspection visit:
15 December 2015
21 December 2015

Date of publication:
01 April 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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 15 and 21 December 2015. The first day of the inspection was unannounced; the provider knew that we would be returning for the subsequent day. Queensdown Road is a residential home which provides care and support to a maximum of eight people with mental health needs. At the time of the inspection there were eight people living at the service. At our previous inspection of the service in August 2013 we found that the service was meeting the regulations we looked at.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were kept safe from the risk of abuse by well supported staff who felt confident to raise concerns about poor practice. The available risk assessments were detailed and clearly explained how staff could manage potential risks. However, one person did not have a risk assessment relating to smoking as required.

The provider had used a robust recruitment procedure to employ enough suitable staff to meet people's care needs. The staff developed caring relationships with people using the service.

People were supported to eat and drink enough, obtain treatment from health care professionals and their medicines were well managed.

The provider followed the latest guidance and legal developments about obtaining consent to care. Staff were aware of how to support people to express their views about their care. There was evidence that people were involved in planning their care and were supported to develop their independence through setting individual goals. People were well supported to raise any concerns they held.

There was an open and positive culture at the service and the team expressed they worked well together and could input into the running of the service. There were a range of audits conducted to monitor and improve the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Aspects of the service were not safe because the risks to people's safety were not always mitigated in written assessments.

People were kept safe from the risk of abuse by knowledgeable staff.

Staff had been recruited safely and there were enough of them to meet people's needs.

Medicines were well managed.

Is the service effective?

Good

The service was effective. Staff were supported to complete training that helped them meet people's needs.

People were supported to eat and drink enough and were supported to maintain their optimum health.

The provider followed the latest guidance and legal developments around the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring. Staff had developed compassionate relationships with people.

People's privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive. The service monitored people's progress with their recovery.

The provider was developing the range of activities available to people using the service.

People were involved in planning their own care and had the opportunity to raise concerns if necessary.

Is the service well-led?

Good

The service was well-led. There was an open culture at the service and there was an effective monitoring system in place to improve the quality of care.

Queensdown Road

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.

The inspection took place on 15 and 21 December 2015. The first day of the inspection was unannounced; the provider knew that we would be returning for the subsequent day.

The inspection was conducted by a single inspector. Before the inspection we reviewed the information we held about the service and statutory notifications received. During the inspection we used a number of different methods to help us understand the experiences of people supported by the service. We spoke with two people who used the service and made general observations.

We spoke with the registered manager, the senior support worker and an assistant support worker.

We looked at three people's care records, and three staff files, as well as records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

People were protected from harm by effective risk assessments where they were in place. Specific risks had been identified for each person and the associated risk assessments provided staff with clear and detailed guidance and direction on how the person should be supported. However, one person had been known to smoke in bed and there was no associated risk assessment related to this behaviour. The issue and a plan to prevent the risky behaviour had been discussed with the person using the service in key worker sessions and the registered manager said that this would be addressed in a written assessment. There were up to date fire tests, legionella certificates and insurance documents on site.

People were protected from the risk of potential abuse. People told us that they felt safe and knew who to talk to if they had any concerns about their wellbeing. A person told us, "Yes, fully supported. It is safe, yes. I can speak to the manager or my key worker and I know something will be done about it." Staff and people using the service discussed safeguarding people from abuse in keyworker sessions to ensure people knew what to do if they were concerned about their treatment. Staff had a good understanding of what may constitute abuse, how to report it and what action to take if they were concerned about a person's welfare. Staff were supported by an appropriate policy and the topic had been discussed at a recent team meeting. Staff felt they could approach the registered manager if they had any concerns. The registered manager had a good understanding of his responsibilities in reporting allegations of abuse to the appropriate authorities.

There were enough staff to meet people's needs. People told us there were staff to help them when needed. The rotas we reviewed and observations made at the service demonstrated that staffing levels met that stated by the registered manager. Staff felt that there were enough of them on duty to meet people's needs and they had access to a 24 hour call line to the regional office if they needed support during out of hours. The registered manager stated the service was "coping very well" with current staffing levels. Questionnaires completed by visiting health and social care professionals stated that the service was well staffed by a stable staffing group.

A thorough recruitment system meant people were supported by staff who were suitable for work in the caring profession. We reviewed three staff files that contained application forms, interview records, proof of their right to work in the UK, criminal record checks and two references.

Medicines were managed safely. People told us, "They help me [with my medicines] every day at the same time". Staff competency was assessed prior to them administering medicines to people and they were able to detail the side effects of the medicines. Medicine administration records we reviewed had been completed accurately. The provider had carried out a recent comprehensive audit into medicine management and an action plan was being followed to ensure adherence to best practice continued.

Good

Is the service effective?

Our findings

Staff were supported to carry out their roles and responsibilities effectively. New staff received an introduction to the service on how to support people and completed a period of shadowing more experienced staff. Records demonstrated that people received three and sixth monthly probationary reviews to identify any areas for development. Staff had completed training relevant to their roles, however, they had not undertaken training in mental health that may have given them more knowledge to support people in this setting.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and found that the registered manager had a good working knowledge of current legislation and guidance relating to people's mental capacity and DoLS, although no one was subject to such authorisations at the time of the inspection. One person was subject to other orders which deprived them of their liberty and the registered manager and staff were aware of how to work within this context.

The topic had been discussed at a recent team meeting and care staff had a good understanding of the Mental Capacity Act 2005 and the provider had involved social care professionals to support people to make decisions about their care.

People were supported to eat and drink enough. A person told us, "They are trying to encourage me to cook my own food. There's fruit and biscuits all day." Staff understood the importance of providing a balanced diet, were aware of people's dietary requirements and followed the advice of health professionals. Records demonstrated that evening meals were prepared in line with people's preferences and people living at the service had input into meal planning.

People were supported to maintain good health because they had good access to healthcare services for ongoing support. The provider worked effectively with other health and social care professionals to monitor the health and wellbeing of people who used the service. The majority of people were under a Care Programme Approach (CPA). CPA is a way that services are assessed, planned, co-ordinated and reviewed for someone with mental health problems or a range of related complex needs. The person, their representatives and health and social care professionals such as psychiatrists, nurses and social workers are involved in this process. This meant people had regular contact with the health and social care

professionals involved in their care. We saw there was regular contact with care coordinators and health professionals. As a result people who used the service had access to further medical or therapeutic assessment and treatment as and when they needed to promote and optimise their health and wellbeing.

People told us, "They ask us about health. They monitor you and book doctor appointments. Like today they helped me call the doctor. They help you quite quickly." We observed staff reminding someone of their health care appointment as per their care plan. Staff were able to tell us about health risks people faced and how to spot signs of deterioration in people's health. Records demonstrated that people had been supported to attend appointments with a variety of health care professionals and care records contained instructions about how to use medical equipment where necessary.

Good

Is the service caring?

Our findings

Staff developed caring relationships with people using the service. People told us, that staff were "friendly" and "good". The provider ensured consistency in care staff wherever possible so that people were supported by staff who were familiar with their needs and ensured that there were both male and female members of staff available to support someone depending on their preferences. People knew who their key worker was and felt comfortable speaking to them. Key worker sessions included discussions about identity and self-esteem so that any changes could be identified, and responded to, in a timely fashion.

People told us they were involved in day to day care decisions. For example, one person told us, "We have key worker sessions and they ask us about what's happening and we have a choice about what happens." Staff were aware of the importance of involving people in making decisions about their own care and treatment and took time to understand the viewpoint of people who could not fully verbalise their views. "You need to read their body language to know when to continue or when to back off to make sure they have a choice. I give them time to think about what they may want to do, without influencing their minds." An emphasis on personal choice was demonstrated in documents such as the key worker agreement and staff had been made aware of its importance at a recent team meeting.

People's diversity was recognised. We observed a friendly discussion between a person using the service and a member of staff about religion and a person's plans to attend their place of worship. A request by the people using the service for a celebration of an upcoming religious festival was arranged by staff. When required, staff ensured that culturally appropriate food was available for people.

Staff were aware about the need to protect people's privacy and took measures to be mindful of people's personal space. For example we observed staff knocking on people's doors before entering their rooms. People told us that this always happened.

Good

Is the service responsive?

Our findings

People were involved in planning how their care was provided. Details in care records about how people wished to be supported were personalised and provided clear information to enable staff to provide appropriate and effective support. Care records we reviewed were signed by people to demonstrate their agreement. A person told us, "Yeah we are involved [in planning our care]. I can go through the care plan."

The provider had a system for setting goals and monitoring progress for each individual in order to demonstrate their progress with their recovery and rehabilitation and moving towards more independent living. For example, using the recovery star model to support people with finances and food shopping. A member of staff told us, "Yes, I've read the care plan and find it useful to know what they want and how to encourage them to achieve it." The provider held monthly key worker sessions with people to gain their views about their support goals and were also able to discuss these with their key worker outside of these set times. Involvement in care planning can help some people to feel more in control of their care arrangements and it can also help staff to understand an individual's priorities.

Staff were aware of how to support people in situations when their behaviour may have challenged the service. Staff were provided with information on how to support people if something occurred that triggered a change in their mood. Staff explained that they would work with health and social care professionals to plan how best to support them.

People were supported to take part in certain activities but the time these opportunities were available was limited and people may have benefitted from activities that were more tailored to their needs. We noted this had been recognised by the provider who was in the process of arranging more group activities such as karaoke in addition to those already established which included, cooking sessions, craft activity, pamper sessions, games night, baking sessions, music night and movie night. People were able to go into the community independently and enjoyed doing so. Records demonstrated that people were encouraged to attend group activities to minimise social isolation and we observed staff talking to people about activities. A staff member told us, "I'm persistent but respect their privacy. I try to engage people from the morning, inform them of any activities and remind them of the benefits of doing them to avoid isolation."

The provider gave opportunities for people to feedback about the service. Staff were aware of the importance of gathering information about people's complaints and concerns and the topic had been discussed at team meetings. Staff told us, "We discuss complaints at team meetings. About how to help people raise issues and to make sure they know how to inform staff. We know how to provide reassurance to people." Residents' meetings were used as a forum to discuss how to complete the relevant form and people were encouraged to do so if needed. We reviewed the complaints log and noted that the provider appropriately supported people to raise a formal written complaint after they had spoken of their concerns. All complaints had been looked into and responded to appropriately.

Good

Is the service well-led?

Our findings

There was an open and positive culture at the service. The management structure provided clear lines of responsibility and accountability. The service was being managed by a registered manager who was supported by a senior support worker. Staff told us that there was good team work at the service and one staff member said, "It's a good team… The manager's door is always open if I have any difficulties I can speak on a one to one basis."

Staff explained how they felt they could improve the care they delivered and were able to suggest ways to better support individuals. For example, a member of staff told us "At team meetings if you have any issues you can raise them there. If you have ideas to benefit the team they encourage you to go ahead. If you want to contact external agencies you can. For example, I contacted for people to attend the smoking clinic." The provider facilitated these discussions through effective communication methods which included informal conversations, supervision sessions, and team meetings and handovers. One member of staff told us, "We communicate well as a team. Always supporting each other. There are daily handovers."

The service was organised in a way that promoted safe care through effective quality monitoring. Regular audits were carried out, for example living standard audits and health and safety audits. Action plans to improve the service were then drafted and implemented. Twice yearly quality assurance inspections were carried out and improvement plans were in place to improve the quality of care.

The provider obtained feedback about the quality of care and used this to make any necessary improvements. For example, regular residents meetings were held to listen to people's views. Furthermore, questionnaires were given to people's relatives and health and social care professionals and we noted one area of feedback in relation to activities was being followed up.