

Look Ahead Care and Support Limited

Mary Jones Court

Inspection report

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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?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Mary Jones Court is a supported living service that provides care and support for up to 20 people in their own flats. At the time of the inspection two people living at Mary Jones Court received support with personal care from staff. The service specialises in providing care to people who have learning disabilities.

At the last inspection in July 2014, with the inspection report being published in January 2015, the service was rated as 'Good'. At this inspection we found that the service continued to be 'Good'.

People's risks were managed and care plans contained appropriate and detailed risk management plans with input from health and social care professionals, which were updated regularly when people's needs changed.

People who required support with their medicines received them safely from staff who had completed training in the safe handling and administration of medicines. Staff completed appropriate records when they administered medicines and these were checked by staff and audited monthly to minimise medicines errors.

People were supported to have a healthy and balanced diet, which took into account their preferences as well as medical and nutritional needs.

Staff received the training and supervision they needed to meet people's needs and were knowledgeable about their jobs.

People had regular access to healthcare services and other health and social care professionals, such as GPs, dentists and dietitians.

People were involved in planning how they were cared for and supported. Care records were person centred and developed to meet people's individual needs and discussed regularly during weekly key work sessions.

People and their relatives where applicable, were informed about their health and well-being and were actively involved in decisions about their care and support, in accordance with people's own wishes.

We saw that staff treated people with respect and kindness, respected their privacy and promoted their dignity and independence.

There was an accessible complaints procedure in place and people and their relatives knew how to make a complaint and were able to share their views and opinions about the service. There was a survey in place and monthly tenants meetings to allow people the opportunity to feedback about the care and support they received.

There were effective quality assurance systems in place to monitor the quality of the service provided and understand the experiences of people who used the service. Information obtained was used to identify ways to make improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Mary Jones Court

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.

The inspection took place on the 20 and 26 June 2017 and was announced. We gave the provider 24 hours' notice of this inspection as we needed to be sure that the people we needed to speak with would be available. The inspection was carried out by one inspector.

Before the inspection we reviewed the information the Care Quality Commission (CQC) held about the service. This included statutory notifications of significant incidents reported to the CQC and the report for the last inspection that took place on 7 July 2014. The provider also submitted a provider information return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with three people using the service and five members of staff. This included the registered manager, the team leader and three support workers. We looked at two people's care plans, three staff recruitment files, staff training records, staff supervision records and audits and records related to the management of the service.

After the inspection we spoke with one relative and two health and social care professionals for their views about the service.

Is the service safe?

Our findings

People we spoke with told us they felt safe living in their home and when they were receiving support from staff. One person said, "Yes, I like it" when we asked if they were happy living here. A relative we spoke with had no concerns about the safety of their family member. They added, "I'm not worried about him/her at all. I visit regularly and know he/she is fine." A health and social care professional told us that people they had worked with were happy with the service and had never highlighted any issues.

The provider had an appropriate policy to safeguard adults and staff had received training in safeguarding adults which was refreshed every two years. Staff we spoke with understood how to recognise the signs of abuse and told us they would speak to the registered manager or team leader if they had concerns about a person's safety and/or welfare. One support worker said, "I'm confident that issues will be dealt with and followed up." The provider had discussed the topic of abuse with people at a recent tenants' meeting and gave examples of what it was and what people should do if they had any concerns. Easy read leaflets were also available on the communal noticeboard and inside the entrance of the building about how people could keep safe and who they could contact. A local policy was also in place where people visiting needed to sign in and staff checked with people first before letting them in. Contractors and visitors needed to show identification and we saw this being done throughout the inspection.

The provider had procedures in place to identify and manage risks associated with people's care. Risk management plans were available in each person's file and assessed 18 risk factors that included medicines, self-harm and neglect, fire safety related issues, risk taking behaviour and social relationships. The risk management plans contained details about the level of support that was required and practical guidance for support workers on how to manage risks to people. Where a risk had been highlighted, there was information detailing what the triggers were, what the signs or behaviour from the person would be and what actions should be taken to reduce the risk. They were reviewed every six months, with additional reviews conducted if any significant changes occurred.

We also saw that each person had a personal emergency evacuation plan (PEEP) and financial management plan in place. We saw that staff had discussed the recent high profile tragedy of a fire in a London tower block. This incident was discussed and pictures from newspapers shown to highlight the importance of fire safety. Support workers went through the fire evacuation procedures and got people to explain to them what they needed to do in the event of a fire, then carried out a fire drill. We saw that there was also an easy read fire safety guide on the noticeboard in the hallway. One person we spoke with showed us their smoke alarm and that they had been reminded about fire safety.

There were appropriate medicines policies and procedures in place to ensure people received their medicines safely. Staff had received training in medicines management and were aware of when their training needed to be refreshed. We saw records that staff were observed on a monthly basis supporting people with their medicines when audits were being completed. One support worker was able to tell us in detail how they supported people with their medicines and what they had to do if people refused or if any errors had been made.

People's medicines were kept in their rooms in a locked cabinet which was only accessible by staff. Staff checked and signed in medicines from the local pharmacy, which was the same process for all medicines that were returned. Each person had a medicines profile in place which detailed the level of support they needed, what medicines they were prescribed, the reason for taking them and what the possible side effects could be.

We reviewed a sample of medicine administration record (MAR) charts for both people over a four month period. All MAR charts had been filled out correctly and there were no gaps on the records we reviewed. MAR charts were checked daily by staff involved in the medicines administration process and the team leader also completed monthly medicines audits to check that medicines were being managed safely.

The staff files that we looked at were consistent and showed that the provider had robust recruitment procedures in place to help safeguard people. All Disclosure and Barring Service (DBS) records for staff had been completed in the last three years. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working in care services. People who used the service were also involved in the recruitment of staff and were able to sit on the interview panel to ask questions. The registered manager told us that people would have their own set of questions to ask and then would give them a score after the interview.

We found that staffing levels throughout the service were sufficient to meet people's needs. People had been allocated a specific number of support hours by the local authority to be used to support people to live independently, develop life skills and access the community. We looked at the last four weeks of staff rotas and saw there were consistently two support workers in the morning, two in the afternoon, with one support worker doing a sleep in shift to deal with any emergencies. Senior managers were on call and information about who to call and what to do in an emergency at night was displayed in the staff office. The registered manager explained that they were able to use staff from the provider's other services to cover any periods of absence, who knew the service and were familiar with people's needs. For example, on the first day of the inspection, a member of staff from another service was covering annual leave. They had worked for the provider for over 23 years and also used to work at Mary Jones Court. One relative we spoke with told us that this member of staff used to support their family member and knew them very well. They added, "When he worked there, he was really good with my [family member]."

Is the service effective?

Our findings

People told us they were happy with the care they received from staff. Comments included, "They look after me", "I like it here" and "They help me every day." One comment in a person's record said, 'I like the staff here, they understand me and reassure me when I feel anxious.' One relative told us they felt lucky that their family member was there and they were very happy with the staff. They added, "I'm happy he/she is there. All the staff are good and their needs are met." One health and social care professional felt that people's needs were met and staff helped them achieve their goals.

Staff understood the main principles of the Mental Capacity Act 2005 (MCA). The 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The provider had assessed people's decision making abilities in line with the MCA and saw that people had signed their care plans to indicate their consent to their care. None of the people living at the service lacked capacity to make decisions and staff were aware of the procedures to follow if this changed. We saw consent forms in place for people to be supported with their medicines, finances, consent for personal care and also permission for their photos to be taken.

Staff told us they always asked for people's consent prior to providing any care and support for them. One support worker said, "It is important to sit and talk, to communicate and make sure you ask people, give them the options and let them decide."

People were supported by staff who had appropriate training and supervision to carry out their roles. New staff completed an induction programme when they started work with the provider. Induction checklists were in place which highlighted what areas needed to be covered until their probation period was completed after six months.

Six induction modules were covered as part of the training programme which included lone working, health and safety, safeguarding, medicines, personal care and moving and handling. There was also a fire safety training programme and staff we spoke with were aware of what to do in the event of a fire. We saw that staff also received training which was specific to people's individual needs and that staff had completed training in a range of areas, including conflict resolution, positive behaviour support (PBS), dealing with challenging behaviour, Mental Capacity Act 2005 (MCA), epilepsy and autism. We saw that some staff were being supported to achieve vocational qualifications in a learning disability pathways programme. We saw that the registered manager had been able to arrange community nurses to carry out specialist training, along with scheduling some fire safety training with the London Fire Brigade. Staff we spoke with throughout the inspection spoke positively about the training they received. Comments included, "The challenging behaviour training really helped in managing people's needs. I was able to engage with people and calm them down" and "It is really important to know about updates in legislation and that we are working in the best way."

We saw records that showed support workers had regular supervision and an annual appraisal system was in place. We looked at a sample of records of supervision sessions which showed staff were able to discuss key areas of their employment. Items discussed included actions from the previous meeting, training, general wellbeing and any concerns with people they supported.

People were supported and involved in the planning of their mealtimes and we saw records that demonstrated staff encouraged people to lead a healthy lifestyle and have a balanced diet. Information about people's preferred foods were recorded in their care plans, along with who was responsible for carrying out tasks such as shopping, preparing and serving meals. A support worker told us that one person had been allocated extra hours of support to learn how to cook. We saw records that detailed how this support was carried out and it had been highlighted in what they had wanted to achieve. We spoke to one person who told us they were supported to go shopping each week and staff helped them to cook. There was also information about people's specific dietary needs. For one person living with diabetes, we saw information about buying food items low in sugar and to encourage buying more fruit and vegetables. This person also had a low fat diet sheet from their GP which had highlighted which food items were good or bad choices, along with a diabetes care plan for the upcoming year.

Staff said they supported people to manage their health and well-being and would always discuss matters with the staff team if they had any concerns about a person's healthcare needs. Each person had a health action plan which contained information about their health care needs and how staff should support people to meet their needs. It was available in an easy read format and the registered manager told us they liaised with people's GP and the community nurse each time people's needs changed. We saw information in people's files where health appointments were recorded and detailed what had been discussed and if any follow up action or procedures were required. There was also correspondence showing that people had been supported to attend healthcare appointments, such as their GP, dentist or chiropodist. We saw one person had been supported to cut down on smoking and that they had reduced their daily amount of cigarettes by half. Another person had an 'Understanding Diabetes' information guide, with advice and information in an easy read format to help them understand what their results meant and how they could make healthier life choices.

Is the service caring?

Our findings

People we spoke with told us they were happy with the care they received and liked the staff that supported them. One person said, "I like her" and another said, "I like the staff" when asked about their support worker. A relative said, "As far as I can see, they are all caring and look after my [family member] well." They added, "You can tell they care as they all go the extra mile." One health and social care professional commented that people had a good relationship with staff and the service listened to them.

Staff knew the people they were working with and had worked with them for a number of years. They spent time with people during weekly meetings or supporting them with their daily living skills. They were able to give information about people's personal histories, preferences, how they communicated with them, what they wanted to achieve and how they were able to support them if they were anxious or agitated. Throughout the inspection we observed positive interactions between people using the service and staff. People were very relaxed and comfortable with staff and we could see that people felt at ease in their presence. We saw that people were able to come and sit in the office and chat with staff during the day.

The service highlighted people's achievements and we saw this recorded in people's files. Staff had created a pathway of achievement which showed positive elements of people's lives and acknowledged what they had achieved. For example, one person had been supported to book a holiday and attend all their health appointments. We also saw photos of people's birthdays being celebrated and photos displayed throughout the building which showed activities and trips that people had been on and awards and certificates that people had received.

We saw that staff showed concern for people's wellbeing in a caring and meaningful way. Daily contact records showed that people had been reminded about recent hot weather and that it was important for them to drink plenty of water, wear suitable clothing and apply sun cream before going outside.

We saw that people were encouraged to be involved in their own care and had regular meetings with their support worker to discuss how they wanted to be supported and what they wanted to achieve. One relative we spoke with confirmed they were involved in making decisions about the care their family member received and was always updated on any key events. They added, "I have a genuine relationship with their support worker and speak to her a lot." We saw people were encouraged to be as independent as they wanted to be and use their support hours to do what they wanted to do. One support worker told us how they had recently researched some travel destinations for somebody who wanted to go on holiday. They added, "It is important to give him/her the choice but to also show them visually to help with their understanding." The team leader said, "It's all about helping people to achieve things and build on them."

People were also supported to access advocacy services. Advocates are trained professionals who support, enable and empower people to speak up. This meant that where people did not have the capacity to express their choices and wishes or found it difficult to do so, they had access to independent support to assist them. Staff worked closely with an advocacy service along with the local authority, where people needed this support.

The staff we spoke with had a good understanding of the need to respect people's privacy and dignity. People were asked if they wished to speak to us and if they were happy for us to see their flat, with staff knocking on people's doors and calling out their names, asking for permission before entering. Support workers were able to tell us in detail how they respected people's privacy and dignity. Comments from support workers included, "We know about people's preferred time for personal care and prompt and support them as required" and "I always try to reassure people by talking to them, even if it is from behind a closed door." We saw in people's files that they had consented to staff supporting them with personal care and staff had access to personal care guidelines to ensure people's privacy was respected at all times. It included advice on ensuring people were appropriately dressed, staff were patient and gave people time and listened to them when they were being supported.

Is the service responsive?

Our findings

People told us they were happy and that they were supported to go on holidays and activities and events. One person told us that they were looking forward to booking a holiday and we saw them discussing it with a member of staff. A relative spoke positively about the service and felt that staff were very supportive and had regular communication about their family member. They said, "They are aware of [his/her] interests and I know they have just booked a holiday." A health and social care professional we spoke with said that they wished there were more services like this.

Both people who received support with personal care had moved to the service when it opened in 2009 and assessments were already in place as they had moved from a service managed by the same provider. Assessments included an overview of people's medical history and a one page profile was available to provide information for staff supporting them. This included personal histories, what was important to people, preferred names and preferences.

Detailed support plans had been created using a positive pathways approach, which covered areas such as physical health, developing skills, keeping safe, emotional and physical health, social relationships, managing finances, home environment and outcomes. People had weekly key work sessions where areas they could discuss included life skills, activities, education, training and employment (ETE) and their general health and wellbeing. Detailed contact records (DCR) were created which evidenced what was discussed during the meeting and what actions would need to be taken for this to be achieved. One DCR showed how a person was supported to see their favourite artist at a concert. Another DCR showed a person was supported to go swimming and buy a new CD player. This activity was recorded in their care plan to help them lead a healthy lifestyle and music was very important to this person.

The support plans were personalised and provided details about what was important for people. There was reference to people's wishes and how they wanted their care needs to be met. For example, people discussed their preferred wake up times if they were being supported in the morning or attending the day centre, preferred support times for life skills support and information about preferences for personal care. One person said, "They help me with everything." There was evidence that people had been involved in the planning of their care and records of key work meetings showed the link between people's interests and how they were supported to achieve them.

Staff supported people to follow their interests, maintain relationships and take part in activities of their choosing. People were able to discuss this during their individual key work sessions. We saw that one person was supported to visit their relatives and staff were aware of the importance of this. We also saw that people had been supported to vote in the recent general election.

Activities available included swimming, healthy eating cooking sessions, disco nights and bowling, along with three to four days a week at a local day centre. We saw one person had been involved in a garden project and another person went to college in the hope of securing employment. People were also involved in a range of day trips and holidays which were discussed with each person. We saw that one person had

already planned their summer holiday. People were also able to access a range of day trips and experiences by volunteering their time to the service in return for time credits. The registered manager told us that people had the opportunity to show visitors or new residents around the service, or get involved with recruitment and training activities. They would then be rewarded for their time. These opportunities were also displayed on the communal noticeboard for people to see how they could volunteer their time to the service.

One way in which the service listened to people's experiences and concerns was through monthly tenants meetings. We saw records from meeting minutes where important issues such as fire safety, staying safe, house rules, health and safety and maintenance issues were discussed. However, people were also able to bring up topics and we saw that day trips, activities and complaints were regularly discussed. We saw that people were always reminded about complaints and that they would be supported to make them if they wanted to.

People and their relatives said they knew what to do if they had to raise a concern, and would feel comfortable doing so. One person said, "We talk about it in the meetings." One relative said, "I've never had to raise any issues and I know that I can call them any time." There was an accessible complaints procedure in place and an easy read version was given to people when they received their tenancy agreement. The provider's complaints procedure was a three stage process which gave the option for minor issues to be resolved immediately whereas if people were not happy with the response at stage one, they could escalate it to stage two to be dealt with by another manager. If people were still unhappy their stage three process would be escalated to a senior panel to review and respond to the complainant in their preferred format. There had been three complaints in the past 12 months and all had been recorded and logged on their internal system, investigated and resolved, with confirmation that people were satisfied with the outcome. One support worker said, "We always discuss it in key work sessions and at meetings to let them know that they can talk to us if they have any concerns."

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in place. Our records showed she had been formally registered with the Care Quality Commission (CQC) since December 2012 but had worked for the provider for 19 years. She was present each day we visited the service and assisted with the inspection, along with the rest of the staff team.

People using the service and their relatives were happy with the service and told us that they had no concerns. Both people commented that they were happy in their home. One relative said, "It's a special place. They care very much for [my family member] and he/she is happy." The relative added that they knew all the staff at the service and knew them all by name, speaking with them regularly. One comment from a health and social care professional highlighted that any issues were always dealt with, and spoke positively about staff, with specific reference to the team leader and their knowledge and understanding of the service.

Staff told us they felt well supported by the registered manager and team leader and spoke positively about the management of the service, and felt comfortable raising issues or concerns. One support worker said, "If I have any concerns, I can go to the team leader or manager. They are always there for us and will make time in their calendar." Another support worker told us how they had been encouraged by the management team to study for vocational qualifications to support their role. Comments from support workers included, "I feel supported in my role. I help people to progress but the job has also helped me with my own development" and "I enjoy working with the team and customers and we are appreciated when we do something." Both the registered manager and team leader spoke about how they felt supported in their role, from the staff and senior management. The registered manager said, "Senior management do listen to us and support us in our role." The team leader said, "I enjoy coming to work, it's not repetitive. I'm happy working here and we all work as a team together."

Throughout the inspection we observed an open and honest environment with people and members of staff, with staff feeling motivated due to the positive culture throughout the service. The team leader told us that the day after the second day of the inspection, the provider was hosting an awards event for staff throughout the whole organisation, with Mary Jones Court being nominated for a special achievement. We saw that their organisational values focused on quality, creativity, being open and valuing staff.

Part of the provider's vision was to promote and enable social inclusion, develop services around people's choices and forge strong links in the community. We saw that the provider had strong links with two local authority learning disability services, with activities and events advertised and promoted through newsletters where people were able to access the projects in the local area. For example, there were parties held throughout a number of services, night out events for people to socialise and reflection centres, where any health questions could be answered by health care professionals and tips on staying healthy. There were also links with mental health projects in the local area, working closely with the community engagement and inclusion services. We also saw people were supported in projects in the local borough to get people into work, along with working closely with the day centre.

The provider had robust internal auditing and monitoring processes in place to assess and monitor the quality of service provided, which were carried out at daily, monthly, quarterly or yearly cycles. The registered manager or team leader held monthly team meetings which covered areas such as training, safeguarding, incidents, health and safety, quality assurance, CQC compliance and updates about people using the service. One support worker told us that everybody had the chance to contribute at meetings and to discuss the actions from the last one. They added, "I find them useful. We can get updates about other staff key clients and how they are doing." The team leader showed us correspondence showing that relatives had also been invited to meetings in the past to help them better understand the service and the type of support that was available for their family members.

The provider was responsible for submitting a quarterly report to their commissioners to give them an overview of how the service was being managed. The report covered areas such as staffing levels, people's finances, emergency calls, medicines, incidents and hospital admissions. The last monitoring visit in January 2016 had awarded them with the highest rating available. All accidents and incidents were recorded and updated onto an internal system to be reviewed by the registered manager. We saw their incident management policy involved a monthly check by the provider to make sure that they had all been followed up, with the relevant people notified and plans put in place to minimise the risk of it happening again.

The team leader showed us that they carried out specific audits of medicine administration records (MARs) and finance management records on a monthly basis. The registered manager had access to a management monitoring toolkit which tracked the whole service and what area was due for a check or review. For example, the registered manager received an alert when people's care plans and risk assessments were due to be updated. They also carried out weekly health and safety checks in people's flats, followed up with a six monthly living standards check to make sure people were living in a safe environment. There was a weekly fire alarm test, a quarterly fire safety checklist and a fire drill every six months. We saw an evacuation list was completed and if people did not evacuate it recorded the reason why and if any action needed to be taken. Gas safety checks were carried out annually in people's flats, along with an annual review of the fire and health and safety risk assessments.

The provider also carried out a robust internal quality audit and the service had been visited twice in the past 12 months. The audit was based around the five key questions of the Care Quality Commission (CQC) inspection methodology and we saw that actions had been taken from the most recent findings. The team leader told us that they were also able to carry out quality visits at other services managed by the provider to pick up on good practice and learn from other managers.

We saw the most recent customer satisfaction surveys for the two people who were being supported with personal care, which was carried out in January 2017. The survey consisted of six questions which asked people about the overall quality of service, choice and control, respect, opportunities and the living environment. An easy read questionnaire was also available and positive comments and responses were seen on both forms. Comments on some forms included, 'The service I get is brilliant' and 'They always listen to me.'