

Outlook Care

Kemsing Road Respite Service

Inspection report

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Ratings

| | |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| Is the service effective? | Good ● |
| Is the service caring? | Good ● |
| Is the service responsive? | Good ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

We undertook an unannounced inspection on 31 January 2018 of Kemsing Road Respite Service. Kemsing Road Respite Service is a 'care home'. People in care homes receive accommodation and nursing, or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service accommodates up to four people with complex communication needs, profound learning and physical disabilities for respite care.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission [CQC] 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.

At the last inspection on 25 January 2016, the service was rated Good.

At this inspection we found the service remained Good.

People's health and social care needs had been appropriately assessed. Care plans were person-centred, and specific to each person and their needs. Care preferences were documented and staff we spoke with were aware of people's likes and dislikes. Care plans were regularly reviewed and were updated when people's needs changed.

Systems and processes were in place to help protect people from the risk of harm. Staff had received training in safeguarding adults and knew how to recognise and report any concerns or allegations of abuse. Risks to people were identified and managed so that people were safe.

Systems were in place to make sure people received their medicines safely. However records did not clearly reflect when people's stay had ended resulting in gaps in medicines records. The registered manager promptly addressed this issue during the inspection so there were no unexplained gaps.

Staff had been carefully recruited and provided with induction and training to enable them to support people effectively. They had the necessary support, supervision and appraisals from the management team.

Staff we spoke with had an understanding of the principles of the Mental Capacity Act 2005 (MCA). Mental capacity assessments had been conducted and best interests decisions made where people lacked capacity to make specific decisions for themselves, in line with the MCA.

People were supported with their nutritional and hydration needs. Staff were aware of people's dietary requirements and the support they needed with their food and drink.

Procedures were in place for receiving, handling and responding to comments and complaints. We saw evidence that complaints had been dealt with appropriately and in a timely manner.

Staff told us that they received up to date information about the service and had an opportunity to share good practice and any concerns they had at team meetings. Staff spoke positively about working for the service.

The quality of the service was regularly monitored and regular audits and checks had been carried out by management. There were systems in place to make necessary improvements when needed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Kemsing Road Respite Service

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 provide a rating for the service under the Care Act 2014.

The inspection team consisted of one inspector. Before we visited the home we checked the information we held about the service and the service provider, including notifications and incidents affecting the safety and well-being of people. The provider also completed a Provider Information Return (PIR). The PIR 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.

There were four people using the service. All the people had learning disabilities and could not always communicate with us and tell us what they thought about the service. Because of this, we spent time at the home observing the experience of the people and their care, how the staff interacted with people and how they supported people.

We spoke with three relatives. We also spoke with the registered manager, three care workers and one healthcare professional. We reviewed three people's care plans, four staff files, training records and records relating to the management of the service such as audits, policies and procedures.

Is the service safe?

Our findings

Relatives told us they felt their family member was safe when using the service and they had no concerns about safety. One relative said, "I have trust with them. I do feel [person] is safe." Another relative told us, "I can go in anytime to see [person], that's never an issue."

There were safeguarding and whistleblowing procedures in place. Training records confirmed that staff had received safeguarding training. When speaking with staff they were aware of how they would recognise abuse and what they would do to ensure people who used the service were safe. They told us that they would speak to the registered manager, or report abuse to the local authority and Care Quality Commission (CQC).

Risks to people were identified and managed so that people were safe. Individual risk assessments were completed for each person using the service in relation to various areas of their care, including personal care, financial abuse, dehydration, medical health and skin integrity. These included preventative actions that needed to be taken to minimise risks as well as clear and detailed measures for staff on how to support people safely.

There were adequate numbers of staff on the day of the inspection to provide people with the care and support they needed. The atmosphere was calm in the home and staff were not rushed or under any pressure. We saw that people were comfortable around staff. The registered manager and staff told us that any staff shortages were covered by regular bank staff who knew the people using the service to ensure consistency with people's care. The registered manager also told us there was flexibility in staffing levels so that they could deploy staff where they were needed. Records confirmed staffing levels had been assessed depending on people's individual needs and occupancy levels which were accommodated for.

There were effective recruitment and selection procedures in place to ensure people were safe and not at risk of being supported by staff that were unsuitable. Appropriate background checks had completed on staff prior to employment which included checks on their employment histories, proof of identify and right to work in the UK. Two satisfactory references were obtained and enhanced criminal record checks had been undertaken to ensure staff were of good character.

There were suitable arrangements in place to manage medicines safely, and appropriately. People's medicines were stored and kept safely. Relatives brought people's medicines into the service when they arrived which were checked by staff to ensure they had sufficient amounts to meet people's needs for the duration of their stay. We looked at a seven Medicines Administration Records (MAR) sheets. We noted there were some unexplained gaps on the MAR sheets and it wasn't clear what the gaps were. For example, MAR sheets would indicate medicines taken three times a day but the next day, the MAR sheet showed medicines administered only twice a day.

We raised this with the registered manager who told us the gap was when the person had checked out of the service and gone back to their homes. However this was not reflected on the MAR sheets and we could not

be assured whether people had their medicines as prescribed before leaving the service. The registered manager took action to improve the clarity of the recording on people's MARs following our inspection. to avoid any confusion and minimise the risk of future error.

Staff had received medicines training and policies and procedures were in place. Medicines competency assessments were in place to ensure staff were assessed as competent to support people with their medicines.

There were appropriate arrangements for managing people's finances and this was done in agreement with people using the service and their relatives where necessary. Money was accounted for and there were records and receipts of financial transactions signed by two staff to ensure accuracy. Relatives told us they received copies of receipts and details of expenditure. A relative told us, "The receipts are always provided and I am given back the change."

Accidents and incidents were recorded. Records showed any necessary action had been taken and lessons learnt to minimise the risk of reoccurrence and ensure people were safe from further incidents. Systems were in place to monitor the safety of the service. Records showed all necessary checks such as gas checks, water hygiene, fire checks and electrical checks were carried out and maintained. People had personal emergency and evacuation plans (PEEP) in place in case of fire which clearly detailed the support people would need to keep them safe. Records showed staff had received fire training and were aware of what to do in an event of an emergency. Shortly after the inspection, the service had an inspection by the London Fire Brigade and was found to be compliant with fire safety regulations.

There was an infection control policy and measures were in place for infection prevention. The provider had conducted an infection control risk assessment which included information about the measures in place to minimise any risk to keep people safe from infection and contamination. Control of Substances Hazardous to Health [COSHH] products were safely locked away. On the day of the inspection, we noted the service was exceptionally clean and tidy.

Care documentation was up to date and comprehensive. The service had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.

Is the service effective?

Our findings

Relatives told us they were satisfied with the care provided at the service and spoke positively about the staff. One relative told us, "The staff know [person] so well." Another relative said, "They do have regular staff. There is always someone there that [person] knows." A third relative commented, "[Person] has a particular key worker who knows them very well."

Staff told us that they felt supported by their colleagues and management. One staff member said, "It's brilliant here. The staff are good." Another staff member told us, "I get asked if there is anything I need to talk about and they supported me with my NVQ."

Records showed staff had received an induction and ongoing training that helped them to meet people's needs. Topics included fire, food safety, health and safety, and moving and handling. Training records also showed staff received training in relation to the specific needs of people such as autism awareness, wound care, diabetes, Dysphagia and epilepsy. The service had implemented the Care Certificate which staff had completed as part of their induction process. The Care Certificate is the benchmark that has been set for the induction standard for people working in care. Staff also received regular supervision and appraisal to review and monitor their performance.

Staff positively about the training they received. One staff member told us, "We do a lot of training and refresher courses; any changes with moving and handling we are updated. We are shown how to do it and we get to try the equipment. It always takes two care workers. It is really good as it shows how a person would feel using it."

People's needs were assessed by the registered manager with their participation and when applicable with their relatives in order to ensure the service would be able to support them safely and effectively. Ongoing reviews and assessments were undertaken if people's needs changed, in order to ensure the appropriate support was provided. For example, a pre check-in assessment update was completed every time a person checked into the service. The update included details of any changes to the person's needs since their last visit, and any other information that may be relevant to that specific stay so staff were aware of people's support needs.

People were supported to maintain good health. People's health and medical needs were clearly detailed in their care plans and records showed they were supported to access health and medical services when necessary. For example, one person's care plan showed input had been sought from a continuing health liaison and commissioning nurse in order to ensure appropriate guidance was in place. In another example, where one person required catheter support, guidance was in place for staff on which healthcare professional to contact if any issues were identified. People were registered with their own GPs however, if needed, the service worked with a local medical practice where people were able to get access to a GP if needed.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We reviewed whether the service was working within the principles of the MCA. We noted that care plans contained information about the person's mental state and cognition. Mental capacity assessments had been completed which outlined where people were able to make their choices and decisions about their care. Areas in which the person was unable to make decision due to limited capacity, records showed the person's next of kin and healthcare professionals were involved to get information about the person's preferences, care and support and decisions were made in the person's best interests. Management and staff we spoke with had a good understanding of the MCA and had received MCA training.

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). None of the people using the service required a DoLS authorisation however records showed the registered manager was in regular contact with the local authority to ensure they complied with the MCA and DoLS where required. DoLS checklists were in place to ensure people were not being unnecessarily restricted which could deprive people of their freedom and liberty.

People were supported with their nutritional and hydration needs. People's care plans contained detailed information on what support they required with their food and drink. This included information about each person's dietary needs and requirements, and their personal likes and dislikes. During the evening meal, we observed the food was freshly cooked and staff supported and prompted people only if it was needed. We saw people were not rushed and were left to eat at ease and at their own pace. There was a pictorial menu in place which staff told us was based on what people enjoyed. However, if people did not want what was on the menu, alternative meals were accommodated for.

When speaking with staff, they were aware of people's dietary needs and preferences. A staff member told us, "We have a person who has halal meat and one person needs to have gluten free foods. I always check who is coming to stay and check their care plans so I know what foods to buy. You get to know what they like as well and we always make sure they have a choice."

We checked the kitchen and noted that it was clean and there were sufficient quantities of food available. In July 2017, the Food Standards Agency carried out a check of food safety and hygiene and awarded the service five out of five stars.

The premises had been adapted according to people's needs. We saw the environment had been designed and arranged to promote and support people's freedom, independence and well being. Doorways and hall ways were wide to ensure people using mobility aids such as a wheelchair had easy access to other parts of the premises. There was a lounge area, dining area, kitchen and garden area which were accessible to people if needed, so they could spend time together. We saw bedrooms were nicely decorated. During the inspection, we observed people could choose where to sit and spend their recreational time and were able to spend time in private if they wished to.

Is the service caring?

Our findings

Relatives spoke positively about the way people were looked after. One relative told us, "People [staff] are lovely here. The service is excellent. I can't fault them."

During the inspection, we observed positive relationships between people and the staff. Staff showed interest in people and were present to ensure that they were alright and their needs were promptly attended to. Staff were kind, attentive and spoke in a gentle and pleasant manner to people. They approached people and interacted well with them. We saw people appeared relaxed and comfortable in the presence of staff and the registered manager.

People's care plans included information to encourage and promote their independence and respect their wishes with regards to who they wanted to be supported by. For example, one person's care plan stated, 'When I am having a shower, I need staff to supervise me and give me gentle prompts to wash myself without feeling disempowered.' Another person's care plan identified them as only wanting female staff to support them with their personal care and comprehensively detailed their preferences in how they liked to receive support.

One staff member was able to tell us about a particular way, they made a person feel at ease when providing personal care. They told us, "[Person] does not like personal care and can get very agitated. So what we found is [person] gets happy when I do a 'hi five' with them and keep tapping their hand. This calms [person] down and then we are able to carry on providing their personal care comfortably and safely."

During the inspection, we observed people being treated with respect and dignity. Staff had a good understanding of treating people with respect and dignity. One staff member told us, "We make sure the doors are shut, I knock on their doors and say good morning. I am always talking with them so they know what I am doing."

Care plans also included information about people's individual cultural and spiritual needs to ensure that equality and diversity was promoted and their individual needs met. When speaking about equality and diversity, a staff member told us, "It is including everyone regardless of their background and providing an inclusive environment for everyone."

There were arrangements in place to ensure people were involved with the planning of their care as much as they were able to. Records showed there were yearly reviews with people, staff and their relatives, in which their care was discussed and reviewed to ensure their needs were being met effectively. One relative told us, "Yes last year, we sat down and discussed the care plan." Another relative said, "Reviews are regular and intensive and we go through everything [person] needs."

We noted the service had measures in place to comply with the Accessible Information Standard. All organisations that provide NHS or adult social care must follow this standard by law. This standard tells organisations how they should make sure that people who have a disability, impairment or sensory loss can

understand the information they are given. Records showed some policies and information were available in easy ready format such as the complaints policy, 'Taking your Medication – an easy read guide' and the food menu. A 'Support Agreement', which explained what support people could expect from the service in relation to their care and support was also in an easy read pictorial format.

Is the service responsive?

Our findings

Relatives spoke positively about the service and care people were receiving. One relative told us, "They [staff] are brilliant, attentive, they really are amazing." Another relative said, "The service looks after [person] generally very well."

People received personalised care that was responsive to their needs. We looked at three care plans of people using the service. The care plans contained detailed information on the support each person needed with various aspects of their daily life such as personal care, medical history, and eating and drinking. Care plans were person-centred, detailed and specific to each person and their needs. People's care preferences were reflected in plans which included information such as their habits, daily routine and preferred times to wake up and go to sleep. The care plans showed how people communicated and included guidance on how staff could encourage people to be independent by providing prompts for staff to enable people to do tasks by themselves.

Appropriate information was available to staff in relation to people's specific needs to ensure they received personalised support they need. For example, we noted that the care plans for people who presented behaviour which may challenge included detail of their behaviours and guidance on how staff should best manage this for them as individuals.. Records showed the home used proactive strategies to deal with behaviours that challenged such as giving people space, reassurance and ensuring people's routine were clearly explained in advance so they did not become anxious about any changes.

People were supported with their mobility by using equipment which included wheelchairs, showering equipment and hoists. People's care plans included detailed information for staff on how to use this equipment and how to ensure people were safe in areas such as moving and handling. Records showed, and staff confirmed they had received training on safe moving and handling practices.

Care plans also detailed information about people's skin integrity and the support they needed to minimise the risks of developing pressure sores. This included ensuring the checking of the integrity of the skin, repositioning and the usage of pressure relieving equipment. A night support care plan was also in place and records showed nightly checks had been conducted by staff to monitor people's care.

When speaking with staff, they were able to tell us about people's personal and individual needs. Staff also told us there was a handover after each of their shifts and daily records of people's progress were completed each day to ensure staff were aware of any changes to people's conditions or support needs.

People were supported to take part in activities and maintain links with community. People had activity timetables in place and during the inspection, some people were at day centres and arrived later in the day. The registered manager told us that although this was a respite service, they still wanted to ensure people were able to continue to have normality and live their lives as there were so there was minimal disruption to people's daily lives.

The service facilitated a number of events for people using the service. Records showed the service held a summer garden party for people and positive feedback had been received about the event. One relative had commented, "We wanted to say how much we enjoyed ourselves at the garden party. The music, food was good and a happy atmosphere." A London Experience weekend break had also been organised which was planned as a weekend holiday style break and people spent time sightseeing and visited some of the landmarks in the city. A carol service was also held for people at Christmas and people also took part in a pancake day competition. A relative told us, "They run activities for people such as music therapy, it is very good. Lots of activities and they go to the pictures and the pub."

People were supported to have intimate relationships if they wished to do so. Care plans clearly detailed the support people needed in relation to this and risks had been assessed to ensure people's rights and welfare were protected. During the inspection, we observed staff were very supportive of a couple and respected and accommodated areas in which they could spend time together. A staff member also told us they supported the couple to buy presents for each other on birthdays and Christmas if they wish to do so.

There were procedures for receiving, handling and responding to comments and complaints. Documents showed that concerns raised had been investigated and responded to promptly by the registered manager. Relatives we spoke with had no complaints or concerns about the service.

Is the service well-led?

Our findings

Relatives spoke positively about the service and the way it was managed. One relative told us, "I've not had any problem with the service, they are always very helpful." Another relative said, "Kemsing has a very high standard, it is extremely good. They offer an excellent service." A third relative commented, "If I could replicate the manager and the staff I would and put them in other services, that's how good they are."

There was a registered manager in place. A registered manager is a person who has registered with the CQC 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. The registered manager demonstrated a good understanding of the requirement of the role. They had notified us of incidents and other matters to do with the service when legally required to do so, and we noted that the CQC rating of the previous inspection was displayed as required in line with legislation.

Relatives spoke positively about the registered manager. One relative told us, "[Registered manager] is lovely, approachable and very helpful. They address any concerns straight away." Another relative said, "She is an amazing lady." We found the service sought feedback from people and relatives through resident team meetings and review meetings. Records showed positive feedback had been received about the service.

The service worked closely with health and social care professionals and other agencies to make sure people received the service they needed, so they achieved positive care outcomes. A healthcare professional spoke positively about the service and told us the service was generally well thought of by family relatives that the service was important to them.

The service was nominated for the national care awards in March 2017 and got through to the finals. The service received a finalist certificate for this achievement.

The service undertook a range of checks and audits to monitor the quality of the service, and took action to improve the service where needed. We saw evidence that regular audits and checks had been carried out in areas such as health and safety, medicines, infection control, support planning and risk management, MCA/DoLS and staff management. Where action was required, this was clearly documented along with what action the service had taken to make improvements.

Staff spoke positively about the registered manager and the open and transparent culture. During the inspection, we observed staff communicated well, supported each other and worked well as a team. One staff member told us, "[Registered manager] is amazing – she is always there for you." Another staff member said, "Her [the registered manager's] door is always open. The company also has a phone number we can use if we need any support."

Records showed staff meetings were held on a regular basis. Minutes of these meetings showed aspects of people's care were discussed and staff had the opportunity to share good practice or any concerns they

had. One staff member told us, "You can air what you want and say something if things are not working or is not right." Another staff member said, "Issues are discussed, including working practices but done in a constructive way. [Registered manager] does that really well."