

L D Care Limited

Grasmere Avenue

Inspection report

13 Grasmere Avenue
Whitton
Hounslow
Middlesex
TW3 2JG

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26 November 2018

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 26 November 2018 and was unannounced. This was the home's first inspection since their registration on 16 February 2018.

Grasmere Avenue is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Grasmere Avenue specialises in supporting younger adults with mental health needs, learning disabilities and autism, accommodating up to six people in one adapted building. At the time of our inspection five people were residing at the home.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in post 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.

The care delivered by staff was of a high quality, with exceptional feedback received from relatives. Staff knew people's individual needs well and respected their privacy and dignity. People's independence was enhanced with ample care and attention paid to how they could be supported to do things for themselves.

People at the home were kept safe, in premises that were well maintained and clean. Staff knew how to identify the signs of abuse, and knew the action to take if they suspected someone was at risk. People's needs were thoroughly risk assessed in order for staff to appropriately support them. People's medicines were well managed to ensure that people received them when they needed them. Recruitment processes were effective in ensuring that people were supported by staff that were safe to care for them. Any incidents or accidents were reviewed to help prevent their reoccurrence.

The service was effective in meeting the needs of the people at the home. Staff received regular support through ongoing training as well as supervision and appraisal. The team worked with other organisations to ensure that people's needs were met, with a collaborative approach. People were supported to attend healthcare appointments, in line with their identified needs. In order to ensure people maintained a balanced diet their food preferences were sought, and the home accommodated these within their weekly meal planning. Staff understood the principles of the Mental Capacity Act 2005 (MCA) and people at the home were not unlawfully deprived of their liberty.

The service responded to people's needs and looked for innovative ways to encourage people to undertake the activities they enjoyed. People's care plans were regularly reviewed, and the registered manager was aware of how to discuss people's end of life wishes in a sensitive manner. There was a complaints policy in place to ensure a level of accountability in addressing people's concerns.

People, relatives and staff were highly complimentary about the support that the management offered them. Staff were passionate about a consolidated team work approach, and reflected a registered manager that led by example. All those involved in the home were supported to express their views and improve service delivery. Quality assurance systems were effective in driving improvements across the home.

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.

People were cared for by staff that were suitable to work with them. Steps were in place to mitigate risks to people, with staff recognising the need to protect people from potential abuse. Infection control was managed to ensure premises were clean and well maintained. Medicines were administered and stored safely.

Is the service effective?

Good ●

The service was effective.

People were supported to consume food and drink of their choosing, as well as access healthcare professionals when they needed them. Staff were well supported through regular training and supervision. The home worked within the principles of the Mental Capacity Act 2005 (MCA) and ensured people were not unlawfully deprived of their liberty.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Relatives were highly complimentary of the care delivered by staff. Staff treated people with the upmost respect, and preserved people's dignity. People were treated with warmth and kindness, and staff maintained positive, encouraging relationships with them.

People's independence was promoted, and they were supported to do as much for themselves as possible.

Staff met people's individual communication needs, to support them to express themselves.

Is the service responsive?

Good ●

The service was responsive.

The home offered a wide range of activities for people, both inside the home and in the community. Activity choices were tailor-made to meet people's preferences, in line with educational or social goals. People were supported by staff that knew them well and delivered quality care in line with people's care plans. The registered manager knew how to address people's end of life wishes, when the time arose. A complaints

policy was in place to ensure any concerns were promptly addressed.

Is the service well-led?

Good ●

The service was well-led.
The registered manager was held in high regard by people, relatives, staff and other healthcare professionals. Feedback in relation to the registered managers ability to care for people, and how they motivated staff were extremely positive.
Effective quality assurance systems were in operation. Service delivery was continually reviewed so that potential improvements could be identified and actioned.

Grasmere Avenue

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.

This inspection took place on 26 November 2018 and was unannounced.

This inspection was conducted by one inspector.

Prior to the inspection we reviewed the intelligence we held about the home to help inform our inspection planning. This included records of important events that the provider is required to notify us about. Providers are required by law to notify the CQC without delay about the occurrence of any incidents or events that adversely affect the health, safety and well-being of people using the service.

On the day of inspection we spoke with the registered manager, two home leaders, a team leader and a support worker. We reviewed a range of documents including two people's care files, incident and accident records, quality assurance checks and policies. We also spoke with one person using the service. Following the inspection we received feedback from three relatives and one social care professional.

Is the service safe?

Our findings

People at the home were safeguarded from the potential threat of abuse. Staff knew the steps they would take should they suspect that a person was at risk. One staff member told us, "I need to safeguard vulnerable adults, from any abuse and protect them. I would immediately report it to the safeguarding team." Another staff member said, "[Safeguarding] means protecting vulnerable adults from everything [different types of abuse]. If suspected I would tell my manager immediately and talk to the person. I always look after them." Staff knew that they were able to escalate their concerns to the local authority safeguarding team if required. Since the commencement of service the provider had not identified any safeguarding concerns.

Robust risk management plans were in place to assess the possible severity and likelihood of a risk occurring. These covered a range of areas, individual to the person assessed to ensure that staff knew the steps to take to mitigate risk to people. Risks to people both inside the home and in the community were anticipated so that people could be supported safely, and that staff understood how to de-escalate any behaviour that could be considered challenging. Staff received training in challenging behaviour, as well as positive behaviour support. A relative told us, "[Person] still has behaviours that are very challenging but [registered manager] and the team are very professional and deal with it appropriately and with results that we as parents were never able to achieve." The registered manager told us that whilst staff were trained in the use of physical intervention, the ethos of the organisation was that this would not be used unless absolutely paramount. The registered manager confirmed to us, that to date, any potential incidents had been de-escalated by staff without the use of any physical intervention.

Premises were maintained to ensure that they were safe and met the needs of the people living at the home. However, we reviewed the provider's hot water temperature checks and found that they exceeded the maximum temperature of 44 degrees Celsius as recommended by the Health and Safety Executive (HSE) in their guidance 'Health and safety in care homes'. Despite this there were steps in place to mitigate people being at risk from these hot temperatures, with thermostatic mixer valves in place and staff supervising people when accessing hot water; to ensure water no hotter than the recommended 44 degrees Celsius was discharged. Staff always checked the temperature of the water prior to supporting people. The provider took appropriate steps to ensure that hot water was administered safely.

Regular checks were made of the premises to highlight any maintenance issues and ensure that the home was clean and free from infection. Daily checks were made, as well as during the night to ensure that housekeeping duties were up to date. Staff were aware of how to prevent the spread of infection, with one staff member telling us, "We all have that responsibility. I need to maintain the house, understand Control of Substances Hazardous to Health (COSHH) and any potential hazards." We observed the home to be clean and odour free throughout. Appropriate steps were also taken to ensure that people were supported to leave the building safely should they need to. Records showed that regular fire drills took place, and each person had a personal emergency evacuation plan (PEEP) so that they could be escorted safely and calmly from the premises in the event of a fire.

People's medicines were managed safely and staff ensured that people received medicines at the times that they needed them. Medicines records included a photograph of the person and details of any allergies. Each medicine prescribed to the person was listed with any potential side effects and the reason for the medicine being prescribed. We reviewed the medicines administration records (MAR) for three people living at the home and found no gaps or omissions in recordings. Additional records were kept, along with suitable protocols to record when a person required an 'as needed' (PRN) medicine to be administered. Regular stock balance checks were taken to ensure that the level of medicines was accurate, and staff competency to provide medicines to people was reviewed regularly.

The registered manager ensured that all accidents and incidents were appropriately investigated and recorded. Body maps were used to record the location of any injury that occurred as well as any immediate action taken to address the person's wellbeing. Any learning outcomes were recorded and discussed with staff to help mitigate the likelihood of reoccurrence.

We observed there to be enough staff to meet people's needs, with people leaving the home to undertake activities of their choosing throughout the day. We reviewed the provider's staff rota system and saw there were enough staff scheduled to attend each day, with use of regular bank staff to cover any shortfalls. An on-call system was also in place to support waking night staff should additional assistance be required.

Safe recruitment practises ensured that people were protected from the risk of being cared for by unsuitable staff. A relative told us, "All of the staff are carefully chosen." Records showed that staff were required to complete an up to date Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff proof of identity was also verified, as well as ensuring suitable references were obtained prior to the person commencing employment.

Is the service effective?

Our findings

Staff were supported to ensure they possessed the right skills and knowledge to deliver effective care to people. A social care professional told us, "They [staff] seem to have got a good grasp of how to manage the challenging behaviour and an understanding of some of the triggers." Staff spoke positively about the training on offer to them telling us, "We've been sent on various trainings, I've completed a National Vocational Qualification (NVQ) level 2, and I'm going to start level 5." Staff told us of the shadowing they experienced upon commencing their role, and ongoing review of their practice. We reviewed the provider's training records and found that all staff were up to date in a range of topics that equipped them with the skills to carry out their role effectively.

Staff were supported through regular supervision held at three-month intervals, or sooner should a learning need arise. Supervision topics were centred around learning outcomes to ensure that staff were clear on any developments, such as changes in people's care plans; as well as being supported to share their views. Staff told us, "They ask if I'm happy here, if there's any complaints. We talk about the residents" and "They [management] give us training and monthly feedback on what we can improve."

There were clear actions in place to ensure that people were supported to transition from their previous placement, to their new home at Grasmere Avenue. A staff member told us, "I'm involved with the care plan, as well as transitions and assessments." Social care professionals and relatives spoke highly of the support people received during this phase. Comments included, "When [in previous placement] and we were transitioning they [staff] were going to see [person] three to four times a week" and "The feedback has been very positive indeed and my impression is that the care team has worked hard to get to know the service user, understand their needs and give them opportunities to make choices."

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

We reviewed the provider records and found that where the registered manager had identified people may be deprived of their liberty, that thorough assessments were completed to support DoLS applications to the appropriate legal authority. Records showed that these had been submitted for all those living at the home, and records updated once these assessments had been completed.

Staff were clear on the principles of the MCA, and how this applied to their role telling us, "We give them [people] choices and options", Sometimes the people we are working with, they aren't sure when we ask them, so I help them. We have codes on the door so they can't go out if they don't have capacity." Staff were able to demonstrate to us how they supported people to ensure their clothing choices were weather appropriate or ask people about their preferences.

People had been involved in the design of the home environment. A relative told us, "We are very pleased and happy that [person] is somewhere that feels welcoming and homely whilst still being professional." The home's office was situated in the garden, the registered manager told us this was so that it was separate from the living areas and maintained a homely feel for people living there. The office was decorated as a bus, to not only disguise its business feel but also to meet the needs of some of the residents that enjoyed public transport but were not yet able access this in the community. This included a driver's area with functioning bus doors and we saw people enjoying this activity. A library area had also been built in the garden under the façade of a telephone box and we observed people utilising these areas throughout the day. People's rooms also reflected their choices of decoration with photographs of activities they had undertaken and evidence of their personal effects.

People were supported to access other healthcare professionals. Evidence of these appointments were reflected in records of visits to dentists, GP, dietitians, opticians and psychologists. Relatives told us they were impressed with the support their family members received, telling us, "Any appointments I get feedback on anything. They managed to get [person] to a dentist, even I couldn't do that" and "They've got everything in place, [person] is now registered with a psychologist and GP." Each individual had a health support plan that detailed any presenting conditions, the healthcare professionals involved and guidance for how staff need to support the person. This was accompanied by a pictorial guide that reflected examples of the questions people might be asked at their appointments so that staff could prepare people prior to their appointments.

People were seen to enjoy the foods presented to them at the home, with any special dietary requirements accommodated such as gluten free and halal food options. One person told us they enjoyed the food at the home, and we saw people help themselves to fruit or seek support from staff for snacks in the kitchen throughout the day. Relatives told us, "The quality of food is amazing, all freshly made. [Person] is eating so much and loves it" and "We are happy that he now has a very healthy diet with home cooked food." On the day of inspection we saw staff making multiple lunch options to ensure that people's needs were met, and records showed that people were supported to help out with food preparation if they wished. People's food likes and dislikes were clearly recorded within their care plans, and we saw that these had been accommodated within the home's weekly meal plan.

Is the service caring?

Our findings

Feedback about the care and support that people received at Grasmere Avenue was exceptionally positive. A community professional told us, "I am impressed with the care and support in this service based on what I have seen and heard." Relatives said, "When we take [person] out as parents we have noticed that he is so much happier and better behaved and is always pleased to return back to Grasmere. I cannot fault the level of care he receives he is always well presented and with his hair cut nicely", "[Person] feels loved and respected. I can't fault them for that" and "Everything is above and beyond, it's a family environment to help them [people] grow and learn." We were also told, "It's marvellous, it really is. Everything the brochure says and more. People could learn from them, as they really do understand."

Staff supervision sessions included discussions in relation to providing care with dignity. These were focused sessions between management and staff to ensure that people's individual care needs were met, and that staff were clear on the most respectful ways to support people. For example, where one person would sometimes expose their top half, guidance was put in place to support staff to discourage the person from doing so, preserving their dignity within the home.

Relatives felt involved in the planning of the care their family members received, and found the service to be transparent in discussing the best ways in which to meet people's needs. Comments included, "It cannot be faulted, the fact they keep me in the loop. Everything is geared to [person's] happiness, he looks fantastic" and "They've got to know [person], and the whole family. The level of respect and warmth, they're patient with him, loving with him, they're fantastic. They've been brilliant."

We observed the home to be that of a calm and composed environment, with people moving freely between their rooms and communal areas. Staff approached people in a continued relaxed and unhurried manner ensuring that people's comfort and well-being was always met. Where one person wished to remain in their room for most of the day staff acknowledged this, and supported the person when they looked to staff for support with refreshments. Staff were passionate about the care they delivered to people at the home and spoke of them in a caring manner. Staff gave us some positive examples as to how they created a homely environment, including preparing meals together regularly. Comments included, "We are their family and we are here to help", "If you treat someone equally it's good for the person" and "It's not like a work environment." Staff encouraged and supported people to make their own choices, and understood that their role was to support people where appropriate

It was evident that staff had read people's care plans, and they retained important details of people's individual behaviours and needs which resulted in highly caring, individualised support. The registered manager supported staff to take a person-centred approach in identifying ways in which people's lives could be enhanced. One person had limited abilities in speaking the English language when they moved in to the home. Staff had worked with the person to support them to communicate in English, and we were able to converse with the person to obtain their views on the care they received. The registered manager had identified that the person would benefit from educational support and was in discussions to help the person learn in an education setting. The person continued to converse in both their own language, and newly

learnt English with their family members. One person had been supported to use the toilet during the day, with the support and attention of staff, where previously they had been incontinent. Staff delivered the utmost care and attention to ensure the person was supported in ways that enhanced their dignity in this everyday task; that had not been achieved by other placements to date. Enhanced goals were in place to further support the person to improve their continence during the night.

Staff highly respected people's privacy and dignity when supporting them. Each person's care plan detailed for staff how they should accommodate people's choices, with prompts to remind staff to respect people's personal space in their rooms. Staff told us, "When I [support people with] a shower I always close the door. They wash their private areas themselves. I help them to put cream on or tell them to massage it in themselves." Throughout the day we observed positive and thoughtful interactions between staff and people.

People were supported to express their religious or cultural needs, and staff supported people to meet these in ways that suited them. One person had a detailed care plan for their daily routine when they visited church each week. This included guidance in supporting the person to manage their emotions when their relative left the home, in order to reduce their distress when this occurred. On the day of our inspection we also saw that staff took time to brief people of our attendance and ensure that whilst the inspection was inclusive, people still felt comfortable in their own home. Another person was supported with the dietary requirements that met their cultural needs.

People were supported to be as independent as they could be. A relative told us, "We appreciate the fact that [person] is always involved in any decision making and is taught independent skills within the home such as keeping his room tidy, food shopping and helping to look after the home." Staff also talked to us about the ways in which people were supported to tidy their own beds and do their laundry. This was reflected in people's care plans that stated the elements of each household duty they were able to carry out independently, and the areas in which they required a level of support. We observed people moving freely around the home, with staff often supporting at an arm's length so that people were able to manage how they used their own time. Where one person chose to explore the bus area in the garden, a staff member remained visible but left the person to undertake the activity in their own time. This activity area had been developed to meet the preferences of people living at the home, who enjoyed public transport but were unable to access this in the community.

The service ensured people they supported maintained positive relationships with people that were important to them. Friends and relatives were encouraged to visit, with staff of the service going the extra mile to ensure people were supported to visit with their family in a mutually accessible location, therefore reducing the impact on relatives to visit their family members. One relative said, "They [staff] drop him and pick him up every weekend [to stay with me]." Staff at the home cared for not only the residents, but the needs of relatives too and looked at innovative ways to ensure people could be brought together and maintain their relationships. Communication guidance for managing people's behaviours was in place to relieve any distress people may feel when returning to the home, and ensure a smooth transition.

Is the service responsive?

Our findings

Each person's care plan was reviewed for any changes on a monthly basis. These reviews were led by a senior member of staff with additional input from the person or their family members. Relatives that we spoke with were impressed by the level of communication received from the home, and found this process wholly inclusive. Comments included, "I'm so happy with one of the staff, [person] is very happy with them. I call everyday to see what they're doing and they tell me", "We are able to look at his files anytime we need to" and "I get regular updates on what he's doing, activities. They email me loads of photos, communication is fantastic. The whole lot of them are very respectful, they genuinely care."

People were supported to access a range of activities, that met their preferences. A social care professional told us, "[Person] has engaged well with them and has been taken part in numerous activities in the community. I have seen photos of some of these." Relatives commented, "[Person] goes bowling, to the park, cycling" and "They ask what [person] likes to eat and do." Each person had a care plan that conveyed the activities they like to participate in. Some people left the home during the week for schooling. We saw that people had been supported to go on holiday during the summer, with staff in attendance to support them. People were supported to access electronic devices, yet also strongly encouraged to undertake other activities so as not to spend too much time on them and increase their risk of social isolation. All residents at the home had prepared for the festive season with a recent trip to Winter Wonderland. People were encouraged to access the local community by visiting local coffee shops, weekly food shops and attending outdoor sports activities. Staff were quick to respond to people's activity requests and we saw that one person was supported to work on the office computer; an activity they enjoyed.

Staff took the time to celebrate occasions that were important to people telling us, "[Registered manager] and the team put on a brilliant birthday party for [person] and all the family that came to his party all said the same thing, that it felt very much like family not just a home." We saw that the garden area had been decorated in anticipation of the Christmas season. People had also celebrated Halloween with photographs taken of them wearing their costumes. One person's care plan also reflected that they had been trick or treating, an activity they participated in for the first time.

The provider followed the guidance within the Accessible Information Standard to meet the information and communication needs of people they supported. Staff communicated with people in appropriate and accessible ways, such as gestures and the use of The Picture Exchange Communication System (PECS). PECS is a pictorial care system that allows people with little or no verbal communication abilities to communicate using pictures. People's care plans included comprehensive communication profiles which stated how people preferred to communicate and the ways in which staff should respond to each individual in ways they understood.

To date, the provider had not received any complaints. A complaints policy was in place, with clear roles of accountability to ensure that complaints were investigated and responded to appropriately. Staff also knew how to manage complaints telling us, "We have a complaints form, I write it and let the manager know."

The people using the home were all younger adults, and had been living at the home for a short period of time. Therefore, at the time of inspection people's end of life wishes had not been discussed. We spoke with the registered manager who was aware of their responsibilities in ensuring people were provided with the opportunity to discuss their preferences when nearing the end of their lives. The registered manager told us of the importance of including significant others that were important to people in these discussions. We were confident that the registered manager was prepared to have these conversations with people and their relatives when the appropriate time presented.

Is the service well-led?

Our findings

We received comments asserting high praise on the registered manager of the home and the care provision. Comments included, "The overall manager is very experienced and skilled in supporting young people with complex needs and I have seen a number of examples of her working very effectively with this group", "She's brilliant. We need more like her, so supportive and so open" and "I don't give praise easily anymore, but for this place I do."

Staff were equally complimentary about the support they received from management. Staff told us, "She's very supportive, she's hands on as well. If we need any help she's always there", "She's really good, she's trained us as a family. As a team it's not uncomfortable, she's really close with us" and "She runs the home and comes to check every day. If you need something, she immediately takes action."

The registered manager was passionate about delivering quality care to people, and was able to tell us of examples where people's quality of life had improved. Prior to their placement at Grasmere Avenue some people did not access the community, however the registered manager took pride in telling us of the different community activities each person at the home now enjoyed.

The registered manager ensured that each person had been referred to the Community Learning Disability Team (CLDT), to ensure that appropriate professionals were involved in the development of people's individual care packages. Relatives also told us of the improvements made by the home to ensure that their family members received care that offered a collaborative approach, involving all relevant professionals. One person was being supported to reduce their current level of medication with support from the home and their GP.

Management ensured that the quality of the service delivery was effectively monitored. Extensive quality assurance reports were produced on a monthly basis that reviewed the service's compliance in a range of areas. Care plans were checked for completeness and accuracy, and to ensure that records of people's important appointments were up to date. The relevance of the programme of activities was reviewed to ensure people were satisfied with the options on offer to them. The registered manager ensured that the premises were well maintained by completing regular checks of cleanliness as well as equipment.

People's views were sought monthly as part of the care plan review process. Records showed that each person's needs were fully reviewed, with the input of relatives where relevant. Upon the opening of the home staff had also written and spoken to neighbours in the area to inform them of the care they delivered at the home. This was with an aim to enhance a community approach in supporting people, within an inclusive environment.

Staff were supported through weekly team meetings, and were given the opportunity to remain engaged in the service delivery and how people were care for. Records of these meetings reflected that staff helped develop the agenda and comments from staff reiterated their opportunities to express their views.