

Qualities Services Ltd

# Qualities Services Ltd

## Inspection report

8 Kings Road  
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### Ratings

#### Overall rating for this service

Requires improvement



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?

Requires improvement



### Overall summary

This inspection took place on 12 and 13 November 2015, and day one was unannounced.

8 King's Road is a residential care home that provides accommodation and personal support for up to four people with a learning disability. Two men were using the service at the time of our inspection.

This was the home's first inspection since registering in October 2014. The home was unoccupied until four months ago.

There was no registered manager in post at the time of our inspection; the registered manager had left in May 2015. The manager advised us they were making an

application to be the registered manager. 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.

There was no registered manager in post, and the service required improvement in this area.

Risks to individuals were identified and appropriately managed by staff. Measures to manage risk were as least restrictive as possible to protect people's freedom.

# Summary of findings

The manager and staff had the skills, knowledge and experience to deliver effective care and treatment, and to respond appropriately to individual needs. There were minor shortfalls in recruitment procedures which required improvement.

The Care Quality commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLs) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty. There were no restrictions on the liberty of persons using the service. People who used the service were assessed as having capacity in accordance with the Mental Capacity Act 2008 code of conduct.

Medicines were safely managed and processes were in place in relation to the correct storage and audit of people's medicines.

Staff relationships with people were caring and supportive. People were treated with kindness, compassion and respect. Staff took time to speak with the people they supported. We observed that people

enjoyed talking to staff and sharing their everyday views. People who used the service were positive about the care and support they received and found the place delivered the service they required.

People's health was monitored closely and appropriate referrals were made to health care professionals. Individuals were supported to access a range of health care professionals, such as the GP, Community Mental Health team, dentist and opticians.

The service had a number of quality assurance processes in place to get people's views and to drive improvement in the service. People did not have any concerns, but felt comfortable in raising issues. Their feedback was gained both informally and formally.

People had a varied diet and were involved in planning their meals and doing other household chores. People were provided with freshly cooked meals each day and facilities were available for staff to make or offer people snacks at any time during the day.

People were able to see their friends and families as they wanted and there were no restrictions on when people could visit the home.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service required improvement to ensure all aspects of recruitment were safe.

People felt safe and comfortable in the home and staff were clear on their roles and responsibilities to safeguard them. The risks to people's health, safety and welfare were considered and appropriate management arrangements were put in place.

There were sufficient numbers of staff to provide flexible support.

There were systems in place to manage medicines in a safe way, and people were supported with taking their prescribed medicines.

**Requires improvement**



### Is the service effective?

The service was effective.

The provider/manager and support workers were experienced staff and received all training and development programme for their roles.

The manager and staff had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and the manager was able to explain when they would need to make an application.

People were supported to maintain their independence, stay healthy and eat and drink enough. Other health and social care professionals were involved in supporting people to ensure their needs were met.

**Good**



### Is the service caring?

The service was caring.

People felt valued. They had developed effective relationships with staff which contributed to their self-worth. They received support in line with their needs and choices.

People's preferences and interests were met via meaningful engagement with staff, house events, and by maintaining relationships with relatives and other important people in their lives.

**Good**



### Is the service responsive?

The service was responsive.

People had their individual needs assessed and care plans and support arrangements were in place that responded to their needs.

Staff worked hard to inspire people participate in activities by supporting them with pursuing their interests and hobbies.

**Good**



# Summary of findings

There was a complaints policy and procedure in place. People could raise any concern and felt confident these would be addressed promptly.

## Is the service well-led?

The service was well led but there was no registered manager in post.

There were systems in place to consult with people on their experiences of the service and to monitor and develop the quality of the service provided. People using the service felt they had a direct influence on how the service was run.

**Requires improvement**



# Qualities Services Ltd

## 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 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.

Before the inspection we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by.

We visited the home on 12 and 13 November 2015. Our first visit was unannounced and the inspection team consisted of one inspector. We returned on 13 November to examine records and to meet other members of staff.

During our inspection we spoke with one person using the service, and the manager and one staff member. We also looked at the care records for both people using the service, three staff records and other records relating to the management of the service. Following the inspection, we contacted and received feedback from relatives, a social worker and a mental health professional.

# Is the service safe?

## Our findings

The staff team consisted of the manager/provider and two part time support workers. We looked at staff recruitment and found that some improvements were required to strengthen the process. Staff recruitment records contained information to show us the steps the provider took to ensure they employed people who were suitable to work at the home. Staff files included a recent photograph, written references and a Disclosure and Barring Service (DBS) check. However we found that one person had commenced work before their new DBS check was received. The manager accepted the DBS check supplied for the person's previous employment. (DBS checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people).

People were protected from avoidable physical harm or harassment. Where risks associated with people's health and wellbeing had been identified, there was guidance and plans to manage those risks. People were involved in the development of management plan of risks that affected their safety. We saw that risk assessments ensured people could continue to enjoy their life as safely as possible and access the community. The assessment process identified risks people faced in the community relating to their vulnerability and the possibility of being exploited. The risk assessment process also identified risks inside the home including those posed by other people within the environment. Plans were in place to minimise these and guidance was in place for staff to follow.

Staff understood the risks and were able to describe the measures in place to protect people. For example items of sharp cutlery were stored in locked cabinets. We could see from the records that people were involved in the decision-making process regarding their risks. The procedure in the home was for staff to sign that they had read the risk assessments. One person told us they like the reassurance of staff when going to an unfamiliar area and were always supported by staff to enable them do this.

A person told us there were enough staff available and on duty to meet their and other people's needs. The provider/manager was on duty most days and had two part time support time workers on the team. At night one staff member slept overnight on the premises and was on call. The provider considered these staffing levels were appropriate in meeting the needs of both people. Records

and information shared by staff were that no incidents or concerns had been experienced. The manager told us of plans to increase staffing levels as the numbers of people requiring the service increased.

There had been no safeguarding allegations since the service had commenced operation. The provider had policies and procedures in place on this subject and information on reporting any safeguarding concerns to the local authority. A support worker spoke confidently about safeguarding and whistleblowing procedures and they were aware if they had concerns they could also go to outside agencies, such as the police and the Care Quality Commission (CQC). The manager and staff team were experienced support staff and had attended training on how to safeguard people. Daily notes in people's care records and handover records detailed anything that had caused concern or if people appeared withdrawn or not their usual self. Therefore management and staff had up to date information on changes and/or concerns.

The fire authority had completed an inspection of the premises in June 2015. They had made recommendations in relation to door seals and the location of smoke detectors, and the fire risk assessment. The provider showed us the work was completed in accordance with recommendations. The fire authority had not been back to review the work undertaken. Individual personal emergency evacuation plans (PEEPS) were in place for each person living at the home.

The home had medicine policies and procedures in place. The policy covered receipt and administration of medicines. Medicine was safely managed and stored appropriately. The medicine cabinet was kept locked and only appropriate people were able to access it. We looked at the medicines administrations records (MARs) charts for both people and found that administered medicine had been signed for. All medicine was stored, administered and disposed of safely.

People benefited from living in an environment and using equipment that was well maintained. There were records to show that equipment and the premises received regular checks and servicing, such as checks for fire alarms and fire equipment, and electrical items.

People told us they were happy with their rooms and equipment and the premises were well maintained and always in good working order.

# Is the service effective?

## Our findings

All the staff team were experienced in supporting people with learning disabilities and had a range of experiences in supporting people in residential and supported housing settings. Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people. Staff told us they had received training in their previous and current roles at other care settings. The recruitment records contained evidence of this and of completion of National Vocational Qualifications in Care to level 3. The provider had experienced staff changes in the first six months as initially they recruited a new staff team before the service first opened. However due to delays in receiving referrals for the service staff members had moved elsewhere to other full time employment.

Staff received training in all areas considered essential for meeting the needs of people in this environment safely and effectively; for example, support planning, risk assessment, mental capacity, deprivation of liberty safeguard (DOLS), autism, equality and diversity. A person we spoke with praised the service and said, "This is the best service I have experienced, manager makes sure it works well." We saw staff had a good understanding of people's behaviour and expectations. The service had a training and development programme to reflect and include training on the specific needs of client group as people moved to the home. The Care Certificate was introduced by the government in April 2015 to support workers to have a knowledge and skill base to provide compassionate, safe and high quality care and support. The Care Certificate had not been implemented at the home, however the manager told us this was planned.

Staff told us they felt well supported and had meetings with their manager. One staff member explained, "You can speak to the manager at any time, and if there is anything you are concerned about you can speak to them on a one to one basis." Direct observations of practice were conducted by the manager who was in day to day charge of the home. Records were seen of supervision discussions held with staff, these helped identify any individual support and training needs they experienced.

Before people received any care or treatment staff sought people's consent before carrying out any care or support. Records showed that people using the service and their families were asked to contribute to care arrangements and signed agreements in care records about their care.

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 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met. Both of the people using the service were assessed as having full mental capacity to make decisions in all areas. One person required support with budget management and the home had a system in place to assist them in managing their money. We saw from records and heard from staff that it involved them working closely with the person's relatives to help them develop their skills in this area.

People had adequate food and drink and where possible were involved in planning the meals. One person told us the food was "nice". We observed the person came to the kitchen and told the provider/manager their preference for breakfast. This was freshly cooked and served promptly; the person described the food as good. They confirmed staff cooked them their favourite food when they wanted it. People were supported to make choices about the food they had and were encouraged to eat a healthy balanced diet. One person explained they had a weight issue three months ago and needed to reduce their weight. Staff had encouraged them with this and prompted them to reduce their sugar intake. They said it was similar to living with "your family" as staff cooked what you like on a day to day basis. People took part in the weekly shop as part of their independent living skills development. The manager made a menu of what people liked and it was changed every week. We looked at one person's care plan which contained information about their likes and dislikes. We saw the meals they preferred had been included on the weekly menu displayed. Where people had specific nutritional needs, there was information available for staff on healthy eating to help maintain their health.

## Is the service effective?

There was correspondence which showed that the staff team worked closely with other professionals to ensure people received the healthcare services they needed. This was confirmed by a health professional we spoke with. We saw how people's health was closely monitored and appropriate referrals were made in good time to health professionals. Staff supported people to attend appointments with other health professionals, such as

doctors, psychologists, and dieticians. A health professional had recently asked staff to record information about a person's patterns of staying out with relatives. Staff were completing the records as requested. Records were also maintained of any behaviours that could cause a person to become agitated. These were shared with the psychology teams to ensure staff continued to support the person in the most appropriate way.



# Is the service caring?

## Our findings

Interactions between staff and people were positive and caring. Staff involved people in their daily care arrangements and supported them to make decisions allowing them the time they required. People who used the service had a sense that they mattered and belonged in this home. Their comments were positive about how they were treated. These included: “I love it here, it is the best home I have lived in, the manager and staff show a great understanding”.

Staff treated people with dignity and respect when helping them with daily living tasks, this was demonstrated by the way they addressed and interacted with them. Conversations between staff and people were respectful, and held discreetly and were not within earshot of others. One person commented, “I have my own space, my bedroom is comfortable with all my own things in it, this gives me a real sense of belonging.”

People were encouraged to be involved in everyday household tasks according to their abilities and interests. Care plans described daily routines in detail including information on what people could do for themselves and what they would need support with. Staff told us that they encouraged and enabled them to be involved in making the decisions about how the home was run. Staff provided people with information regarding events and experiences they had shared. One person took on the role of arranging an event at Halloween, planning for the food and drinks and inviting relatives and friends along to make it a good social occasion. People and staff talked about and shared positive things learned through past experiences which they reflected on.

Staff promoted a positive approach in the way they involved people and respected their independence. For example, supporting people to make specific activity decisions about their wishes. Staff knew people they were supporting very well. They had good insight into

the people’s individual interests and preferences. We asked people if staff asked them what they wanted to do each day. One person said “I do not enjoy attending day centres or clubs, I asked the manager if we could go to areas like Boxhill where I visited when I was young, we went there by car, and it was a good experience for me.”

The service promoted a strong and visible person centred culture. Staff and management were fully committed to this approach and were creative in finding ways to make it a reality for each person using the service. We saw that a person had shared with a staff member their wish to re-establish contact with a long lost important family member. The manager had looked into this and supported the person with re-establishing contact and visiting their relative. The person told us this had brought great joy into their lives and they valued the efforts made by the staff in achieving this. The person told us they were now in regular contact with the family member.

A person spoke of the qualities they liked in the service. They told us it was a “real homely family style house where you felt treasured and well thought of”. We saw that the person was relaxed and comfortable in the environment and was at ease using the communal areas of the lounges and kitchen.

Choice was respected on a day to day basis and people chose their clothing, and their activities. We were invited by people to view their bedrooms. We saw they had chosen how their room was decorated and the rooms reflected the person’s individual style and interests.

# Is the service responsive?

## Our findings

Each person had a care and support plan which contained a wide range of information including communication, behaviour and social and medical needs. People told us they received care that was personalised and put them at the centre of plans. People fully participated in the assessment and planning of their care. Staff understood people's needs and knew how to respond when things were not going as well as the person expected. For example, one person told us "I rarely but sometimes if I get upset but staff are there, responsive and help reassure me."

Information in support plans guided staff as to how they could deliver planned support to maintain people's health. We saw in records that a person's health condition was identified and they were supported to make an appointment and visit the GP promptly. People's daily routines and preferences were described in detail so that staff were able to support people as they wanted to be supported. They also contained information about what people were able to do for themselves and where they needed prompting or complete support.

The plans also identified how staff should support people emotionally, particularly if they became anxious or agitated. For example, one person could become anxious when visiting other healthcare professionals. There was information in their support plan informing staff how they needed to respond to any anxiety and what action they should take to minimise the person's concerns. This information ensured staff had the necessary knowledge to ensure the person was at the centre of the care and support they received. We saw staff provided support in line with people's individual care plans.

The staff team worked well together and information was shared amongst them effectively. When a new shift started

there was a verbal handover and daily logs were completed throughout the shift. These recorded any changes in people's needs as well as information regarding activities and people's emotional well-being.

People had access to activities which were meaningful and reflected their individual interests. Staff were working hard to encourage people to participate in activities. They got to know individuals and helped with promoting their interests. Staff recognised one person showed signs of potential organisational skills, and staff helped him develop these and arrange events. Another person did not like socialising at group events such as local clubs or day centres. He preferred to visit areas and venues of interest which staff arranged. The service had a vehicle to use when supporting people to attend appointments or go out on activities. In addition people used public transport for local journeys. A person told us; "Our relative keeps himself busy and is always visiting family members."

It was recorded in one person's care plan that their identity and feeling part of the local community was important to them. Staff supported them to access the community regularly, using shops, cafes and transport links. This helped them feel valued in their local community. The strength of the service people said was the small scale environment. One person said, "It is small and friendly and people feel at ease speaking directly to the staff and manager." We overheard a person chatting to the manager and sharing their views about festive plans and suggestions for the Christmas period.

There was a satisfactory complaints procedure in place which gave the details of relevant contacts and outlined the time scale within which people should have their complaint responded to. Each person was provided with a copy of the complaint's procedures in addition to other information on services available in the home. The service had not received any complaints since it commenced operation in June 2015.

# Is the service well-led?

## Our findings

At the time of our inspection visit the home did not have a registered manager. The registered manager left in May 2015. Since then the manager has been in day to day charge of the service. They told us they were planning to be the registered manager; they had a number of years' experience of working with this client group for social services. They felt suitably skilled and qualified to be the registered manager and were in the process of applying to become registered with CQC. They were eager to continue with learning and development and participated in learning events organised by the local authority.

The provider experienced a staff turnover in the first three months. This was due to the delay in the home receiving suitable referrals for the service and it remaining dormant. Staff understood and appreciated what was expected of them in their roles, and these reflected the values and principles of respecting and valuing people. Staff roles and responsibilities within the service were clear and the staff knew what they were accountable for. Staff demonstrated a real understanding of equality and diversity issues and demonstrated ways they put these into practice.

Staff, people using the service and relatives told us there was a good atmosphere within the service and had confidence in the manager. There was effective communication between staff and the home's manager.

Staff were able to contribute to decision making and were kept informed of people's changing needs. Staff had opportunities to raise any issues about the home, which were encouraged at staff meetings and handovers.

The manager investigated and reviewed incidents and accidents in the home and incident reports were made to relevant parties in accordance with legislation. These included incidents regarding people's behaviour which challenged others. The incidences of these were low. One person told us the positive engagement and support from the manager and staff had contributed to improvements in their emotional wellbeing. Both people using the service were able to communicate well by speaking with people. Care plans were reviewed to reflect any changes in the way people were supported and supervised and to inform staff.

The service had quality assurance processes in place to seek the views of people using the service, relatives and stakeholders. The organisation had developed surveys to get the views of people who used the service, stakeholders, people's relatives and health and social care professionals. Although the service was operating for a brief period surveys were underway. We saw that a social worker was asked to complete their feedback on their experience of the service for a person they had placed in the home. The manager told of her plans to respond to surveys and questionnaires, and use the results to identify areas for improvement and any actions the provider needed to make. The manager and staff were accessible to relatives who felt able to raise any issues they had.