

# Transform Supported Accommodation Limited

# 23 Langdale Crescent

## Inspection report

23 Langdale Crescent  
Bexleyheath  
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Tel: 07472531133

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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?	Requires Improvement	

# Summary of findings

## Overall summary

### About the service

23 Langdale Crescent provides personal care and support to three people with mental health and learning disabilities living in two supported living schemes in South East London. Both schemes were operated from two terrace houses which were staffed 24 hours a day.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

### People's experience of using this service and what we found

The provider has failed to inform the Care Quality Commission (CQC) of accident and incidents that occurred at the service as required by law. The registered manager informed us this was an oversight and health and social care professionals confirmed they were informed promptly, and the provider took the right actions to ensure people remained safe.

People, their relatives and professionals were complimentary about the service. They said they or their loved ones felt safe using the service. People experienced care and support that was personalised to their needs to promote recovery. Assessments were carried out to ensure people's needs could be met. Where risks were identified, management plans were in place to manage risks safely.

People were supported to receive their medicines safely. Appropriate numbers of staff were available to support people's needs and the provider followed safe recruitment practices. Where accident and incidents had occurred, appropriate actions were taken, and lessons learnt to prevent future occurrences.

People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported to eat healthily and access healthcare services when required. People received support from staff that had completed training and were supervised in their role.

People received care and support from staff that were kind and attentive to their needs. People, their relatives and professionals were involved in making decisions about the care and support in place. People's privacy and dignity was respected, and their independence promoted. Staff understood people's diverse needs and supported them in a caring way.

People were supported to maintain relationships with those important to them. People's communication needs had been assessed and met. People and their relatives knew how to complain if they were unhappy about the service. There were systems in place to assess and monitor the quality of the service.

The service worked in partnership with health and social care professionals to plan and deliver an effective service. The registered manager understood their responsibility under the duty of candour to be open, honest and to take responsibility when things go wrong. The management team demonstrated a commitment to ensure people experienced meaningful, person centred and high-quality care.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: This is the first inspection of the service since their registration with CQC on 19 October 2018.

#### Why we inspected

The inspection was prompted in part due to concerns received about the safety of people using the service, staff knowledge and skills in managing risks and staffing levels. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the 'Safe', 'Effective', 'Caring' and 'Responsive' sections of this full report. However, we found the provider had failed to notify us of significant events at the service. Please see the 'Well-led' section of this full report.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe.

Details are in our safe findings below.

Good 

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

Good 

### **Is the service caring?**

The service was caring.

Details are in our caring findings below.

Good 

### **Is the service responsive?**

The service was responsive.

Details are in our responsive findings below.

Good 

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement 

# 23 Langdale Crescent

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

This service provides care and support to people living in two 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We contacted the service on the day of the inspection to inform them of our visit. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us. The inspection activity started on 25 June and ended on 27 June 2019. We visited the office location which was on the same premises as one of the supported living schemes on 25 June 2019.

#### What we did before the inspection

Before the inspection, we reviewed information we held about the service. This included information received from the provider as required by law to report certain types of incident and events. We sought feedback from local authorities who commissioned care from the provider and health and social care professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection -

We visited both supported living schemes to review records, speak to people, relatives and staff. We spoke with two people and two relatives about their experience of the care provided. We spoke with five members of staff including the nominated individual, registered manager and three support workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included care plans and risk management plans for three people and medicine records for one person. We looked at five staff files in relation to recruitment, training and supervision. We also looked at other records used in managing the service including staff rotas, accident and incident records, activities logs, audits and minutes of various meetings

#### After the inspection –

We continued to seek clarification from the provider to validate evidence found. We received feedback from all four health and social care professionals we contacted for their views about the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is our first inspection of the service. We have rated this key question as good. This meant people were safe and protected from avoidable harm.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Relatives told us their loved ones were safe living at the service and they had no concerns about abuse, discrimination or neglect.
- The provider had safeguarding policies and procedures in place. Staff had completed safeguarding training and knew of the types of abuse and what to look out for. They told us they would report any concerns of abuse to their managers. Staff also knew of the provider's whistleblowing policy and told us they would not hesitate to escalate any concerns of poor practice.
- The registered manager understood their responsibility to protect people in their care from abuse and to report any concerns to the local authority safeguarding team and CQC. However, no safeguarding alerts had been raised with CQC since the service registered in October 2018.

### Assessing risk, safety monitoring and management

- People were supported to reduce the risks of avoidable harm. Risks to people had been identified, assessed and there were management plans to reduce or prevent the risk occurring.
- Identified risks were rated low, medium and high to ensure the level of support in place for people was adequate and meeting their needs. These assessments covered areas including self-harm, medicines, anxiety, finance, substance misuse and mental health.
- For each risk identified, there were management plans in place which included clear guidance for staff on how to manage risk safely. Staff understood potential risks to each person and the level of support they required to remain safe. For example, where a person could behave in a way that challenge the service, the person was supported by two members of staff to ensure both the person and staff were safe.
- The service involved health and social care professionals such as care coordinators and social workers to assess, support staff, and to manage risks safely. These professionals told us they had no concerns of how risks were managed by the service.

### Staffing and recruitment

- There were sufficient staff to support people's needs. People and their relatives told us there were enough staff available to provide safe levels of support.
- At our inspection, we observed there were sufficient staff available on shift and a staffing rota we looked at matched the numbers of staff on shift.
- Staff confirmed the staffing levels in place was safe and met people's needs. Where two members of staff were required to support a person, this was in place to maintain safe care and support.
- The service followed safe recruitment practices and had ensured pre-employment checks were satisfactorily completed before staff could work at the service.

### Using medicines safely

- Medicines were received, stored, administered and disposed of safely. Relatives told us that people were supported to receive their medicines when required.
- Staff recorded daily room temperatures to ensure medicines were stored safely and remained effective when used.
- Staff supported people to receive their monthly medicines from healthcare professionals where this was required.
- The support people received with their medicines was recorded in a medicines administration record (MAR) and this was completed without any gaps. The number of medicines in stock matched with the numbers recorded. This showed people were supported to have their medicines as prescribed by healthcare professionals.
- All staff who supported people to take their medicines had completed medicines training and had their competency assessed. Staff told us they felt confident supporting people with their medicines.

### Preventing and controlling infection

- People were protected from the risk of infection. The service had infection control policies and procedures which provided staff guidance on how to prevent and minimise the spread of infections.
- All staff had completed infection control and food hygiene training. Staff followed appropriate protocols including the use of personal protective equipment and washing of hands to prevent the spread of infectious diseases.

### Learning lessons when things go wrong

- Lessons were learnt from accident and incidents. The provider had policies and procedures about dealing with accidents and incidents which provided staff guidance on reporting and recording these.
- Where things went wrong, for example, in relation to an inappropriate placement of one person, action was taken, and the person was moved to another scheme to ensure their needs could be met safely. Lessons learnt were discussed with staff and used to improve the standard of the service.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first time we have inspected the service and we have rated this key question as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Before people started using the service, their needs were assessed by the registered manager and nominated individual to ensure the service was suitable and their needs could be met.
- Assessments included people's physical, mental and social care needs and these were kept under review to ensure people's needs were met.
- People, their relatives, and professionals such as care coordinators and social workers were involved to ensure appropriate support was in place to promote independent living and recovery.

Staff support: induction, training, skills and experience

- Staff had the knowledge and skills to support people's needs. A relative told us, "The staff here are good, I cannot fault them in anyway."
- Staff were supported through an induction programme which included the Care Certificate which is the benchmark set for the induction standard of new health and social care workers
- Staff were supported through training and supervision in line with the provider's requirement. A staff member told us, "The training is good, and supervision is once a month depending on if something happens."
- Feedback we received from professionals about staff practices was positive. A professional told us, "I have not had any course to complain about their [staff] practice."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink sufficient amounts for their health and well-being. People using the service were responsible for buying and cooking their own meals to promote their independence.
- Where people were at risk of self-neglect staff knew the signs to look out for and provided additional support to ensure their nutritional needs were met.
- People were encouraged to make healthy meal choices and were supported to cook healthy foods to meet their dietary needs. A staff member told us, "We prompt them to cook and eat healthily."
- People were provided with choice and involved in planning the menu for a daily complimentary meal provided by the service. People were also supported to cook and share meals with other people they lived with.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access healthcare services where required. Relatives told us staff support their

loved ones to attend health appointment. A relative said, "Since my [loved one] started using the service, they have not missed their medicines appointment because staff do take them."

- Each person was registered with the GP and people had received care and treatment from healthcare professionals including substance misuse practitioners, psychiatrists and care-coordinators for their physical and mental health needs.
- Where required, information was shared with other agencies including social services, mental health teams and the police to ensure people received safe care and support..
- Feedback we received from professionals was positive. They told us that staff were proactive in contacting them if they had any concerns and the management team was responsive to people's needs.

#### Ensuring consent to care and treatment in line with law and guidance

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA

- The service was working within the principles of the MCA. People and their relatives told us staff sought they or their loved one's consent before supporting them.
- Everyone using the service could make day to day decisions for themselves. We saw people were encouraged to make their own decisions and were presented with information in formats that met their needs so they could understand information and make decisions.
- Where people could not make specific decisions, for example about their finances, the MCA principles were followed to ensure decisions were made in their best interests.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first time we have inspected the service and we have rated this key question as good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Relatives spoke highly of staff and the care and support they provided. A relative told us, "People get treated very well and the staff are good."
- We observed that staff had built respectful relationships with people and knew of their preferences and wishes and how their individual needs should be met.
- People's cultural and diverse needs had been assessed and included in their care plan. Staff had completed training in equality and diversity; they respected people differences and supported them without discrimination against any protected characteristics they had in line with the Equality Act 2010. For example, staff supported people to practice their faith and express their sexuality in a caring way.
- We observed that people appeared relaxed when interacting with various members of staff and health and social care professionals told us they had observed positive changes in people's wellbeing since they started using the service.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives had been consulted and involved in making decision about their care and support needs.
- Monthly key worker sessions and resident's meetings gave people opportunities to express their views about the support provided. A key worker is a named staff member responsible for coordinating a person's care and providing regular reports on their needs and progress.
- People were provided with choice and staff respected people's choices. The service had incentives in place to support people's recovery whilst they continue to live as independent as possible. Health and social care professionals informed us they were involved in putting these incentives in place to promote recovery.
- People were provided with appropriate information and where required, professionals were involved to support people make informed decisions for themselves.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected; their rights were upheld, and they were not discriminated against.
- Staff promoted people's privacy and dignity. Staff told us they knocked on people's doors and only entered when invited in. Staff said they also educated people on how to maintain their dignity, including closing their bedroom and bathroom doors to promote their privacy and respect for others.
- Information about people was kept confidential. People's records were kept securely in a locked office. Computers were password protected and staff knew information about people should only be shared with professionals on a need to know basis.

- People's independence was promoted, and they could access the local community on their own without restrictions.
- People had choice and control over their lives and staff told us they only prompted people in line with the care and support that was planned with them. They told us they prompted and supported people to be involved in house chores including cooking their own meals, cleaning their rooms and attending to their personal hygiene needs to promote their independence and recovery.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first time we have inspected the service and we have rated this key question as good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Each person had a support plan in place which provided staff guidance on how they should be supported. Support plans contained information about people's medical, physical and social care needs and included their likes and dislikes and the level of support they required.
- Staff knew people well and told us of signs they looked out for to identify if someone's mental health was declining, such as self-neglect or isolation.
- Staff worked with people and in partnership with professionals to ensure goals were set and people were supported to achieve individual outcomes.
- People had choice and control over their lives and were supported to be as independent as possible to support their recovery.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been accessed and met. People and their relatives told us information was presented in formats that met their needs.
- The registered manager told us no one currently using the service required information in any alternate formats such as large print, pictures, audio or brail. They said, where required it was their policy to provide information in suitable formats to meet people's individual needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People were supported to maintain healthy relationships with those that were important to them. Relatives told us staff were proactive in contacting them where required.
- Relatives visited their loved ones without restriction. People also visited their family members and friends in the local community to maintain a relationship with them.
- People were supported to follow their interests and participated in activities which were relevant and suitable to them. The service had an activities planner in place which included arts and crafts, cinema, and day trips. Staff told us people recently went on a day's trip to Southend-on-Sea to promote their social interactions. At our inspection we observed one person playing a computer game which was one of their preferred activity of interest.
- People were also supported to develop independent life skills. For example, one person was being

supported to access a training course and they were involved in supporting staff carry out health and safety checks at the service.

#### Improving care quality in response to complaints or concerns

- Complaints were handled satisfactorily. The service had a complaints policy and procedure which provided guidance on how to raise a concern or complaint and the timescales for responding.
- The service maintained a complaints log and had received one complaint; the complaint had been resolved to the person's satisfaction.

#### End of life care and support

- No one using the service required end of life support. However, people had been consulted about their end of life care needs. Records showed that people did not want to talk about end of life care and support at this time.
- The registered manager informed us that where required they would work with people, their relatives where applicable and other professionals to ensure the person's end of life wishes was respected and needs met.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first time we have inspected the service and we have rated this key question as requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a registered manager in post who knew of their responsibility to work within the principles of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. However, the registered manager failed to notify CQC of three police incidents that had occurred at the service of which they were required by law to inform CQC.

We raised this issue with the registered manager who told us it was an oversight and that they notified health and social care professionals at the time of the incident. Health and social care professionals confirmed they were informed promptly about the incident and actions the service took was appropriate to ensure people remained safe. Following our inspection, the registered manager promptly sent us three notifications for the three incidents involving the police.

- There was an organisational structure in place and staff understood their individual roles, responsibilities and contribution they made to the service.
- The service had an effective monitoring check in place to improve the quality of the service. There were daily, weekly, monthly and quarterly checks carried out by staff and managers. Where issues were identified including areas such as staff training and care planning these were acted on to improve the quality of the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team demonstrated a commitment and willingness to provide meaningful , high quality and person-centred care. They told us their aim was to support people move onto independent living.
- The management team empowered people to be involved in making decisions about their support needs so their needs could be met and recovery promoted
- The management team involved professionals to ensure the care and support in place was in line with best practices and meeting individual needs
- The registered manager understood their responsibility under the duty of candour. They told us they had to be open, honest and transparent when things go wrong. The registered manager said, "It's about acknowledging mistakes and taking responsibility for it."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People's views were sought to develop the service. The service gathered feedback from people during resident's meetings and key worker sessions to develop the service. Minutes from meetings showed people's views were taken seriously and acted upon to improve the standard of support delivered. An annual survey had also been sent out but people or their relatives had not yet completed it.
- Staff meetings were held to update staff on best practices and to gather their views about the service. Staff also receive regular updates through an electronic communication system to ensure they were kept updated. Staff told us they felt involved and supported by their managers.
- There was continuous learning to improve the quality of the service. Where issues were identified or raised, the service was working in partnership with health and social care professionals to put incentives in place such as with the management of people's finances to reduce the misuse of substances and promote their recovery.

#### Working in partnership with others

- The service worked in partnership with the local authority and other professionals to plan and deliver an effective service.
- Professionals involved in people's care told us, they felt the service managers were responsive to people's needs, maintained consistent communication and the staff team are very proactive in ensuring people's needs were met. One professional said, since a person started using the service they had noticed an improvement in their communication, wellbeing and recovery.