Look Ahead Care and Support Limited

Piper House

Inspection report

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Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Inadequate**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Overall summary

This inspection took place on 27, 29 and 30 January 2015. The first day of the inspection was unannounced. When we last visited the home in May 2014 we found the service was meeting all the regulations we looked at.

Piper House provides accommodation, care and support for up to 12 people with a range of complex needs including learning and/or physical disabilities, epilepsy, autism and behaviours that may challenge services. People have their own self-contained one bedroom flats all of which are wheelchair accessible. Flats on upper floors are accessed by stairs and a lift.

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 2008 and associated Regulations about how the service is run.

People living at Piper House and their relatives told us they were happy with the care provided and got on well with staff. The registered manager was accessible and approachable and people told us they felt able to raise any concerns should they need to.

Summary of findings

People and their family members were involved in the care planning process. People were encouraged to make choices and decisions around how their care and support was provided. Where people were not able to make these decisions on their own, relatives and health and social care professionals were asked to make decisions in people's best interests in accordance with the relevant mental health legislation. We noted that not all care plans had been signed and dated by the relevant parties.

A range of risk assessments had been completed for each person using the service. These covered areas such as falls, nutrition and diet, pressure area care and moving and positioning. We found that staff were not always following the guidelines and recommendations set out in these assessments.

People were supported to take their medicines by staff who had completed training in medicines management. However, we found that medicines were not always managed or administered appropriately.

People were supported to shop for and prepare their preferred food choices. Where people were not able to do this independently, staff liaised with family members to ensure people were able to eat and drink according to their individual preferences.

Staff supported people to attend health care appointments and maintained regular contact with the relevant health and social care professionals involved in people's care and welfare. People had been booked for or had attended their annual health reviews with their GPs and dentists.

Staff had received training in safeguarding adults, the Deprivation of Liberty Safeguards and the Mental Capacity Act (2005). These safeguards are there to make sure people in care homes, hospitals and supported living services are looked after in a way that does not inappropriately restrict their freedom. Services should only deprive someone of their liberty when it is in the best interests of the person and there is no other way to look after them, and this should be done in a way that is safe and in line with the correct procedures.

Staff demonstrated that they understood how to recognise the signs of abuse. Staff told us they would report any concerns they might have to senior members of staff who would then assess the situation and report to local safeguarding teams, the Care Quality Commission (CQC) and the police if and when appropriate.

Audits were carried out across various aspects of the service, these included the administration of medicines, care planning and fire safety. However, where audits had identified that improvements were needed, action had not always been taken to improve the service for people using it and audits had failed to identify some of the shortfalls found during our inspection.

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?

Inadequate

The service was not safe. Staff were not always following the guidance and recommendations designed to minimise risks to people's health and safety.

Care plans and risk assessments were not always signed or dated appropriately and lacked sufficient information to demonstrate how reviews had been carried out.

Staff were not always protecting people against the risks of unsafe or inappropriate administration of medicines as medicine administration records (MAR) were not always completed correctly and/or signed by staff.

Staff demonstrated that they understood how to recognise the signs of abuse and were aware of the correct reporting procedures.

Is the service effective?

Requires Improvement

Aspects of the service were not effective. Care plans included information about people's medical issues, allergies, weight and nutritional requirements.

People were asked what they wanted to eat and where possible were involved in the preparation of their meal with staff support. People were not always being supported to eat their meals in a safe or appropriate manner.

The service was meeting the requirements of the Mental capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS). People living in the home were not subject to inappropriate and/or unsafe restrictions in their daily lives.

Staff had completed training in person centred care planning and were given opportunities to complete further relevant training designed to increase their knowledge and skills.

Is the service caring?

Good

The service was caring. People told us they liked the staff and thought they were kind. Staff understood people's needs with regards to their race, gender and cultural preferences and supported them in a caring way.

People and their family members told us they had been involved in the care planning process.

People were involved in activities and attended day centres and colleges on a full and part time basis. Some people had requested a wider range of activities both within the service and outside in the community.

Summary of findings

Is the service responsive?

Requires Improvement

Aspects of the service were not responsive. The complaints system did not effectively record, monitor or demonstrate how complaints were managed and staff were not following the correct procedures in line with the provider's policies in regards to complaints.

Staff were not always recording changes to people's care and support needs in their care plans.

Staff attended team meetings on a monthly basis where a range of issues relating to the care and treatment of people using the service were discussed.

Is the service well-led?

Requires Improvement

Aspects of the service were not well led. The manager carried out regular audits of the quality of care provided by the service. Recommendations that were made following these meetings were not always being actioned in a timely or effective manner.

Accidents and incidents were recorded with details about any action taken and learning for the service.

The service had a registered manager who was open to any suggestions people using the service and staff made.

Piper House

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 27, 29 and 30 January 2015. The first day of the inspection was unannounced.

The inspection was carried out by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses services, in this case services for adults with learning disabilities.

Prior to the inspection we reviewed the information we held about the service including the last inspection report from May 2014 when we judged that the provider was meeting the regulations we inspected. We reviewed notifications we had received from the provider and other agencies since our last inspection. We also reviewed complaints and concerns reported to us by the relatives of people who use the service.

Some people living at the service were out during our inspection attending colleges and day centres. During the visit, we spoke with four people who used the service. Some people could not let us know what they thought about the service because they could not always communicate with us verbally. We spent time observing the interactions between staff and people living at Piper House to check whether the manner in which staff spoke with and interacted with people had a positive effect on people's well-being. We also spent time observing care and support in communal areas.

We spoke with eight care staff, a cleaner and the registered manager. We looked at nine care records, five staff records and records relating to the management of the service.

Following our visit we spoke with three family members of people living at the home and contacted two health and social care professionals to hear their views on how the service was performing.

Inadequate

Is the service safe?

Our findings

The service was not safe. Three relatives told us they had concerns about their family member's safety and welfare. People's care records contained risk assessments covering areas such as nutrition and hydration, choking, pressure care, falls, seating, moving and positioning. We found some risk assessments that required a number rating had not been scored and so the level of risk to people's health and safety had not been identified. This meant that staff were not always following the guidance and recommendations designed to minimise risks to people's health and safety.

Risk assessments appeared in several different formats completed by staff as well as various health and social care professionals. For example; some care records we looked at contained risk assessments completed by NHS Foundation Trusts and one care record contained an assessment completed by an education service. We found risk assessments that had been completed in February 2013 and December 2013 but were unable to locate any evidence to demonstrate that reviews had taken place since these dates. This meant that risk assessments were not always being updated in line with the provider's policies and procedures to ensure that people were kept safe.

Some people's hospital passports had not been completed. A hospital passport is designed to help people with learning disabilities or those with a cognitive impairment communicate their needs to doctors, nurses and other healthcare professionals in the event of a hospital admission or during a routine healthcare appointment. Where people's hospital passports had been completed, dates showed that a review had taken place. However, there was nothing to explain how the review had been carried out and what if anything had changed. We were told that people and their family members were involved in the care planning and risk assessment process. We could not be assured that this was always the case because care plans and risk assessments were not always signed or dated appropriately. This and the above two paragraphs demonstrate that people were not always being protected against the risks of unsafe or inappropriate care and treatment. This is a breach of Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We were told by the registered manager that the provider's medicines management policies and procedures were under review at the time of our visit. We found that people's medicines were not always managed so that they were protected against the risk of unsafe administration of medicines. Medicines administration records (MAR) were not always completed correctly or signed by staff. For example, we noted that one person's medicines administration record had recorded the use of a topical cream twice daily when this medicine had been prescribed for use four times daily. The use of another prescribed daily medicine had not been recorded after 27 January 2014. We were told that staff had stopped using this medicine after a discussion with a district nurse but we were unable to find any documented evidence of this instruction. This person was at risk of choking and as a result a thickening agent was added to all of their drinks. We were unable to locate any guidelines as to the usage of this agent. These examples meant that we could not be assured that people were protected from the risks of unsafe or inappropriate administration of medicines. This is a breach of Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's care plans contained fire evacuation plans. We noted that some of the people living on upper floors were not able to mobilise independently and therefore asked staff to demonstrate how they would evacuate people in the event of an emergency. Staff understood that they would not be able to use the lift and told us they would use hoists and evacu chairs to assist people from the building to an agreed evacuation location. We were told that one of the hoists that they would use was broken and awaiting repair. This meant hoists would have needed to be shared between more than one person. Not all staff appeared to be familiar with the mechanics of the evacu chair. As a result, we could not be assured that in the event of a fire, people would be safely assisted from the building. This a breach of Regulation 16 HSCA 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We discussed this with the registered manager who agreed to provide refresher training in fire evacuation procedures for all staff immediately.

The service followed safe recruitment practices. Staff files contained pre-employment checks such as criminal

Inadequate

Is the service safe?

records checks, two satisfactory references from previous employers and proof of identity. This minimised the risk of people being cared for by staff who were not suitable for the role.

Staff demonstrated that they understood how to recognise the signs of abuse and told us they would report any concerns they had to senior staff members. Senior staff explained that they would assess any potential safeguarding situation and report to the local authority's safeguarding team, the Care Quality Commission (CQC) and the police if indicated. CQC had been notified of a number of safeguarding incidents since the last inspection in May 2014. There was evidence to demonstrate that the provider worked closely and in collaboration with the local authority to investigate these matters.

Requires Improvement

Is the service effective?

Our findings

Staff were not always following the guidance and recommendations set out in people's care plans in relation to eating and drinking. Care plans identified people's specific nutritional needs and preferences. Health care professionals had been consulted regarding people's diets when needed and this information had been recorded in people's care plans. For example, one person's risk assessment stated that they should not be left unattended when eating. We observed this person eating their breakfast alone and without support in the communal area. We also noted that this person was poorly seated at a table which could not appropriately accommodate their wheelchair. This meant that this person had to bend uncomfortably over their food in order to eat it. The person told us that their back hurt form doing this. This is a breach of Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were asked what they wanted to eat and where possible were involved in the preparation of their meal with staff support. People who were able to, regularly went with staff to do their weekly shopping. We were told that some people ordered their food shopping on line and in other cases relatives purchased people's food and brought it in to them during their visits.

People's care needs were assessed prior to moving in to the service. Care plans contained detailed information about people's physical and mental health needs, medicines and allergies and copies of health reviews that had taken place. People were supported to attend GP and dental appointments and staff ensured people's health care needs were managed appropriately.

Staff understood people's right to make choices for themselves and also, where necessary, for staff to act in someone's best interests. Where people were not able to communicate verbally we saw staff interpreting non-verbal cues and allowing people the time to show them what they needed. For example, we saw one person was able to access different parts of the building by showing staff where they wished to go and another person was able to indicate that they wanted a particular member of staff to sit with them and keep them company on a sofa in the communal area. We did not see staff using communication methods such as Makaton although the registered manager told us that staff would soon be receiving training in this area.

Staff training records confirmed that staff had completed mandatory training in areas such as support planning and risk management, customer engagement and safeguarding adults. Some but not all staff had also completed further training in epilepsy management, autism and managing behaviour that challenges. In addition to classroom and e-learning training sessions, the registered manager told us that some staff were completing training linked to the Qualification and Credit Framework (QCF) in health and social care to further increase their skills and knowledge in how to support people with learning disabilities. The provider also ran a graduate management scheme which meant that some support workers had completed university degree courses in subjects such as psychology and sociology. A training matrix was used to identify when staff needed training updates, and it showed that these were taking place on a regular basis. Staff told us they received regular supervision and training that helped them to meet people's needs effectively

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). These safeguards are there to make sure that people in care homes, hospitals and supported living services are looked after in a way that does not inappropriately restrict their freedom. Services should only deprive someone of their liberty when it is in the best interests of the person and there is no other way to look after them, and it should be done in a safe and correct way. Staff had received training in the Mental Capacity Act 2005 (MCA) and (DoLS) and were able to describe people's rights and the process to be followed if someone was identified as needing to be assessed under DoLS. The registered manager told us that no applications for DoLS had been made and that there were plans to review this matter with the relevant agencies.

Good

Is the service caring?

Our findings

People we spoke with told us they liked the staff and thought they were kind. People's relatives told us staff were "brilliant" and "very dedicated." A cleaner we spoke with told us "Staff are friendly and always speak to you with a smile."

People and their family members told us they had been involved in the care planning process. People were able to discuss their needs with staff during keyworker sessions or during family meetings. A keyworker is a staff member who monitors the support needs and progress of a person they have been assigned to support. One relative told us "I was involved with social services to put my [family member's] support plan in place and we have regular review meetings (monthly or sometimes fortnightly), attended by the social worker, key worker, the manager, [my family member] and I."

Staff understood people's preferences relating to their care and support needs. People's preferences were well documented in their care plans and included information about what people liked and disliked. For example, there was information about preferences in relation to food and drink, music and activities, bathroom routines and the gender of staff for support with personal care.

Staff understood people's needs with regards to their disabilities, race, gender and cultural preferences and supported them in a caring way. Staff supported people to practice their religion and attend community groups that supported their education, health and wellbeing. For example, one person's room was decorated with posters of his favourite musicians and staff ensured his television was tuned to his favourite music channel. The registered manager told us that he regularly acquired tickets to TV shows such as X-Factor and organised evenings out to attend other musical events.

Staff told us they made sure that people were treated with dignity and respect. Staff explained that they always knocked on people's doors before entering their flats, and made sure that doors were closed and curtains drawn when providing people with personal care. Staff told us they always explained what they were doing and addressed people by their preferred names. We observed that staff spoke to people in a caring and respectful manner.

People living at Piper House organised and chaired their own 'tenant's meetings' which were held each month. Minutes from a meeting held in December 2014, recorded discussions regarding the living environment, equipment needs, staffing and the general running of the service. Minutes we looked at did not contain action points therefore it was unclear how the provider responded to people's requests and/or concerns.

We saw that people were involved in activities outside of Piper House and attended day centres and colleges on a full and part time basis. Some people were supported to do the activities they wanted to do by support workers from specialist community services. The registered manager told us that working in collaboration with external agencies and services helped to promote people's independence and increase people's participation in the wider community. However, some people and their relatives had requested more opportunities to do things both within Piper House and outside of it.

Requires Improvement

Is the service responsive?

Our findings

Leaflets were available in the reception area about how to make a complaint and to whom. One relative told us, "I am confident that I can raise any situation and they will sort it out." CQC had received a number of complaints from relatives relating to the care and treatment received by their family members. In some of these cases relatives told us that issues had been resolved by the registered manager but one family member told us their concerns had still not been dealt with satisfactorily.

We asked to see the complaints records and were told by the registered manager that they had not been logging complaints. The registered manager told us that verbal complaints were normally resolved immediately and any written complaints received were responded to via email. The complaints system did not effectively record, monitor or demonstrate how complaints were managed and staff were not following the correct procedures in line with the provider's policies in regards to complaints. This was a breach of Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care records showed that people and their relatives had been involved in assessments and ongoing reviews of their care needs. Staff had carried out risk assessments and these were reviewed on a regular basis. However, we noted that verbal instructions to modify or change people's care and support needs had not always been clearly documented. For example we heard from one member of staff that they had received telephone instructions from a healthcare professional to increase the amount of time one person was to sit out in their wheelchair. We were unable to find any documentation that recorded these changes within the person's care plan. One person's care records we looked at contained the emergency contact details for a previous service manager no longer employed by Look Ahead Care and Support Limited. This may have meant that not all staff were aware of these changes and/or had access to the latest information about the way in which care should be provided to people using the service. This was a breach of Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 17 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

Staff understood the importance of meeting people's cultural and religious needs, by supporting them to attend the place of worship of their choice and community activities. People were able to engage in a range of activities that reflected their interests. These included shopping trips, going to the park and attending local day centres and clubs. Daily records showed that people were supported to attend the activities of their choice although minutes from resident's meetings indicated that people were still wishing to increase the range and frequency of group and individual activities.

We observed a morning handover session where care issues were discussed and actions required to meet people's needs were identified and addressed. We were told that staff team meetings were held on a monthly basis and we saw meeting minutes that confirmed this. We saw that staff had discussed a number of topics during these meetings including aspects of mental health legislation, safeguarding issues and shift planning.

Requires Improvement

Is the service well-led?

Our findings

The service had a registered manager. The registered manager was responsible for the day to day management of the service and was supported in his role by an operations manager and a team leader. The registered manager was available and spent time with people who used the service. Staff told us the registered manager was very supportive, a good listener and good at giving advice.

The registered manager carried out regular audits of the quality of care provided by the service. These included audits of people's finances, medicines, fire, health and safety. The audits and records showed where improvements needed to be made. Action plans sent to the local authority following a series of concerns meetings showed that where issues had been identified these were being managed appropriately. However, in some instances plans indicated that action had been taken when it was clear that this was not the case. For example, where the plan stated that a complaints log was in place we found this not to be the case. Quality monitoring had also failed to identify the shortfalls we found during our inspection relating to the safety and availability of equipment and the inconsistencies contained within people's care plans.

We reviewed accident and incident records, and saw that each incident and accident was recorded with details about any action taken and learning for the service.

Incidents had been reviewed by the registered manager and action was taken to make sure that any risks identified were addressed. The procedures relating to accidents and incidents were available for staff to refer to when necessary.

The registered manager told us that he monitored the quality of the service by regularly speaking to people and their relatives to ensure they were happy with the service they received. Relatives told us the registered manager was "Good at responding immediately" and "The team works well together and they talk to each other." We noted that the registered manager had conducted spot visits during the night to ensure people living at the service were being appropriately cared for at all times. These checks had on occasion led to the dismissal of staff who were not following the provider's policies and procedures nor following best practice guidelines.

Meetings were held for people's relatives although some relatives told us they did not attend as they preferred to speak to the registered manager as and when needed. The service sent out regular questionnaires to family and friends and conducted surveys to find out people's views about the care and support they received. We looked at a recent survey and noted that the majority of people had responded that they were happy with where they lived and happy with the way staff listened to them. All five people who responded said they knew how to make a complaint and to whom.

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
Personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care The assessment, planning and delivery of care did not always protect people against the risks associated with unsafe or unsuitable care or treatment. Regulation 9 (3) (a-h).

Regulated activity	Regulation
Personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People were not always protected from the risks of unsafe or inappropriate administration of medicines because records failed to document accurate and essential information. 12 (f) (g).

Regulated activity	Regulation
Personal care	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment People were not always protected from the risks of poorly maintained equipment and the incorrect use of equipment to ensure people's safety. 15.

Regulated activity	Regulation
Personal care	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints People using the service and others were not protected from unsafe or inappropriate care because the provider was not operating an effective complaints system. 16.

Regulated activity	Regulation

This section is primarily information for the provider

Action we have told the provider to take

Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance People were not able to benefit from safe care and treatment because people's care records were not always being updated and/or reviewed. 17 (2) (c).