London Care Partnership Limited

London Care Partnership Limited - 21b Upper Brighton Road

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?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

We undertook an unannounced inspection on 7 June 2016. At our previous inspection on 3 April 2014 the service was meeting the regulations inspected.

London Care Partnerships Limited – 21b Upper Brighton Road provides accommodation, care and support to up to seven males with a learning disability and/or autism. Some people also had a diagnosis of epilepsy. At the time of our inspection six people were using the service, as one person was on social leave visiting their family.

The service 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 2008 and associated Regulations about how the service is run.

People received the support they required from staff. People's relatives were grateful for the support provided and felt their family members were well cared for. Staff assessed people's needs and provided them with the level of support they required. People were supported to develop their independence and learn new skills. A system was in place to encourage people to identify what goals they wished to be achieved and what steps would need to be completed to work towards these goals. We saw that some of the goals set had been achieved. People were being supported to develop their daily living skills and were able to undertake some household tasks. Some people were accessing college courses and staff were currently supporting people to identify employment opportunities, to further develop their skills.

People had made progress since being at the service. Through the support provided by staff and the provider's behaviour analyst we saw that incidents when people behaved in a way that challenged staff and others had reduced, meaning there was less reliance on the use of 'when required' medicines. Relatives also said that people's communication skills had improved since being at the service. Staff supported people to make individual progress, including managing holidays abroad and supporting people to structure their day.

Staff had built trusting and positive relationships with people. We observed staff adjusting their communication depending on who they were interacting with so that the person could understand what was being communicated. Communication plans and pictorial communication methods were used to further support people to communicate effectively.

Staff supported people with their individual needs. This included in regards to positive sexual health, race, religion and culture. People were supported to maintain contact with those who were important to them. This included supporting people with overnight visits to family, and regaining contact with previously distant family members.

People received the level of support and input from staff they required. This was based on people's needs and those related to their behaviour. This process was proactive and as people started to show signs which were known to be precursors to incidents where people might behaved in a way that challenged staff and others support was provided by staff to defuse situations. Staff also supported people to receive support with their health through contact with specialist healthcare professionals. Many people had regular contact from dieticians, physiotherapists and speech and language therapists. Care records showed that people were making progress in line with the advice given. Safe medicines management processes were followed and people received their medicines as prescribed.

People were supported to remain safe. Assessments were undertaken to identify any risks to their safety and management plans were in place to minimise these risks. Staff were aware of the potential risks to people at the service and in the community. Some people were deprived of their liberty in order to keep them safe, and staff accompanied them when out in the community. The provider followed the appropriate processes under the Mental Capacity Act 2005 to help ensure people's rights were upheld. Staff were aware of their responsibilities to safeguard people from harm and were aware of the provider's safeguarding adults procedures.

There was the knowledge and skills within the staff team to meet people's needs. Staff received regular training and supervision to review their performance and to ensure they performed their tasks to a high standard.

There was open and honest communication amongst the staff team. Staff felt able to express their opinions and felt listened to. People, their relatives and visiting professionals were asked for their opinions about the service through meetings and completion of feedback surveys. A complaints process was in place and any concerns raised were dealt with efficiently.

Processes were in place to review the quality of service delivery, based on the Care Quality Commission's five key questions and associated key lines of enquiry. We saw that where improvements were required that these were completed promptly. The service had successfully retained their autism accreditation with the National Autistic Society.

The registered manager regularly liaised with the registered managers of the provider's other services, and local services for people with learning disabilities to share learning and good practice.

The registered manager adhered to the requirements of their registration with the Care Quality Commission, and submitted notifications about key events that occurred as required.

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 protected from potential harm and risks to their safety. There were sufficient staff deployed to meet people's needs, and ensure their safety at the service and in the community.

Risks to people's safety had been identified and there were instructions to staff about how to manage and minimise these risks, whilst still encouraging people's independence and skills development.

Safe medicines management processes were in place, and people received their medicines as prescribed. Clear instructions were provided to staff about how to support people with their medicines that were to be taken when required.

Is the service effective?

Good

The service was effective. There were the skills and knowledge within the staff team to meet people's needs. Staff were supported by their managers and their performance was regularly reviewed, to identify where they may need additional help to undertake their duties.

Staff were aware of and adhered to the requirements of the Mental Capacity Act 2005. Deprivation of Liberty Safeguards were used appropriately to keep people safe.

Staff supported people with their nutritional and health needs. Staff liaised with healthcare professionals as necessary to ensure people received any specialist support they required.

Is the service caring?

Good

The service was caring. Trusting and positive relationships had been developed between people and staff. Staff were knowledgeable about the people they supported. They communicated with people in a way they understood and information was made accessible to people.

People were involved in decisions about their care and how they spent their time. Staff used various methods to involve people in

decisions including use of pictorial activity plans.

Staff respected people's privacy, individuality, race, religion and culture.

Is the service responsive?

Outstanding ☆

The service was responsive. People received the support they required according to their individual needs. The provider recognised the importance of people learning new skills and building upon their independence and actively supported them in this process. They were supported to attend college courses and the staff were currently exploring possible employment opportunities with individuals.

People engaged in a number of stimulating activities which provided them with new experiences and skills. Staff supported people to identify goals they wished to achieve and worked with them to meet those goals.

A complaints process was in place, and relatives spoken with said any concerns raised were dealt with efficiently.

Is the service well-led?

Good

The service was well-led. There was clear leadership and management at the service. There were open and honest conversations amongst the staff team, and with people's relatives, their social workers and the local authority. There were processes in place for staff, relatives and visiting professionals to feedback about the quality of the service.

Regular reviews took place to assess the quality of support and service delivery. Where improvements were required these were undertaken.

The service had successfully retained their accreditation with the National Autistic Society, indicating they had been assessed as providing appropriate support to people with an autism diagnosis.

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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 7 June 2016 and was unannounced. An inspector undertook this inspection.

Prior to this inspection we reviewed the information we held about the service, including the statutory notifications received. Statutory notifications are notifications that the provider has to send to the CQC by law about key events that occur at the service. We also reviewed the information included in the provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we had brief conversations and interactions with four people, we spoke with eight staff including the registered manager and the nominated individual. We reviewed two people's care records and four staff records. We looked at records relating to medicines management, management of people's finances and records relating to reviewing the quality of the service.

After the inspection we spoke with three people's relatives, one person's social worker, a representative from a local authority funding one person's placement and the provider's behaviour analyst.

Good

Is the service safe?

Our findings

People's relatives told us they felt the staff helped to keep their family member safe at the service and in the community.

People were protected from harm. Staff were aware of signs and symptoms that a person may be being abused, and they told us if they had any concerns about a person's safety that this would be reported to their management team. Staff were aware of the documentation that needed completing if they had any safeguarding concerns, including completing body maps and taking photographs where needed. The management team escalated safeguarding concerns to the local authority, and involved the police where necessary, to ensure appropriate action was taken to investigate the concerns and protect people from any potential future harm. Staff were aware of the whistleblowing procedures in place if they felt appropriate action was not taken in response to any concerns raised.

There were sufficient staff deployed to meet people's needs. The numbers of staff on duty were based on the needs and dependency levels of the people using the service. One person required one to one support from staff and we saw this was provided on the day. Other people required one to one support from staff when accessing the community and we saw that this was made available. Two staff were on duty at night (one awake and one sleeping). The sleeping member of staff was woken when required in line with people's needs. We viewed the staff rotas and saw that staffing levels were as planned.

There had not been any recent new staff employed since the last inspection. Therefore we did not check recruitment records at this inspection. There were three vacancies at the time of our inspection, and the provider's HR team were in the process of recruiting to these. The service had access to bank staff and permanent staff undertaking overtime to cover staff sickness, annual leave and the current vacancies.

Staff assessed and identified the risks to people's health and safety. Plans were in place for staff to minimise and manage those risks. This included risks to people at the service and in the community. The risk management plans gave instruction to staff about how to encourage people's independence whilst ensuring they remained safe. For example, enabling people to make hot drinks and undertake simple food preparation whilst ensuring staff supervised the person especially when using boiling water or gas appliances. People were at risk in the community as there were not aware of the potential risks to their safety. Staff accompanied people when in the community to help manage these risks. When incidents occurred staff learnt from these and ensured risk management plans were updated in response.

Each person had a positive behaviour support plan to support them when they behaved in a way that challenged the service. This outlined the way a person might behave, any triggers to the behaviour and how to support the person to manage and reduce this behaviour. Information was included about situations that each person found difficult and how staff were to support the person during these times so that the person did not become distressed.

The service used technology at night to help manage and minimise the risks to people. This included alarms

on two people's doors which alerted staff if they left their room at night. This enabled staff to provide the person with any support they required. We also saw for one person that an alarm was in place that would alert staff to any seizure activity related to the person's epilepsy.

Staff followed processes to ensure people's money was kept secure. Records were kept of all transactions made and the amount of money stored at the service was checked daily to ensure all money was accounted for. The financial balances we checked were as expected.

Safe medicines management processes were followed and people received their medicines as prescribed. We saw that the correct stock of medicines was maintained at the service, and all medicines administered were recorded on a medicine administration record (MAR). Some people had medicines prescribed to be taken 'when required' (PRN). Clear instructions were recorded in PRN protocols to instruct staff as to what circumstances these medicines should be administered and at what dose. On the day of our inspection some people were out in the community and staff had taken their PRN medicines with them in case they needed them whilst out. Staff checked medicines stock control and administration records daily to ensure safe processes were followed.

Good

Is the service effective?

Our findings

One person's social worker felt the management team had worked hard to support staff and ensure they had the correct mix of skills within the staff team to meet people's needs. One person's relative described the staff as "fabulous". They said they worked well with their family member and knew them well.

Staff were supported to update their skills and knowledge. We saw that a programme of training was made available to staff, and staff's compliance with the provider's mandatory training was managed centrally. The provider's central team informed the registered manager if staff were due to attend refresher training and booked them on to the necessary course. On the day of our inspection some staff were attending safeguarding adults training. The training courses on offer by the provider and which staff had completed included, epilepsy awareness, medicines administration, sexual health awareness, autism, learning disabilities and mental health, first aid awareness, fire safety, equality and diversity, and Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff had also received specialist training on positive interventions to support people who behaved in a way that challenged staff. This was tailored to the individuals using the service and gave staff the skills to diffuse situations where people might potentially behave in a way that put themselves and/or others at risk.

Staff were well supported in their position. They received regular supervision which gave them the opportunity to review their performance. We saw from supervision records that it gave staff the opportunity to discuss with their manager their strengths, what support they required and any career opportunities they wanted to pursue.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff were aware of their responsibilities under the Mental Capacity Act 2005. There were aware that people's capacity to make decisions may vary and they continued to offer people choices and ensure they consented to the support provided to them. We saw in people's care records that information was provided to staff and other healthcare professionals that people had capacity unless they had concerns otherwise. Some people were unable to make complex decisions for example about aspects of dental treatment they required, and best interests meetings were held to make the decision on the person's behalf and ensure it was beneficial to their individual circumstances.

People did not have the capacity to make financial decisions. At the time of our inspection there was some confusion as to who had the legal responsibility to make these decisions on people's behalf and who the legal appointee was to manage people's finances. The nominated individual sent us information after the inspection to clarify who was the appointee for each person and who they liaised with around management of people's finances. This information was shared with the registered manager so they could update people's care records.

Staff had identified that some people were at risk of harm if they left the service unsupervised. The service had applied and received authorisations to deprive people of their liberty under DoLS in order to keep them safe. The conditions of the authorisations were included in people's care plans.

Staff supported people to eat and drink sufficient amounts for their needs. People were supported by staff to go food shopping and choose what they wanted to eat. When staff needed additional advice regarding dietary support they liaised with a dietician. We heard that one person was being successfully supported to lose weight. Staff also encouraged and supported people to have a balanced diet. One person used to only eat a limited number of food items. Staff had successfully worked with the person to introduce new food into their diet.

People were supported to eat and drink at times suitable to them, and where they wished. Some people were able to help themselves to food, for others they indicated to staff what they wanted and this was provided for them.

People were supported to have their health needs met. Staff supported people to access their GP and other primary care services including dentists and opticians. Staff organised for people to access specialist healthcare professionals as needed. This included supporting people to attend hospital appointments, for example, to see the neurologist for people with epilepsy. Four people at the service had regular input from a physiotherapist. This was to help people with their balance and their core strength. They had been provided with exercises and staff were encouraging people to undertake those exercises. We saw that for one person a reward chart was in place to encourage a person to complete their physiotherapy programme. A speech and language therapist had been involved with the service to support staff to develop communication strategies appropriate for each person.

We saw in people's care records that people had a health action plan which outlined what support they needed with their health needs. People also had a hospital passport which provided ambulance and hospital staff with key information about the person so they continued to receive the support they required if and when they needed a stay in hospital.

Good

Is the service caring?

Our findings

One person's relative described the service as "excellent". They said it was a "very good place for [their family member]." They said their family member was happy at the service.

We observed caring and trusting relationships between people and staff. People were aware of who the staff were and we observed them chatting and laughing with staff. We saw one person came back from an activity and gave the registered manager a hug.

We observed staff communicating with people in a way they understood, and staff changed their communication methods depending on who they were speaking with. One person's communication plan stated staff were to mirror the person's sounds and noises as a way of communicating and reassuring the person. We observed this taking place during our inspection.

Information at the service was accessible and provided in a format that was understandable to the people using the service. One person had a behaviour that they became anxious when staff came and went from the service without informing them. Staff explained that the person could become anxious if they were unsure when they would see the members of staff again. The staff informed the person when they were finishing their shift and how long they would be off and when they would be back on shift. We also saw that pictures of the staff on duty during that shift and the next shift were displayed to help people to know who was on duty and who would be supporting them later in the day or during the night.

People were involved in decisions about the support they received and how they spent their time. Staff used pictorial plans to help people to communicate what they wanted to do. For example, pictorial activity plans were used. These were adapted to the individual depending on their ability to process and retain information. One person was able to develop their own weekly activity plan informing staff what they wanted to do each day. For another person this was developed one activity at a time. People were also able to choose which staff members supported them. For example, one person had built a good relationship with a particular staff member, and this staff member supported them to undertake activities and attend their college course.

Staff were knowledgeable about the people they supported. They were aware of people's preferences, their interests and their daily routines. Staff were aware of how to and what comforted people at the service. For example, one person liked to carry particular items with them and we saw they had the items with them during the inspection.

People's privacy was respected. Staff knocked before entering people's room and respected their decision if they did not want staff to come into their room at any particular time, unless the staff were concerned about the person's safety. Staff supported people to express their individuality. This included supporting people to explore positive sexuality and promote sexual health and wellbeing. Staff organised for people to attend sex education classes to help them to make informed choices about their own sexual health. Staff also supported people to remain safe in regards to their sexuality and sexual health, and to reduce the risk of

them being exploited.

Staff provided people with any support they required with their religious and/or, cultural needs. This included supporting people with food preferences, opportunity for prayer and attending local cafes catering for people with similar cultural backgrounds.

Staff supported people to maintain relationships with people important to them. For example, staff supported one person to visit their grandparents including an overnight stay as they lived quite far away. They also supported this person to regain contact with their brother. Staff supported another person to regular visit their father who could not come to visit them at the service because of their circumstances.

Outstanding ☆

Is the service responsive?

Our findings

One person's relative said having their family member at the service was "the best move that we made" and that their family member "has what they need." We heard from a representative from a local authority that they "believe strongly that the service is currently meeting the needs of the people placed there" and that the staff encourage people to develop individually. One person's relative said staff had helped their family member to learn new skills and they could now make a cup of tea and small meals. They also said that the person's communication had improved and they were communicating more frequently than before they came to the service. Another person's relative told us they were "really, really happy with the service and the developments [their family member] had made. He's doing tremendously well and he's never been as advance as he is now."

People received the support they required. We saw that assessments were undertaken to identify what support people required. In response to this support plans were developed, with input from the person and their relatives where appropriate, to instruct staff what support people were to receive and how they wanted this support provided. This included support with their personal care and developing their skills to progress towards more independent living. Each person had a 'sensory profile'. The provider had identified that the way people with a learning disability behave can sometimes be related with each person's senses and how they experienced different things. For example, if they had hypersensitivity to sounds or touch, support and activities could be tailored and amended to be more comfortable for each person.

The staff used a system to categorise the level of support people required based on their needs in relation to their behaviours. An overall score was given based on the frequency and severity of incidents when people behaved in a way that challenged staff and others. Those with lower scores were supported by staff and the provider's clinical quality manager. Those with a higher score had more regular support from a behaviour support analyst. This person gave people and staff techniques to review and minimise this behaviour. We saw from people's care reviews that since being at the service the amount and intensity of incidents where people behaved in an aggressive way had decreased, and in line with this so had the amount of PRN medicines administered. The PRN medicines we checked had not been needed in the couple of weeks prior to our inspection. This had enabled staff to focus more on improving people's quality of life and increasing the opportunities to develop new skills.

We saw that people were supported and encouraged to develop their daily living skills, and to become as independent as possible. Since being at the service some people had been supported to undertake college courses in key skills, as well as gardening and IT. People's care records included information about what people were able to do independently and where they required support from staff. Some people were able to undertake tasks such as making themselves hot drinks and simple meals, doing their laundry and helping with household tasks. We saw that one person had been employed by the provider to help out with additional tasks around the service to help them develop their skills and experience the responsibilities associated with a job. The staff told us the person was proud to be able to take on these additional responsibilities.

The service was in the process of further supporting people to undertake employment in the local community where they lived and to be active members of that community. Staff were in liaison with a local supermarket and a local café which the people had already built relationships with, to enquire about job opportunities for two of the people using the service.

People were engaged and stimulated. They participated in a range of activities that were tailored to their individual needs and were encouraged to participate in their hobbies. We heard that one person was passionate about dancing. There was an opportunity for the person to perform abroad and in a televised programme throughout links with their local dance group. The staff supported the person to participate in these opportunities.

Staff worked with people to identify long and short term goals. This included a larger target that people wished to achieve and what smaller steps they could take to work towards achieving those goals. One person using the service found the concept of time difficult to comprehend. When they first came to the service they had a set pattern to undertake tasks and they had all their meals late in the day and close together. The staff had worked with this person to restructure their day. They were now aware of when they had appointments that they needed to be ready by a certain time and staff were helping them to have a more balanced approach towards task completion. Staff used people's interests and hobbies to help them to achieve their goals. For example, we saw feedback from a healthcare professional which stated, "[The person] had been out three days in a row. The bike proved to be a good transition object, helping him to leave the premises because he likes it…He even went to the bank on it, which is something he normally doesn't want to do."

Staff supported people to go on holiday. Some of the people had never been away before coming to the service. Staff had supported people to apply for a passport and had successfully supported people to have holidays abroad. They had asked the person what type of holiday they would like to have. They started with holidays within the UK and had progressed to a holiday abroad at Disneyland. This enabled people to experience new activities and cultures. This also supported people who were nervous in social situations and had enabled people to be more comfortable in a group. We saw many pictures displayed at the service celebrating the achievements people had made.

People, and their relatives, were aware of how to make a complaint, and the complaints process was displayed at the service in easy read format. The people and relatives we spoke with said they felt they had not needed to make a complaint but would feel able to speak with staff if they needed to. Staff told us they would support a person to put their complaint in writing if they had concerns so that they could be investigated in line with the provider's complaints process. One person's relative said they had previously raised some minor concerns and these had been dealt with and resolved promptly.

Good

Is the service well-led?

Our findings

One staff member told us the registered managers main strength was that they "know the residents inside out." A representative from the local authority felt there was "in-depth" joint working and that they were able to have open and honest conversations with the staff and management team about service delivery. One person's social worker felt there was timely communication with the staff, and the manager always kept them informed about any changes in the person's health or situation.

People's relatives told us there was good communication with the management team and they were kept well informed about their family member's care, however, a couple of relatives felt communication needed to be timelier and they wanted to kept update more regularly about their family member's progress and if they were involved in any incidents. People's relatives felt they had good access to the registered manager and that they were "flexible and responsive." People and their relatives were encouraged to express their opinions about service delivery. This included regular meetings and completion of 'on the spot' observation forms. These observation forms enabled them to feedback about their experiences and any observations made during their visits at the service. This enabled timely feedback about people's experience, so that any concerns raised could be addressed promptly.

There was clear leadership and management at the service. Staff felt there was easy access to their seniors and all staff had a shared responsibility to provide high quality care. Staff felt able to speak directly with their team leaders and the registered manager. They also felt able to speak to the provider's senior management team if they needed to.

Staff felt well supported by their manager. There were regular team meetings, but in addition to these staff felt able to approach their manager whenever they needed them. Staff said the registered manager was 'hands on' and helped staff to provide the support people needed. Staff felt able to express their opinions and that these were listened to.

There were processes in place to review the quality of care delivery. This included regular checks on medicines management and management of people's finances. The clinical quality manager undertook a mix of unannounced and announced visits to check service delivery. This was based on the Care Quality Commission's (CQC) five key questions, and they looked at different areas of service delivery under the CQC's key lines of enquiry which included the quality of care records and staff's support processes. We saw that some areas requiring improvement were identified and these had been addressed. This included ensuring staff followed the revised incident reporting process, where clinical staff were informed about incidents so they were able to provide additional support to people depending on their needs. Checks were also undertaken on the quality of support provided at night to ensure people received the service they required 24 hours a day.

A peer programme was in place to review service delivery. This involved a person who used another of the provider's services coming to the service to undertake observations and speak with people to get their feedback about the service. This enabled feedback to be provided from the perspective of the people living

there.

The service was awarded autism accreditation by the National Autistic Society in 2012. This year the service was re-reviewed and retained their accreditation status. They were given this accreditation due to the support provided to people using the service and the individual progress they had made.

The registered manager regularly met with the registered managers from the provider's other services to learn and share ideas. In addition they attended the local authority's learning disability service's forum so they could further built links with similar services and share good practice.

The registered manager was aware of their Care Quality Commission registration requirements. They adhered to these and submitted statutory notifications about key events at the service as legally required.