

Look Ahead Care and Support Limited







Haringey Respite Service

Inspection report

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Date of inspection visit: 27 June 2015
Date of publication: 01/09/2015

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?	Requires improvement 
Is the service well-led?	Requires improvement 

Overall summary

This unannounced inspection took place on 27 June 2015.

Haringey Respite Service provides accommodation and care to people living in Haringey who have a learning disability. All the people using the service are young adults who live with their families and come to Haringey Respite Service for respite care, to give them and their relatives a break or when their usual carer is unable to provide their care. The service is registered as a care

home. Two people can use the service for respite care at any time as it consists of two adjacent one bedroom flats in the same block of flats. On the day of this inspection there was one person using the service.

The previous inspection was in December 2014. At that inspection we found the service to be inadequate, with five breaches of regulations. We had concerns about safety of the premises, unsafe management of people's medicines and their money, lack of training and

Summary of findings

supervision of staff and a lack of monitoring of the service by the provider. At this inspection we found there had been improvements in all these areas in the last six months.

There was no registered manager in the home. A registered manager is a person who is 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. The current manager started work in the service in December 2014 and had recently applied to be registered with the Care Quality Commission. The manager has been receiving support from senior managers in the organisation to make improvements to the service.

There was a minimum of one member of staff on duty for each person using the service and two staff where people needed more support. Although there were sufficient numbers of staff on duty they did not always know people's needs well. A lack of continuity of staff could have a negative impact on the quality of the experience for people staying at the service. Families told us that they wanted there to be a consistent staff team who knew their relative's needs as they had not always had this. The provider told us three new staff who worked in their other services would be moving to work in this service in July 2015 to provide more consistency so that people using the service did not have to be supported by staff they did not know.

The environment was generally safe. We found that the maintenance of the flats had improved following our last inspection and the provider had assessed the safety risks and taken action to improve safety for people.

The provider had improved the management of people's medicines but the information held about their medicines was not up to date in all cases.

Families of people who used the service told us that their family member was happy to go to the service and were well looked after. Families and people using the service thought there had been improvements since the last inspection. Their comments included; "They always ask what they don't know," "I think they are trying," "they listen to suggestions" "they are improving what we think was not right," "there is nothing to worry about" and "They are back on track." They thought staff were caring and had no complaints about the service provided.

Some people using the service had complex needs and therefore had difficulty communicating their needs. Since the last inspection staff have been provided with training in learning disability and autistic spectrum conditions and most staff had received basic training in Makaton sign language which a number of people using the service used as their preferred method of communication. At times agency and bank staff worked alone with people using the service and some of these staff may not have the necessary knowledge to communicate with every person using the service.

The provider was monitoring the quality of the service and assessing risks regularly to improve the service so that people received safe and good quality care.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider was not always providing a person centred service.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe. The management of risks was good but there was a risk associated with the recording of people's medicines which was not up to date.

Staffing levels for the service were good but there were not enough permanent staff employed so rosters were not always planned to ensure staff working with people using the service had good knowledge of their needs.

Staff had been trained in safeguarding people from abuse but were not always keeping proper records relating to safeguarding matters. They were managing people's money safely to ensure their money was spent appropriately.

The provider ensured the premises were appropriately maintained and was monitoring health and safety matters in the home to ensure people's safety but fire doors were not always monitored properly to ensure they closed. The premises were clean.

Requires improvement



Is the service effective?

The service was not consistently effective. Permanent staff were provided with training needed to provide good care but temporary staff did not always have an effective induction into meeting individual communication needs before working with a person using the service. Staff were receiving supervision and support for their role.

Staff were trained in understanding the Mental Capacity Act.

Staff supported people to cook and to eat and drink enough for their needs.

People received support with their health needs.

Requires improvement



Is the service caring?

The service was caring. Staff were friendly and kind to people and tried to get to know them and meet their needs.

The service met people's cultural and religious needs and encouraged people to be as independent as they were able to.

Good



Is the service responsive?

The service was not consistently responsive. Staff were able to plan the service to suit each person including their choice of activities and menu for each person's stay. However, the service was not always planned in a personalised way as people did not always receive their care from staff who knew them well or reflected their preferences and their communication needs were not always recorded accurately. Staff supported people to follow their usual activities whilst they were using the service.

Requires improvement



Summary of findings

Complaints were recorded and families of people using the service said staff responded to their suggestions for improvement positively.

Is the service well-led?

The service was not consistently well led.

There was work in progress to try to develop a more person centred culture.

The provider was assessing the risks to people's health and safety and monitoring the quality of the service though there was not always written evidence of this regular monitoring.

The provider asked families for their views on the service and acted on their suggestions.

The manager and team leader supported staff and the manager received support from senior managers in the organisation. They had made a number of positive improvements to the services in the last six months.

Requires improvement



Haringey Respite Service

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. We wanted to check if improvements had been made since the last inspection six months previously where we found the service to be inadequate.

This inspection took place on 27 June 2015 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, we considered the previous inspection report from December 2014, the provider's action plan for improving the service, contacts from people using the service and notifications from the provider over the last six months.

We inspected both flats, spoke with two staff and the manager and carried out pathway tracking (where we read a person's care plan then checked to see if staff provided the care in accordance with the care plan). We observed two staff interacting with a person using the service and we reviewed records for staff training, recruitment and supervision. We also looked at care plans, risk assessments, medicines and health and safety records.

We spoke with two people who used the service and nine relatives of people who used the service to find out their views on the care provided.

Is the service safe?

Our findings

Families told us they thought their relative was safe when they stayed at the service. One relative said, “My son is safe there.”

The provider had a safeguarding policy which staff read during their induction so they had the necessary information about the action to take to help ensure the safety of people. Staff had an adequate understanding of how to recognise and report any signs of abuse. All staff had received training in safeguarding adults and were aware of procedures to follow if they suspected a person using the service had been abused. The provider had a policy called ‘Disclosing and raising major concerns Policy and Procedure’ dated August 2013. This set out how a member of staff could report a concern. It also listed the relevant professional bodies to which staff could go, including CQC, if they had concerns about how people were treated in this service.

We found one example where there were not clear guidelines and records relating to safeguarding a person using the service. We brought this to the attention of the team leader immediately who said they would ensure improvements were made and recorded to show evidence that the person was properly safeguarded.

Each person using the service had their own risk assessment which detailed the risks to their safety and action staff should take to minimise any risks. One person had gone missing for a short time whilst out with staff. Since that incident staff had ensured the risk assessment and care plan were updated appropriately to ensure there was no risk of this happening again.

The internal financial auditing system and daily checks carried out by staff ensured that people’s money was managed appropriately during their stay at the service. One relative told us that the provider encouraged them to ask for records of their money spent while their family member had used the service. Another said they had no concerns about how money was managed and said, “they keep track of all the money spent and will show me.”

Although the required number of staff were on duty, there were not enough permanent staff employed to ensure that people were always supported by a staff member who knew them. We brought this to the provider’s attention at the last inspection but this remained a concern. Four

relatives said they would like more continuity of staff though others did not mention this as a problem. Relatives’ comments included; “I am quite pleased with staff,” and “they always ask what they don’t know.”

The lack of continuity of staff to support people was because the staff team also worked at another service locally so the provider had to use a number of “bank” staff to supplement the permanent staff team. These staff were employed at services operated by the provider. In addition they used agency staff regularly. Our inspection took place on a Saturday and we found that bank or agency staff were used on seven of the eight shifts including at night, some of whom had not worked with the person using the service before. We discussed this concern with the team leader who advised us that three new permanent staff who already worked for the provider elsewhere would be starting to work at this service from July 2015 which would improve staffing and continuity for people.

The provider had a disciplinary policy and procedure which was comprehensive so that suitable action would be taken if a staff member did not carry out their job appropriately.

We inspected both flats and found both were maintained to a safe standard and had been redecorated and cleaned thoroughly since our last inspection. New bedding, pictures and other items made the flats more homely. The provider had suitable arrangements to ensure people were protected from the risks associated with hot water. The water temperature in bathrooms was safe as the provider had fitted thermostatic mixing valves since the last inspection to keep water at a safe temperature. Water in both kitchens was hot enough to scald people. Staff told us that they had assessed this risk and ensured people using the service never had unsupervised access to the kitchen sinks to minimise any risks.

There were suitable measures in regard to fire safety such as fire extinguishers and fire blankets and an up to date fire risk assessment. The provider had a fire evacuation procedure and staff said they knew how to ensure they supported people to leave the flats in the event of a fire. They had also had fire drills. We found two fire doors were not closing properly and another was wedged open despite a health and safety check carried out by staff the previous day recording that all fire doors were closing. We brought this to the attention of staff on duty and the manager to ensure this was remedied immediately.

Is the service safe?

We looked at how the service planned for emergencies. First aid kits were well stocked. There was petty cash available to staff if they needed to buy emergency items people needed at short notice. Staff had telephone numbers of senior staff that they could call for assistance and advice in emergencies. We saw that this system worked on the day of the inspection where senior staff answered the phone quickly when called by staff on duty. The service held contact details for GP, next of kin and other emergency contacts for each person who used the service so they were able to contact the right people for advice in an emergency.

We checked how the service managed medicines to ensure people received their prescribed medicines when they were staying there. We found staff had been trained in safe administration of medicines. Medicines were stored securely. Record keeping had been improved since the last inspection six months ago. Staff signed in the medicines that were being stored so there was a clear record of the amount of medicine received. There was a medicines administration record (MAR) chart for each person for staff to record when they had given medicine to the person. Two relatives said that staff always checked with them to find out if there had been any changes in medicines since the person's last stay in the service.

We reviewed MAR charts for three people who had used the service in the last six months. We also spoke with two of those three families. We found that the MAR was correct but the medicines profile (which lists all the prescribed medicines for the person) had not been updated. In one case it did not have enough information about how to apply a cream, in another it wasn't updated when the person last used the service to reflect a change in their medicines and in the third document, staff had written the incorrect dose information on the medicines profile. In practice there had been one medicines error and this had been acted on appropriately and the MAR charts that staff used to check and record the medicine on each time it was given were accurate. The profile being out of date meant there was a small risk that if staff referred to the profile instead of the chart they could give the person incorrect dose of their medicine.

We recommend that the service seeks advice from a suitably qualified source about best practice in medicines management.

Is the service effective?

Our findings

In the previous six months the provider had arranged appropriate training to ensure that staff were better able to understand and meet the needs of people using the service. Staff had attended training in areas such as learning disabilities, medicines management, autism and Makaton sign language and had experience in working with people with a learning disability. However, temporary staff did not always have the same training as permanent staff and did not always have an effective induction to help them to understand people's needs before working with them.

We looked at how the provider supervised staff to ensure they were supported to deliver care effectively and to an appropriate standard. We found that staff were receiving regular supervision sessions.

There was a five day core induction course for new staff which all staff had to complete before passing their probationary period. The induction included working alongside an experienced member of staff and included working a variety of shifts to gain experience. Staff had an induction checklist with tasks they needed to achieve including reading the provider's policies and procedures.

CQC is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS), and to report on what we find. DoLS are a code of practice to supplement the main Mental Capacity Act 2005. These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. The staff had attended training on the MCA recently and had some knowledge of DoLS and the requirements of the MCA. We saw staff asking people for their consent before supporting them with their care. None of the people who used the service were subject to a DoLS. There was a lack of mental capacity assessments in the files we inspected but we found no concerns relating to

people's capacity to make their own decisions. There were occasions that we observed and that relatives told us about where people did not want to do things that were in their best interests. We saw during our observations that staff encouraged and supported a person to take part in an activity which was in their best interests but allowed them to make the final decision. Staff supported people to make their own choices and decisions as much as possible.

When people arrived at the service for their stay they planned a menu and a timetable of activities for their stay. People using the service were expected to bring their own food and drink as this was agreed with the local authority when the provider started the service and the provider only supplied breakfast. Alternatively they could bring money and staff supported them to go shopping for their food. This arrangement allowed people to eat food of their choice.

Staff recorded dietary preferences in support plans, for example in one person's support plan it stated their religious preferences in relation to eating. Staff followed instructions from families on how to cook foods that met people's different cultural preferences. Food allergies were recorded so that all staff were aware of them. We read a variety of records of different people's experience of staying at the service and found that they were supported to eat their preferred food that met their cultural and religious needs.

The service had details for the GP for each person using the service so that they could make arrangements for people to seek health advice if needed. People's general health needs were met by their carers at their home. Staff had training to meet particular health needs if needed such as epilepsy and diabetes.

We recommend that the service review the induction of temporary staff to ensure best practice to meet people's needs.

Is the service caring?

Our findings

Families of people using the service told us that they thought staff were caring and their family member was happy to use the service and spend time with the staff. They felt their relative was treated with respect. One told us, "staff are caring," and another said, "I am quite pleased with staff" and that their family member was "well looked after by those staff." A service user satisfaction survey included positive comments such as "nice staff, friendly people" and "Staff were great. They took great care of me."

We observed two staff interact with a person using the service. Both staff acted in a caring way, and were friendly and supportive.

Relatives praised the permanent staff who had built up good relationships with them and had got to know their family member well and therefore were able to meet their needs.

We recommended at the last inspection that the service seek advice and guidance in supporting people with a learning disability with their communication needs. We saw there had been some improvement in this area as the provider had trained permanent staff in Makaton sign language and the service had introduced some pictures and symbols to use to help communicate with people whose preferred communication methods were visual.

Permanent staff knew people's communication needs well and were able to form good relationships with people. They had just attended Makaton sign language training as a number of people using the service used Makaton signs.

One family member told us, "Staff seem to communicate and understand his needs" and another said the family had given the service a list of the person's words to make sure all staff could understand them. Another said their relative used Makaton signs but they were not sure whether staff were trained to understand them.

We found there were books of pictures and symbols that staff said they used with some people. These contained some useful pictures to use to help with communication. A staff member told us they also planned to use objects of reference to communicate with some people who would benefit from this type of communication. Staff were motivated to improve communication tools in the service. They had photographs of some people taking part in activities which they used as communication tools to explain to them what was going to happen next.

People's cultural and religious preferences were met. People were able to follow their religion and their cultural preferences when using the service. Staff supported people to go to church and cooked different cultural foods when families requested this.

We observed staff involving a person in making decisions about their care. Staff told us they gave person privacy in the bathroom where it was safe to do so and supported others who needed staff to be with them all the time. The provider encouraged people's independence by supporting them to cook their own food where they were able and willing to do so.

Everybody who used the service had relatives or carers who advocated for them when they needed support to make their needs known.

Is the service responsive?

Our findings

The relatives that we spoke with told us they thought the service provided was generally good and some said it had improved since our last inspection. One area of particular improvement was reported as staff asking them for their advice and views on how they should provide a service to their family member. They said, “staff are better at asking,” “they listen” and they have improved the service and their communication with families. Although families were happy with the improved service we found that the service was not always responsive and person-centred.

Due to the limited number of permanent staff the staffing of the service was not always planned in advance to meet the people’s needs. As many of the people using the service had communication difficulties it was important that staff working with them knew their needs otherwise this could have a negative impact on their experience of using the service. One relative said, “my child needs someone who knows them and if not, it is not in their best interests.” Another relative said they would not feel comfortable for their family member to stay at the service if they did not have a staff member who knew them well. Another relative said, “They should have named staff.”

One staff member did not know the level of understanding of one person who used the service because they had not worked with the person before and the communication profile for the person did not have enough information to ensure the staff member could communicate fully with the person. One communication profile we saw contained incorrect information about the person’s communication skills. The profile said that the person communicated by gestures and “very limited words” but the person had an extensive spoken vocabulary and also used sign language. This lack of accurate information made it difficult for staff who had not worked with the person to understand their communication needs and had a negative impact on the person who had a communication difficulty where staff were not able to easily understand them. If staff worked alone with a person they had not met before there was a risk of the person’s needs not being fully met.

We looked at people’s care plans to see if there was an up to date assessment of their needs and a clear plan for their care. These had all been updated to reflect people’s needs. We found that although the service was involving families in planning the care there was a lack of evidence that they

had asked the person themselves for their views. Care plans were reviewed regularly before each person’s stay and in the last few months the provider had invited families of people using the service to come to the service to attend meetings with the manager and staff to take part in reviewing and updating care plans for people. It was not evident from the plans we read that the person themselves had been involved in this. Some people using the service were able to plan their own care and explain their needs and wishes, however, there was a lack of evidence that they had been invited to do so. The format of the care plans was inaccessible to the majority of people using the service as it was all written and most people were unable to read. The provider did not have a person centred care plan format with pictures and easy read words to make it accessible to people using the service. We discussed this with the provider who told us there were plans to change and improve their care plan documents for people with a learning disability to make them more user friendly. We asked one person if they had seen their care plan and they said they had not.

The quality of the records was variable and we discussed with the provider their plans to ensure care plans and communication profiles were written to a good standard.

We saw that care plans were not always updated to reflect people’s individual needs. For example, in one person’s care plan there was no preference recorded about staff but their assessment of needs stated that they preferred to be supported by a male staff member. We asked the person whether they had a preference and they told us they preferred to be supported by male staff. This information was not acted on as the rota showed that all female staff were working with this person for a weekend which did not meet their preferences.

As each person using the service had one to one support from staff they were able to plan their stay so that their individual needs and preferences could be met. They had a written plan of meals and activities for the weekend. Staff followed the programme. However, the programme we saw during the inspection was not presented in a way the person could understand.

There was no system in place for people to know which staff would be supporting them when they stayed at the service. They did not know in advance and there were no photos of staff displayed to show people who would be coming to work with them that day. On the morning of the

Is the service responsive?

inspection there was no written staff roster in the service, therefore staff on duty were unable to tell people which staff member was coming to support them later that day. One person asked several times when they would see their preferred staff members which showed that it was important to people to know who would be supporting them. They also said several times they wanted to see staff members that they knew.

We concluded that these concerns were a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In one flat we saw there were resources for activities for people of various abilities. Some people brought their own

things with them so they could continue with their personal interests while away from home. Relatives said that they thought the service supported people to do activities they liked

and it was important to them that staff encouraged and supported people to do interesting things and go out while they stayed at the service. One relative said they advised staff on what activities they should support and said staff do act on their suggestions and record what they did which was positive.

The service had a complaints procedure which was also available in an easy read format with pictures to help people who could not read to understand it. The relatives we spoke with had not made complaints and said they knew how to raise concerns.

Is the service well-led?

Our findings

People were overall satisfied with the service since improvements had been made over recent months. The service was making continuous improvement and was working towards being more person-centred.

One family member told us, "I am quite happy with the quality of the service they are providing." The majority of families said their relative liked going to the service which indicated that they were happy there. Families of two people who use the service said they had previously not been happy with the service but had found improvements recently. Other families also said the service had improved and the staff team listened to their suggestions and acted on them. Comments included, "they are improving what we think was not right," "a lot has improved," "there is nothing to worry about," and "they are back on track."

The service did not have a registered manager. There had been two managers and three regional managers involved with the home in the last year. The current manager had applied for registration with us at the time of this inspection and for the last six months another manager who previously managed the service has been providing support. In addition senior managers had been visiting, monitoring and improving the service. We saw that the last quality audit of the service was in February 2015 where the provider assessed the service as requiring improvement. This was evidence of an appropriate audit. However, we found only one report of a senior manager's visits and audits. We advised the provider that there was a lack of reports of these visits as evidence of the work that these managers were doing with the service. The provider said they would ensure there were more regular written reports of the monitoring carried out. There was a good level of support by the provider to this service and this had resulted in improvements in all areas.

We brought to the provider's attention that a recent health and safety check had not recorded accurate information about the fire doors and they agreed to monitor the health and safety checks carried out at the service.

The team leader and manager worked well together to ensure that the service operated smoothly. The provider had written an improvement plan for the service which they were regularly monitoring to ensure all their planned improvements took place. The quality monitoring systems had improved in the last six months.

The provider was contacting families more regularly to ensure they had opportunity to give their views on the care provided. One relative said, "they always ask what they don't know" and this reflected feedback from other relatives that staff check regularly with them if the person's needs had changed. The provider held meetings with families and also offered them opportunities to come and meet with staff individually to talk and to update their relative's care plan. We spoke to some people who had done this and they found it helpful. One family told us, "they are taking what we are saying on board" and another said that staff always acted on their advice and suggestions. Other relatives told us they had also been offered the opportunity to meet with staff. Two relatives said they would like more respite care and we told the provider so that they could contact these people to discuss their needs.

The provider had recently sent satisfaction surveys to people using the service and we looked at these. We found that people had given positive feedback about the service.

We asked one staff member about the leadership of the home and they said the manager was supportive and the senior managers had brought new ideas to the service which they had implemented to improve people's experience.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

The care of service users did not always meet their needs and reflect their preferences. Regulation 9(1)(b)(c).

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.