

London Borough of Richmond upon Thames

London Borough of Richmond upon Thames - 40b Cambridge Park Residential Care Home

Inspection report

40b Cambridge Park
Twickenham
Middlesex
TW1 2JU
Tel: 020 8892 6375
Website:

Date of inspection visit: 23 October 2015
Date of publication: 08/12/2015

Ratings

Overall rating for this service

Good



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

This was an unannounced inspection and took place on
23 October 2015.

Summary of findings

The home provides care and accommodation for up to eight people with learning disabilities. It is located in the Twickenham area.

At the time of our inspection the home had a 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 and associated Regulations about how the service is run.

In April 2014, our inspection found that the service met the regulations we inspected against. At this inspection the home met the regulations.

The lighting on the first floor was not working properly; this had been reported to the landlord for repair, by the home.

People said they liked living at the home and the way that staff provided care and support to them. People told us they chose their own activities and when they did them. They also said they felt safe living at Cambridge Park and using facilities within the local community. During our visit there was a warm, welcoming and friendly atmosphere with people coming from and going to activities as they pleased. There was also a lot of positive interaction between people who use the service and with staff. The activities were varied and took place at home and in the community.

The records easy to access, kept up to date, covered all aspects of the care and support people received, their choices, activities and safety. People's care plans were

completed and the information contained was regularly reviewed. This supported staff to perform their duties efficiently and professionally. People were encouraged to discuss their health needs with staff and had access to GP's and other community based health professionals, as required with a district nurse attending during our visit. People were supported to choose healthy and balanced diets that also met their likes, dislikes and preferences. This enabled them to be protected from nutrition and hydration associated risks. They said they were happy with the choice and quality of meals they ate.

People knew who the staff that supported them was and the staff knew them, their likes and dislikes. They were well supported and they liked how staff delivered their care. During our visit people were provided with information about any activities taking place so they could decide if they wanted to participate. Staff provided care and support in a professional, friendly and supportive way that was focussed on people as individuals and had appropriate skills to do so. The staff were well trained and accessible to people using the service. Staff said they liked working at the home and had received good training and support from the manager.

People said the management team was approachable, responsive and listened to them. The quality of the service provided was consistently monitored and assessed.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to the first floor lighting not working adequately. 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?

Some aspects of the service were not safe.

The lighting on the first floor was not working properly.

People told us that they felt safe. There were effective safeguarding procedures that staff used, understood and risks in the home were assessed.

There was evidence the home had improved its practice by learning from incidents that had previously occurred and there were enough staff to meet people's needs.

People's medicine was safely administered; records were completed and up to date. Medicine was regularly audited, safely stored and disposed of.

Requires improvement



Is the service effective?

The service was effective.

People's support needs were assessed and agreed with them. Staff were well trained.

People's food and fluid intake and diets were monitored within their care plans and people had access to community based health services.

The service had Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) policies and procedures. Training was provided for staff and people underwent mental capacity assessments and 'best interests' meetings were arranged as required.

Good



Is the service caring?

The service was caring.

People said they felt valued, respected and were involved in planning and decision making about their care. People's preferences for the way in which they wished to be supported were clearly recorded.

Staff provided good support, care and encouragement. They listened to, acknowledged and acted upon people's opinions, preferences and choices. People's privacy and dignity was also respected and promoted by staff. Care was centred on people's individual needs. Staff knew people's background, interests and personal preferences well and understood their cultural needs.

Good



Summary of findings

Is the service responsive?

The service was responsive.

People chose and joined in with a range of recreational and educational activities at home and within the local community during our visit. Their care plans identified the support they needed to be involved in their chosen activities and daily notes confirmed they had taken part.

The home had a complaints procedure and system and people said that any concerns raised were discussed and addressed as a matter of urgency.

Good



Is the service well-led?

The service was well-led.

The service had a positive and enabling culture at all staff levels of seniority. The manager enabled people to make decisions and staff to take lead responsibility for specific areas of the running of the service.

Staff said they were well supported by the manager.

The quality assurance, feedback and recording systems covered all aspects of the service constantly monitoring standards and driving improvement.

Good



London Borough of Richmond upon Thames - 40b Cambridge Park Residential Care Home

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.

This was an unannounced inspection and took place on 23 October 2015.

The inspection was carried out by one inspector.

During the visit, we spoke with three people who use the service, two care staff and the registered manager. There were eight people living at the service.

Before the inspection, we checked notifications made to us by the provider, safeguarding alerts raised regarding people living at the home and information we held on our database about the service and provider.

During our visit we observed care and support, was shown around the home and checked records, policies and procedures and maintenance and quality assurance systems. We also looked at the personal care and support plans for three people using the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

People told us they thought the home was a safe place to live and that they had never felt bullied or any pressure from the staff to do things. One person said, “This is a safe place to live.” Another person said, “I’m fine, I feel nice and safe living here.”

The lighting on the first floor was not working properly; this had been reported to the local authority for repair by the home, a month before we visited. Due to a malfunction in the computer system that controlled the home’s lighting, the lighting could only be fully on or off.

The provider did not ensure that the premises used by the service provider are safe to use for their intended purpose.

This is a breach of Regulation 12, 2 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Safe care and treatment.

Staff knew the different forms of abuse and action to take if encountered, from the provider’s policies and procedures. They also knew how to raise a safeguarding alert, when this should take place and had received appropriate induction and refresher training regarding abuse and safeguarding. This meant they could protect people from abuse and harm in a safe way. There was no current safeguarding activity. Previous safeguarding alerts had been suitably reported, investigated and recorded. People who use the service had access to information about keeping safe and staff advised and supported them accordingly. Staff told us they received induction and mandatory refresher training in assessing people to take acceptable risks.

There was a comprehensive staff recruitment procedure that recorded all stages of the process. This included advertising the post, providing a job description and person specification. Prospective staff were short-listed for interview. The interview contained scenario based questions to identify people’s skills and knowledge of learning disabilities. References were taken up and Disclosure and Barring service (DBS) security checks

carried out prior to starting in post. There was also a six month probationary period. If there were gaps in their knowledge the organisation decided if they could be filled and the person employed. Staff received a handbook that contained the local authority’s disciplinary policies and procedures. The staff rota showed and staff confirmed that staffing levels were flexible to meet people’s needs. The staffing levels during our visit enabled people’s needs to be met and the activities they had chosen to be pursued safely.

There were risk assessments in people’s care plans that enabled them to take acceptable risks and enjoy their lives safely. These included risk assessments for all aspects of people’s lives including activities they undertook at home and in the community. Staff received care plan information that enabled them to accurately risk assess people’s chosen activities. They were able to discuss, evaluate and compare risks with people against the benefits they would gain. This was demonstrated by the way people were enabled to access facilities and work in the community. The risk assessments were regularly reviewed and adjusted when people’s needs and activities changed. There were also general risk assessments for the service and equipment used that were reviewed and updated. Equipment was regularly serviced and maintained.

Risks to individuals were shared by staff within the team. This included any incidents or activities that were discussed at shift handovers and during staff meetings. There were also accident and incident records kept. Staff were able to identify situations where people may be at risk or in discomfort and take action to minimise the risk and remove discomfort as they knew people living at the home well.

We checked the medicine records for all people using the service and found that all the records were fully completed and up to date. Medicine was safely administered, regularly audited, properly stored and disposed of, as required. Staff were trained to administer medicine and this training was regularly updated.

Is the service effective?

Our findings

People told us that they decided when and how staff provided their care and support. They said the way staff delivered it was what they wanted. One person said, “I enjoy living here, do lots of sports and go to the cafe.” This showed the person made their own decisions.

Staff said that they were well trained and received induction and annual mandatory training. This was confirmed by the training matrix that identified when mandatory training was due. It was also reflected in the staff practices we saw. Training included safeguarding, infection control, behaviour that may challenge, first aid, food hygiene, equality and diversity and the person centred care approach. There were also monthly staff meetings that gave an opportunity to identify further training needs. Supervision sessions were also used to identify any gaps in required training. Staff had achieved ‘Qualification and Credit’ framework awards. The home had access to specialist training either directly from the local authority or from specialist organisations, that the local authority had contracted with.

People’s care plans contained sections for health, nutrition and diet. These included completed and regularly updated nutritional assessments. Weight charts were kept if required and staff monitored people’s meals and how much they ate to encourage them to have a healthy diet. There was also information regarding any specific support people might require at meal times. Staff said any concerns were raised and discussed with the person and their GP as appropriate. Nutritional advice and guidance was provided by staff and there was access to community based nutritional specialists who reviewed nutrition and hydration needs. People also had annual health checks. The records demonstrated that referrals were made to relevant health services as required and they were regularly liaised with.

People chose the meals they wanted using pictures if needed, decided on a menu and participated in food shopping. One person told us, “It’s fish and chips tonight, I’ve already had some for lunch so I’m having something else.” One person said, “I like to cook and help with the meals.” Meals were timed to coincide with people’s preferences and the activities they attended.

Staff received mandatory training in The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Mental capacity was part of the assessment process to help identify if needs could be met. The Mental Capacity Act and DoLS required the provider to submit applications to a ‘Supervisory body’ for authority. Applications under DoLS were submitted by the provider and were authorised. Best interests meetings were arranged as required and renewed annually or as required. Best interests meetings took place to determine the best course of action for people who did not have capacity to make decisions for themselves. People’s care plans recorded that capacity assessments were carried out. Appropriate staff that had received training to carry out the assessments. People’s consent to treatment was monitored regularly by the service. Staff continually checked that people were happy with what they were doing and activities they had chosen throughout our visit. There were advocacy services available through the local authority and people were made aware of them. An advocacy service represents people and speaks on their behalf.

The organisation had a restraint policy and procedure that was de-escalation based and staff had received training in de-escalation procedures. They were also aware of what constituted lawful and unlawful restraint. Any behavioural issues regarding people who use the service were discussed during shift handovers and staff meetings.

Is the service caring?

Our findings

People said that staff treated them with dignity, respect and compassion. We saw this was true by the way staff behaved and their care practices. People were treated equally and as equals by staff. This was done in a caring, patient and kind way with people given as much time as they required to meet their needs. Staff listened to people, paid attention to what they were saying, valued their opinions and acted on them. People received support that was empowering, enabling and delivered in a friendly and helpful way. One person told us, "Staff are really nice to me." Another person said, "They (staff) always help me." People's body language was positive throughout our visit and that told us they were happy with the way staff supported them and delivered care.

During our people's needs were met by staff in a skilful and patient way that demonstrated they knew people, their needs and preferences well. Staff communicated with people at a pace that made it easy for people to understand and for them to make themselves understood. If people had difficulty expressing themselves staff listened carefully and made sure they understood what the person

was saying. They asked what people wanted to do, where they wanted to go and who with. This included the type of activities they liked. These were also discussed with staff during keyworker sessions and service meetings.

The home's care was focussed on the individual and we saw staff put into practice training to provide a person centred approach. People were consistently enabled to discuss their choices, and contribute to their care and care plans. The care plans were developed with them and had been signed by people or their representatives where practicable. Staff were warm, encouraging and approachable.

Staff had received training about respecting people's rights, dignity and treating them with respect. This was reflected in the caring, compassionate and respectful support staff provided. There was a relaxed, inclusive and enjoyable atmosphere for people due to the approach of the staff. The home had a confidentiality policy and procedure that staff said they understood, were made aware of and followed. Confidentiality was included in induction and on going training and contained in the staff handbook.

There was a visitor's policy which stated that visitors were welcome at any time with the agreement of the person using the service.

Is the service responsive?

Our findings

People said staff met their needs in a way that they enjoyed, were comfortable with and made them feel relaxed. Staff enabled people to contribute to decisions about their care and the activities they wanted to do as they were aware of their needs, wishes and strove to meet them. Staff were available to people to discuss any wishes or concerns they might have. Needs were met and support provided promptly and appropriately. One person told us, "They help me to do what I want."

We saw that staff met peoples' needs in an appropriate and timely way. People were given the opportunity to decide what support they wanted and when. The appropriateness of the support was reflected in the positive responses of people using the service. If people felt they had a problem, it was resolved quickly and in an appropriate way. Any concerns displayed by people using the service were attended to as the priority during our visit.

Records showed that people were asked for their views, encouraged to attend meetings and sent questionnaires to get their opinions. There were minuted meetings and people were supported to put their views forward including any complaints or concerns. The information was monitored and compared with that previously available to identify any changes in the home's performance positively or negatively.

Staff understood and explained the procedure prior to people moving to the service. Before people moved in the local authority would provide assessment information to the service, which also carried out pre-admission assessments. Information from any previous placements was also requested if available. People and their relatives were consulted and involved in the decision-making process before moving in. They were invited to visit as many times as they wished before deciding if they wanted to live at the service. Staff told us about the importance of recognising the views of people using the service as well as relatives so that care and support could be focussed on the individual. They said it was also important to get the views of people already living at the service. During the course of people visiting the manager and staff would add to the assessment information. One person had moved in since the last inspection and the required assessment documentation was on file.

People were provided with written information about the home and organisation and regular reviews took place to check that the placement was working once people had moved in. If it was not working alternatives were discussed and information provided to prospective services where needs might be better met.

People's care plans recorded their interests, hobbies, health and life skill needs and the support required for them to be met. They were focussed on the individual and contained people's 'social and life histories'. These were live documents that were added to by people using the service and staff if information changed or new information became available. The information gave the home, staff and people using the service the opportunity to identify activities they may wish to do. People's needs were regularly reviewed, re-assessed with them and care plans updated to meet their changing needs. The plans were individualised, person focused and developed by identified lead staff. People were encouraged to take ownership of the plans and contribute to them as much or as little as they wished. They agreed goals with staff that were reviewed, underpinned by risk assessments and daily notes confirmed that identified activities had taken place.

Activities were a combination of individual, group and took place at home and in the community. Each person had their own weekly activity planner. One person said, "I go to Ellory Hall (activities centre and work in the 'Sunshine' café in Twickenham. I got a £3 tip" The home made use of local community based activities wherever possible and people chose if they wanted to do them individually or as a group. There were also group and individual holidays with people having visited Portugal, Hastings and a Spa in Eastbourne. The person who went to Eastbourne told us, "I was disappointed because it was cold and wet so we did things at the hotel and had a meal out." Activities included attending a model train group, bike rides, walks, college and shopping. Other activities included the discos, and music therapy. One person said, "I like dancing." Two people attended a pottery class during our visit. People were also encouraged to do tasks in the house to develop their life skills such as laundry, tidying their rooms and helping prepare meals.

People were aware of the complaints procedure and how to use it. The procedure was included in the information provided for them. There was a robust system for logging, recording and investigating complaints. Complaints made

Is the service responsive?

were acted upon and learnt from with care and support being adjusted accordingly. There was a whistle-blowing procedure that staff said they would be comfortable using. They were also aware of their duty to enable people using the service to make complaints or raise concerns.

The home used different methods to provide information and listen and respond to people. There were monthly

house and weekly menu planning meetings where people could express their views and make their choices. Annual questionnaires were sent to people using the service and staff. There were also monthly keyworker and annual care reviews that people were invited to attend.

Is the service well-led?

Our findings

People told us that they were happy to speak with the manager and staff and discuss any concerns they may have. One person said, “People (staff) listen to me.” During our visit, we found that the home had an open culture with staff listening to people’s views and acting upon them.

The organisation’s vision and values were clearly set out. Staff we spoke with understood them and said they were explained during induction training and regularly revisited during staff meetings. The staff practices we saw reflected the organisation’s stated vision and values as they went about their duties.

There were clear lines of communication within the local authority and specific areas of responsibility. Staff told us the support they received from the manager was good. They felt suggestions they made to improve the service were listened to and given serious consideration.

There was a whistle-blowing procedure that staff knew how to access and felt confident in. There was currently a career development programme within the local authority that enabled staff to progress towards promotion in a way that was tailored to meet their individual needs, although it was not clear if this would continue under a new provider.

Staff had regular monthly minuted staff meetings that enabled them to voice their opinions. The records demonstrated that regular staff supervision and appraisals took place and this was confirmed by staff.

There was a policy and procedure in place to inform other services, such as district nurses, of relevant information should services within the community or elsewhere be required. The records showed that safeguarding alerts, accidents and incidents were fully investigated, documented and procedures followed correctly including hospital admissions. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.

There was a robust local authority quality assurance system that contained performance indicators that identified how the home was performing, any areas that required improvement and areas where the home was performing well. This enabled required improvements to be made. Areas of particular good practice were also recognised by the provider.

The home used a range of methods to identify service quality. These included daily, weekly and monthly manager and staff audits that included, files maintenance, care plans, night reports, risk assessments, infection control, the building, equipment and medicine. There were also comprehensive shift handovers that included information about each person.

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	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider did not ensure that the premises used by the service provider are safe to use for their intended purpose.</p> <p>Regulation 12, 2 (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Safe care and treatment.</p>