Southside Partnership

Widmore Road

Inspection report

118 Widmore Road
Bromley
Kent
BR1 3BE

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27 September 2017
02 October 2017

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15 November 2017

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

This inspection took place on 27 September and 02 October 2017. The inspection was unannounced and was the first inspection of the service under the current registration. Widmore Road is a respite service providing support and accommodation for up to 12 people with learning disabilities at any one time. There were seven people using the service at the time of our inspection.

There was a registered manager in place at the time of our inspection. 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.

At this inspection we found that whilst medicines were managed safely, there were minor issues with the way in which medicines were stored, recorded and monitored at the service. However, we raised these issues with the registered manager who started taking action to address our concerns during the inspection, and following our inspection they confirmed the issues had been addressed.

People were protected from the risk of abuse because staff were aware of the potential types and action to take if they suspected abuse had occurred. There were sufficient staff deployed to meet people's needs and staffing levels varied depending on the number of people using the service and their support requirements. The provider undertook appropriate checks on staff before they started work at the service to ensure they were of good character.

Risks to people had been assessed and action taken to manage identified risks safely. Staff sought consent from the people they supported and were aware to act in accordance with the requirements of the Mental Capacity Act 2005 (MCA). People were supported to maintain a balanced diet and to access healthcare services when required in support of their health.

Staff treated people with dignity and respected their privacy. People told is staff were kind and considerate and we observed interactions between staff and people to be friendly and engaging. People were support to make decisions about their care and treatment. They were able to take part in a range of activities which they enjoyed and were supported to maintain the relationships that were important to them. Staff were supported in their roles through training and regular supervision.

People and relatives, where appropriate were involved in the planning of their care. Care plans were person centred and included information about people's preferences in the way they received support. Staff were aware of the details of people's care plans and supported them accordingly. The provider had a complaints policy and procedure in place which gave guidance to people on how to raise concerns. People told us they knew how to complain.

The provider had systems in place to monitor the quality and safety of the service and we saw action had

been taken to address any issues where they were identified. People and relatives spoke positively about the registered manager and the way in which the service was run. Staff told us they were well supported by the management team and worked well together. People's views about the service had been sought to help drive improvements.

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.

Medicines were managed safely. The registered manager took action to address minor issues identified in the recording, storage and monitoring of people's medicines.

Risks to people were assessed and action was taken by staff to manage risks safely.

There were sufficient staff deployed to meet people's needs. The provider undertook appropriate recruitment checks on new staff to ensure they were suitable for the roles they were applying for.

Risks to people had been assessed and action taken to manage identified risks safely.

Is the service effective?

Good

The service was effective.

Staff were supported in their roles through training and regular supervision.

People were supported to maintain a balanced diet and to access healthcare services when required.

Staff sought consent from people and acted in accordance with the requirements of the Mental Capacity Act 2005 (MCA). People were lawfully deprived of their liberty only when this was in their best interests.

Is the service caring?

Good

The service was caring.

Staff treated people with dignity and respected their privacy.

People were involved in decisions about their care and treatment.

People were treated with kindness and consideration.

Is the service responsive?

Good

The service was responsive.

People had support plans in place which reflected their individual needs and preferences.

People were supported to take part in a range of activities in support of their interests, and to maintain the relationships that were important to them

The provider had a complaints policy and procedure in place which gave guidance to people on how to raise concerns. People told us they knew how to make a complaint but had not formally needed to do so.

Is the service well-led?

Good

The service was well-led.

People and staff spoke positively about the management of the service.

The provider had systems in place to seek and act on feedback from people and relatives.

Staff conducted checks and audits on a range of areas to identity issues and drive improvements.

Widmore Road

Detailed findings

Background to this inspection

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

This unannounced inspection was conducted by two inspectors on 27 September 2017. A single inspector returned to the service on 02 October 2017 to review recruitment information which had been stored at the provider's head office.

Prior to the inspection we reviewed the information we held about the service which included any statutory notifications the provider had sent the Commission. A notification is information about important events which the service is required to send us by law. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to provide some key information about the service, what the service does well and any improvements they plan to make. We also contacted the commissioning local authority to request feedback on their views of the service. We used these sources of information to help inform our inspection planning.

During the inspection we spoke with two people using the service to gain their views about the support they received. We also spent time observing the interactions between people and staff to help determine whether the support people received was meeting their needs. We spoke with the registered manager, area manager and three staff. We looked at records, including four people's support plans, four staff files, staff training and supervision records, minutes from meetings and other records relevant to the management of the service. Following the inspection, we contacted one person and four relatives to gain further feedback on the service.

Good

Is the service safe?

Our findings

The provider had arrangements in place to ensure medicines were stored securely at the service. Medicines could only be accessed by appropriately trained and competent staff who were responsible for medicines administration. Records showed checks had been made on storage temperature areas on a daily basis. However, we found one person's medicines had been stored at temperatures which slightly exceeded the maximum safe temperature for the storage of medicines for a period of seven days. We brought this issue to the attention of the registered manager who took action to reduce the temperature of storage areas during our inspection. We will follow up on the effectiveness of this at our next inspection.

We reviewed four people's medicines administration records (MARs) and found three of them were up to date, showing that people had received their medicines as prescribed when cross referenced with the remaining medicine's stocks. One person's MAR had not been completed to confirm the administration of one medicine on two occasions during the previous week. We also found that neither the gaps on the person's MAR, nor the high storage temperatures had been identified as part of the provider's medicines audit which had been conducted during the week of our inspection. We raised these issues with the registered manager during the inspection. Following the inspection they carried out an investigation into the issues and took appropriate action to reduce the likelihood of similar issues occurring in future.

There were policies and procedures in place which gave guidance to staff on medicines management. People's medicine administration records (MARs) included details of any known medicines allergies to help reduce the risks of associated with medicines administration. There was guidance in place on the support people required with medicines that had been prescribed to be taken 'as required'.

People and relatives told us that they felt the service was safe. One person said, "I feel safe here. It's a nice place." One relative told us, "We feel [their loved one] is safe at the service and he's comfortable." Staff had received safeguarding training. They were aware of the types of abuse and the action to take if they suspected abuse had occurred. The registered manager knew the process for making safeguarding referrals, in line with locally agreed procedures.

Staff were aware of the provider's whistle blowing policy and expressed confidence that they would use this if necessary. One staff member told us, "If necessary, I'd report any concerns I had to social services. I'm here to support the people placed here and would do whatever necessary to keep them safe." None of the people, relatives or staff we spoke with were aware of any safeguarding concerns at the service and we confirmed that there had been no safeguarding investigations involving the service in the 12 months prior to our inspection.

Risks to people were managed safely. Records showed that risk assessments had been carried out in a range of areas including mobility, self-harm, behaviour that may require a response, choking and risks associated with medical conditions such as epilepsy. We saw guidance was in place for staff on the steps to take to manage identified risks safely. For example, one person's behavioural support plan included information identifying potential triggers for staff to be aware of and the steps they could take to manage the risk safely.

In another example, we saw detailed moving and handling guidance in place for one person for staff to follow when supporting them to mobilise.

Staff we spoke with were aware of the details of people's risk assessments and knew the steps to take in providing safe support. For example, one staff member was aware of the mealtime support one person required in order to reduce the risk of choking and another staff member knew the steps to take if another person suffered from a seizure, in line with the guidelines in their support plan.

The provider had procedures in place to deal with emergencies. The provider had a business continuity plan in place which was accessible to staff in an emergency. This included information on the steps to take in a range of emergency situations, for example a gas leak. People had personal emergency evacuation plans (PEEPs) in place which provided information to staff or the emergency services on the support they would need to evacuate safely from the service. Staff were aware of the action to take in the event of a fire or medical emergency. Records showed that staff had conducted periodic fire drills to ensure they were aware of their responsibilities in the event of a fire. Regular checks had also been made on emergency equipment to ensure it was fit for use.

There were sufficient staff deployed to meet people's needs. One person told us, "There's always someone around if I need them." A relative said, "There are enough staff. On vary rare occasions we've looked to book a stay [for their loved one] and they'll provisionally agree on the condition that they can review the staffing levels and get back to us." A staff member commented, "There are enough staff on each shift to support people safely. We do take in people at short notice in an emergency, but the manager will always make sure the staffing levels are sufficient for this."

We observed staff to be on hand and available to support people promptly throughout our inspection. The registered manager explained that, as a respite service, staffing levels were set flexibly from day to day, taking into account both changes in the number of people using the service each day and their individual needs. The staff rota confirmed this and admission planning information confirmed this.

Records showed that the provider had undertaken checks on new staff before they started work. This included checks on identification, criminal records checks, references and information about each staff member's employment histories, including the reasons for any gaps in employment. We noted that one person's application did not include details of their full employment history, although they had provided information regarding their employment over a significant period of time. We spoke with the provider's human resources team about this and they confirmed they would address this minor issue, although we were unable to check on the outcome of this during our inspection. We will follow up on this at our next inspection of the service.

Good

Is the service effective?

Our findings

People and relatives told us they thought staff had the knowledge and skills to support them effectively. One person said, "The staff know what they're doing; they understand how to help me." One relative told us, "[Their loved one] is looked after very well. They [staff], know her and the support she needs." Another relative said, "The staff are competent and seem well trained."

Staff received an induction when starting work at the service which included a period of orientation and familiarising themselves with the provider's policies and procedures as well as training in a range of areas considered mandatory by the provider. New staff members then worked through a probationary period during which their performance was periodically reviewed to ensure they had or were developing the skills to provide effective support. Where staff were new to the care industry, records showed they were also supported to complete the Care Certificate. This helped ensure they worked in line with a nationally recognised set of standards.

Records showed staff had received training in a range of areas considered mandatory by the provider including health and safety, safeguarding, food hygiene, manual handling and first aid. We also noted that staff had received more specialised training in order to support people's specific conditions, for example epilepsy, autism or dementia. We observed staff working competently with the people they supported. One staff member told us, "The training I've had has given me the confidence to support the people using the service." Another staff member said, "The training was good and very thorough I felt it was all relevant to the environment in which I am working."

Staff were supported in their roles through regular supervision and an annual appraisal of their performance. Records showed that areas for discussion during supervision included staff training needs, communication and team working within the service. We also noted that supervision was used as an opportunity to go over key areas with staff, for example safeguarding or whistleblowing, to ensure they were aware of their responsibilities in these areas. One staff member told us, "I'm supervised regularly. It's helpful to know that I'm on track, and to go over the things I need to do in my role."

Staff were aware of the importance of seeking consent when offering support to people at the service. One staff member told us, "I always make sure I communicate clearly when offering support. If someone refused my offer of help, I would accept this and try again later. We wouldn't force anyone to do anything they didn't want to."

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 whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager and staff we spoke with demonstrated a good understanding of the MCA and described how they supported people to make decisions for themselves, for example through the use of communication tools where people may not have been able to communicate verbally. They explained the process they followed to support people around basic day to day decisions to ensure that these were made in their best interests where they lacked capacity. They also confirmed they would involve family members or relevant health and social care professionals should decision making areas be more significant, for example if they needed to administer medicines to a person covertly.

The registered manager was aware of the process to follow in seeking authorisation to deprive a person of the liberty under DoLS. Records showed that DoLS applications had been submitted to the relevant local authority where people were staying for extended periods at the service. However at the time of our inspection, these applications were still being processed so none of the people using the service had DoLS authorisations in place. Records also showed that the registered manager had been in communication with the local authority social services team to discuss the best way forward for ensuring any potential deprivation during short term respite stays were covered either by DoLS or a Court of Protection Order. These discussions were ongoing at the time of our inspection and we will follow up on the outcome of these discussions at our next inspection of the service.

People were supported to maintain a balanced diet. One person told us, "The food here is good; I enjoy the meals very much." A relative said, "[Their loved one] really likes the food there." Another relative told us, [Their loved one] needs a special diet; the staff are all aware of this." Staff explained that they developed a menu each week based on their knowledge of people's dietary needs and preferences. People were offered a choice of meal each day and if they did not like either of the options on offer, staff confirmed a further alternative would be arranged for them.

Where risks to people had been identified around their eating and drinking we saw advice had been sought from healthcare professionals to ensure people's needs were met. For example, one person at risk of choking had guidelines in place from a speech and language therapist (SALT) on how their food and drink should be prepared safely. Staff we spoke with were aware of these guidelines and confirmed they prepared the person's food and drink accordingly.

People were supported to receive support from a range of healthcare services when required. Most of the people using the service arranged their healthcare support whilst living at home rather than when using the service. However, the registered manager confirmed that as part of their admissions planning, they reviewed people's healthcare needs in order to ensure that support was arranged if required. For example, they told us they would contact the community nursing team to request support with medicines administration for people whose medicines were administered by PEG feed. Where people had been placed for longer term stays at the service, staff had supported them to register with a local GP in support of their healthcare needs and staff confirmed that they would seek appropriate support for people if they became unwell at the service. This was confirmed by one relative who told us, "They [staff] arranged for a GP to see [their loved one] while she was there."

Good

Is the service caring?

Our findings

People and relatives told us that the staff treated them with kindness and compassion. One person said, "The staff are very kind, caring people. They're friendly and we get on well." Another person confirmed that they were happy in the company of staff who treated them well. One relative told us, "The staff are caring. It's like greeting old friends; they all know each other and have good conversations. If [their loved one] is happy, then I'm happy." Another relative said, "They [staff] are good people. [Their loved one] likes the staff and I know they do a good job of supporting her if she gets upset about anything."

We observed staff engaging with people in a relaxed and friendly manner. It was clear form their interactions that people were comfortable in the presence of staff and they responded to them positively. For example, we saw one staff member having a lively and wide ranging conversation with a person who used non-verbal methods of communication, which was characterised by humour and affection on both sides. In another example we observed staff encouraging people to undertake activities in an effective manner which demonstrated an understanding of the person's interests.

Staff demonstrated a good knowledge of the people they supported. For example they were aware of people's preferences in their day to day routines and activities, as well as their life histories, likes and dislikes. They used this information to support people in ways that promoted their well-being. For example we observed staff talking to one person about their plans to for the day which included activities they enjoyed and plans to contact their relatives that evening. It was clear from the person's interaction from the staff member that the person was happy and relaxed and looking forward to the day ahead following the conversation.

The registered manager and staff confirmed that they were committed to supporting people's needs with regard to their race, religion, sexual orientation, disability and gender. Staff were aware of which people using the service during the year had specific individual needs. For example they were knew to consider people's cultural needs when planning for meals while they stayed at the service. The registered manager told us that staff would be available to support people's spiritual needs should they wish to attend a place of worship during their stay. However, at the time of our inspection none of the people staying at the service required support in this area.

People were treated with dignity and their privacy was respected. One person told us, "The staff are polite and respect my privacy. If I want to be alone, then I can be; they won't disturb me." A relative said, "[Their loved one] has space there to be himself; if he wants to watch television in his room or play games he can, and staff will respect his privacy." Another relative said, "Whilst we don't spend a lot of time at the service, we've been using it for years and we've had no concerns regarding [their loved one's] privacy."

Staff were aware of the need to treat people's personal information confidentially. They also described the steps they would take to ensure people's privacy was respected whilst they stayed at the service. For example, one staff member told us, "I'll always knock on people's doors before entering their rooms. If people want to spend time privately they're welcome to. If we needed to check on their safety then we'd

discuss this with them and agree times they would be happy for us to check." Another staff member told us they ensured people's dignity was maintained by ensuring their doors were closed when supporting them with personal care. We observed staff acting in the manner they described to us throughout the time of our inspection in promotion of people's privacy and dignity.

People were involved in, and consulted on decisions about the support they received whilst at the service. One person told us, "I do the things I want while I'm here. If I want to go out for example, we'll do that." Another person confirmed that they chose the things they did each day while they stayed at the service and expressed satisfaction in this. A relative also commented, "They involve [their loved one] in his care and he decides what he wants to do. For example, he likes to help others so the staff have arranged helpful jobs for him to do at the service."

Staff told us that they sought to offer people choices in their daily routines and respected people's choices. People were able to express preferences in the way in which they received support. For example, one person preferred only to receive support from female staff and we confirmed that this preference was catered for. Records also showed that the service held regular meetings with people to consult them on their preferences such as the things they wished to when they stayed at the service, in order that these could be catered for.

Good

Is the service responsive?

Our findings

People received a personalised service that met their individual needs and preferences. The registered manager explained that typically any referrals the service received came through social services who would share an initial assessment of the person's needs with them. From this, the service worked with people and their relatives, where appropriate, to ensure the service was suitable to meet their needs, and to develop a support plan that met the person's requirements as an individual. One relative told us, "We discussed the support [their loved one] needs with staff; a lot of planning went into this early on." Another relative said, "We provide staff with an update on [their loved one's] needs before each stay, so that they're up to date."

People's support plans provided guidance on a range of areas specific to their individual needs, for example, communication, nutrition, personal care, medicines, mobility and night time support. We saw guidance was in place detailing the support people required in each area as well as information about their preferences and highlighting the need for staff to offer them choices wherever possible. Support plans also included information about people's likes and dislikes, their life histories and the people that were important to them.

Staff we spoke with were aware of the details of people's support plans and confirmed they supported them accordingly. They were aware to report any changes they observed in people's needs to the management team so that care plans could be reviewed and updated where necessary. The support plans we reviewed confirmed that they had been reviewed periodically or as a result of any change in a person's individual needs.

The provider sought to cater for people's individual preferences as to when they used the service. The registered manager explained that they always tried to meet people's preferences when arranging their stays at the service. One person told us, "I usually stay here on Mondays and Tuesdays; these are my preferences for when I like to visit." A relative said, "They always try and give [their loved one] the same room so it's familiar and comfortable."

People were supported to maintain their independence. Staff we spoke with explained that wherever possible they sought to undertake tasks with, rather than for the people they support. We saw examples of this during our inspection. For example, we observed one staff member involving a person in folding up laundry and putting it away, offering encouragement throughout as they worked together. In other examples we noted that one person had access to their own kettle so they could prepare hot drinks independently and another person was supported to eat independently through the use of a specialised plate.

People were able to take part in a range of activities whilst using the service. Activities available to people at the service included arts and crafts, board games, karaoke, and the use of a sensory room. People were also supported to take part in activities in the community, for example going to the cinema, bowling, shopping, meals out and day trips to the coast. Staff also organised events at the service such as parties on special occasions. One relative told us, "[Their loved one] is booked to stay at the service for Halloween because

they're having a party then; it's something he's looking forward to." Another relative said, "[Their loved one] goes out more there than she does when she's at home."

People were supported to maintain the relationships that were important to them. The registered manager confirmed that people were able to have friends and relatives visit them whilst staying at the service, although this did not always occur because of the short term nature of some people's stays. We saw examples of people's relationships being supported during our inspection. For example, one person had chosen to spend a night away from the service with a friend and we saw another person contacting their family members during the inspection using an electronic tablet.

The service also sought to promote people's friendships with other people using the service where this was possible. For example the registered manager knew which people using the service were friends and explained how the service worked with families to try and arrange stays for groups of friends at the same time, so that they could spend more time together whilst at the service and away from home.

The provider had a complaints policy and procedure in place which provided information on how people or relatives could make a complaint. This included information about the timescale in which they could expect a response, and how they could escalate their concerns if they remained unhappy with the outcome. People and relatives told us they were aware of how to raise a complaint. One relative confirmed that they had not formally raised any concerns, but any minor issues they had raised had been addressed to their satisfaction. The registered manager confirmed the service had not received any formal complaints since the service was registered in 2016.

Good

Is the service well-led?

Our findings

People and relatives spoke positively about the management of the service. One person told us, "I think the service is very well run. I'm comfortable here and very happy with the service." A relative told us, "The service is well managed and we can always speak with senior staff if we need to. It's a service that I've recommended to other families as it's a huge support for us and really makes a difference." Another relative commented, "They do a good job; we have good communication with the manager and deputy manager."

The registered manager had five of years' experience of managing respite services. They demonstrated a good knowledge of the service and the people who used the service during the year, as well as an understanding of the requirements of being a registered manager. The registered manager and provider had submitted a Provider Information Return (PIR) to CQC as required, prior to the inspection. This is a form that asks the provider to provide some key information about the service, including what the service does well and any improvements they plan to make. We found that the information provided in the PIR reflected our inspection findings, demonstrating a good understanding of the provider's responsibilities under the Health and Social Care Act 2008.

Staff spoke positively about the registered manager and management team at the service. One staff member told us, "I get great support from the registered manager and area manager. The provider has a wide support network and there is always someone I can talk to if I have any queries or concerns." Another staff member said, "They manage me well; if I communicate my needs to them they try and accommodate that." We observed good communication between staff at all levels during our inspection which demonstrated a strong focus on team work.

The registered manager told us, and records confirmed that information was shared within the service through handover meetings between shifts, a communication book and regular staff meetings. These were used to ensure staff were kept up to date with weekly admissions, and departures, any changes in people's needs or in developments at the service. We reviewed the minutes from a recent staff meeting which showed areas for discussion had included staffing levels, recruitment, the best ways to support people, people's dietary need, discussion about the provider's values, and feedback from service audits. The provider also published briefings for staff which covered a range of topics including feedback on surveys, updates on key areas such as health and safety or learning from incidents and information about teams working within the organisation.

The provider had systems in place to monitor the quality and safety of the service, and to drive improvements where any issues were identified. These included checks on people's finances, health and safety, incident and accident reviews, and medicines audits, as well as service audits conducted by the provider. Whilst we identified some issues in the most recent medicines audit conducted at the service, the registered manager took prompt action to address our concerns. We also found medicines audits were conducted frequently and that previous audits had been effective in identifying issues. For example where one staff member had been identified as being responsible for making errors when supporting people with their medicines, we saw additional training and support had been arranged for them to ensure they were

competent in this area.

We also reviewed the registered manager's action plan following a recent audit from the provider and noted that they were in the process of working through the areas identified for improvement. For example, monthly summaries reviewing the support people had received had been implemented for people who were staying at the service on a longer term basis, as a result of audit recommendations.

The provider had systems in place for seeking feedback from people and their relatives about the service. The service held weekly meetings with people to discuss the running of the service and to determine people's preferences. Minutes from recent meetings showed areas for discussion had included discussion about fire procedures, plans for day trips, people's meal time preferences, any domestic duties, and options for any in-house activities.

The provider also sent out an annual survey to people's families, seeking their views about the service. The survey results for the current year were still in the process of being analysed at the tie of our inspection, but a review of responses indicated that people were experiencing positive outcomes through use of the service.

People and relatives they confirmed that they were happy with the service provision and felt that any feedback they'd given informally had been acted upon promptly. For example, one relative told us that they had commented that staff had not always been friendly or engaging with them when they dropped their loved one off to stay at the service. The registered manager had already spoken with us about this issue earlier in the inspection and had explained that they had raised this with staff as part of a team meeting. The relative confirmed that they felt their concerns had been addressed in the time since they had raised them.