

Look Ahead Care and Support Limited

Look Ahead Domiciliary Care (Hertfordshire)

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

About the service: Look Ahead Domiciliary Care (Hertfordshire) is a domiciliary care agency providing care and support to seven people with learning difficulties in a supported living setting.

People's experience of using this service:

People were happy with the care agency and the staff who provided their care.

People were safe using the agency because staff knew what they were doing, they had been trained and the building they lived in was secure. There were enough staff, and the registered manager (who has since left the service) also visited people regularly. Key recruitment checks were obtained before new staff started work.

People told us they always received their medicines and that staff knew how these should be given. Medicine records were completed accurately and with enough detail. Staff supported people with meals and drinks. Staff took action to reduce the risks of spreading infection. Staff followed advice from health care professionals and made sure they asked people's consent before caring for them.

People liked the staff that cared for them. People told us that staff were "nice", and "lovely". They went on to tell us that staff supported them to live as they wanted. Staff were kind and caring, they involved people in their care and made sure people's privacy was respected. Staff worked well together, they understood the agency's aim to deliver high quality care, which helped people to continue to live in their own homes.

Systems to monitor how well the agency was operating were carried out well. Where concerns were identified, the registered manager followed this up to make sure action was taken to rectify the issue. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Rating at last inspection: Good. (Previous report published 15 September 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor information we receive about the service until we return to visit as scheduled in our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 well-led

Details are in our Well-Led findings below.

Good ●

Look Ahead Domiciliary Care (Hertfordshire)

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector carried out this inspection.

Service and service type: This service provides care and support to people living in their own flats within one 'supported living' setting, 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 when our inspection started. They have since left this position and are no longer registered with us as manager. A registered manager 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 gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or visiting other parts of the service. We needed to be sure they would be in.

Inspection site visit activity started and ended on 30 April 2019. We visited the office location on 30 April 2019 to see the manager and office staff; and to review care records and policies and procedures. We also spoke with people and staff during this visit. On 23 and 28 May 2019 we contacted relatives of people who were unable to easily speak with us.

What we did:

Before the inspection visit we looked at information we held about the service and used this information as part of our inspection planning. The information included notifications. Notifications are information on important events that happen in the home that the provider is required by law to let us know about. In February 2019 the provider had sent us a completed 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.

During our inspection we saw how staff interacted with people who used the service. We spoke with four people and one person's relative. We spoke with the registered manager and two members of staff. We also spoke with two social care professionals who worked with staff and people at the service.

We looked at three people's care records as well as other records relating to the management of the home. These included surveys, medicine records and audits.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People felt safe. One person told us this was because they felt safe and secure in the building.
- The provider had effective safeguarding systems in place, staff understood what to do to protect people from harm and how to report concerns. Staff told us they had training and information about safeguarding and knew where to go for further advice.

Assessing risk, safety monitoring and management

- Staff assessed risks to people's health and welfare such as moving and handling, and falls.
- Risk assessments in relation to people's environment, in and around their homes had also been completed. These included those for fire safety and infection control, which made sure that risks had been identified and managed.

Staffing and recruitment

- There were enough staff on duty to support people safely. One person told us, "I have a one to one all the time." However, one person's relative told us they were concerned that there was not enough night staff. Staff at the service also said although they did not think there were enough staff, they recognised that by using bank and agency staff, there were enough staff working each day.
- The registered manager was aware that people's funding had been reduced in this area and action had been taken to reduce the risks associated with reduced night staff. There was a system in place to recruit new staff and existing staff confirmed that new staff had started working at the service recently.
- Pre-employment checks such as disclosure and barring checks were carried out before staff started work. One staff member told us that recruitment checks had to be returned before they started working for the service.

Using medicines safely

- Staff were trained to help people take their medicines. The registered manager completed competency checks to make sure staff understood this training and were able to give medicines safely.
- One person told us that a staff member helped them take their medicines every morning. Staff completed medicine administration records to show if people had taken their medicines or the reason if they had not. There was information in people's care plans about the type and level of support they needed from staff to take their medicines.

Preventing and controlling infection

- Staff had completed training in how to reduce the risk of infection and they followed good practice

guidance. They used personal protective equipment, such as gloves, to help prevent the spread of infection. However, they did not use aprons when providing personal care or cleaning. We spoke with the then registered manager who said they would introduce the use of aprons to reduce the risk of infection.

Learning lessons when things go wrong

- Incidents or accidents involving people using the service or staff were managed effectively. Staff recorded these appropriately and team leaders took action following accidents or incidents to reduce the risk of these reoccurring.
- Staff told us that incidents were discussed at team meetings. This gave them the opportunity to discuss what went wrong and what action they could take to reduce the risk of reoccurrence. One staff member was part of an investigation into an issue around medicine errors and told us they had found that communication between staff had contributed towards these. Staff members then changed how they recorded and let other staff know about medicines to make sure they were able to support one person's changing medicine needs. This improved medicines administration for other people using the service and has meant a sustained reduction in the errors made.

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

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

- Staff completed assessments of people's needs before they started using the service. They worked with health and social care professionals when assessing and planning people's care. This enabled them to make sure they considered up to date guidance in how to meet people's individual needs. The organisation had an equality impact assessment in place that was reviewed and updated annually. This encouraged staff to consider impacts not just for the people who used the service but people who potentially may use the service.
- Equipment was introduced to support people with their independence. For example, one person had systems that enabled them to open their own door and wash themselves without the need for staff to be present.

Staff support: induction, training, skills and experience

- Staff had received training when they first started working for the agency and this was updated each year. New staff completed the Care Certificate, which identifies a set of standards and introductory skills that health and social care workers should consistently adhere to and includes assessments of competency. One staff member told us the induction training they received was, "The best I've had anywhere."
- Staff members received supervision as individual meetings and they said that they could also contact the registered manager or senior staff at any time between meetings. They said they felt well supported to do their jobs.

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

- People were supported to eat and drink if this was needed. One person told us, "Staff help with meals, they cook things properly and they make what I want to eat."
- Staff told us they had completed food hygiene training and they described how they supported people to maintain a healthy weight.

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

- Staff completed information in the form of a communication passport with those people happy to disclose these details. This recorded important information about them, their needs, daily routines and preferences. The information was made available when people visited other providers of care, such as hospitals. This meant these details were available if the person was not able to tell others about their preferences and they did not have a staff member to help them with this.
- Staff had access to information from health care professionals and they followed this advice, which was

included in people's care records.

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 with appropriate legal authority. In care at home services this is usually through the Court of Protection.

We checked whether the service was working within the principles of the MCA.

- People were supported by staff who understood the principles of the MCA. They knew how to support people to continue making decisions and who to go to if the person was unable to do so. Staff had clear information about how to support people to make decisions
- Applications had been made to the Court of Protection to deprive people of their liberty and staff respected the outcome of the one application that had been returned.

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

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

- People were treated kindly by staff. One person commented that staff were, "Lovely, kind and polite." Another person told us, "[Staff member] is nice." People were comfortable in the presence of staff and enjoyed positive relationships with them.
- Staff treated people kindly; they were patient, they showed concern for people and made sure they had everything they needed. They were aware of people's individual needs and preferences.
- People were supported to maintain relationships with their families and friends. One person told us that their family visited often, which was important to them. They went on to tell us how they had bumped into a friend while out and how staff were going to support them to see the person again.
- Information was available throughout the service in different formats, such as picture format or Makaton (a language programme using signs and symbols). This helped people understand what to do in different situations or how to get help.

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

- Staff continued to support people to make decisions about their care and these were recorded in their care plans. One person told us that staff were like a family and made sure they were cared for in the way they wanted.
- Staff had enough time to support people properly and in the way they wanted, which also allowed them to spend time talking with people.
- People were supported to make choices about their care and support throughout the day. For example, they chose how and where to spend their time when they were at home. One person said, "I get to go out when I want, I go out every day." Another person told us, "I decide when I go for a bike ride."
- The registered manager said that no-one who received care was using an advocate, but there was a local advocacy service if people needed this.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff respected their privacy. They ensured people were supported in a dignified way. This was because they closed doors and curtains, and covered people up as much as possible while supporting them with personal care. Staff knocked on people's doors before entering their flats.
- People's confidentiality was maintained; records were kept securely.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care needs were met and they were happy with the care they received. People told us that staff supported them to care for themselves. When talking about the care they received one person said, "They help me so I can do what I want to." However, another person and a relative told us that agency staff were not always quick to help people with other support needs, such as hanging washing. We spoke with the then registered manager, who was aware of the issue and said they would address this with the relevant staff.
- People had care plans in place, which were personalised and written in detail. These gave staff enough guidance on how to respond to people's needs effectively and safely. Staff had built good relationships and knew people's likes, dislikes and preferences. There was also clear information about people's long-term health conditions to guide staff.
- People also told us staff supported them to take holidays and breaks as well as supporting them to take part in activities each day. One person told us that they wanted to go swimming, so staff were arranging this. Staff had also arranged for the person to go on holiday with staff support. This person told us, "I'm really enjoying myself."

Improving care quality in response to complaints or concerns

- People knew who to speak with if they were not happy with the care they received. They told us they would speak with the then registered manager, other staff or their relatives if they had concerns.
- Only one complaint had been received and this was being investigated at the time of our visit.

End of life care and support

- Staff had discussed the concept of death and dying with people as a way of opening further discussions about people's own wishes. Guidance was available in people's care records about their end of life wishes, although there were no people receiving end of life care at the time of our visit. A staff member told us that they would also consult with people's relatives in the event this care was needed, if the person was unable to tell them.
- Staff told us that additional guidance would be sought from visiting health professionals.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager was committed to developing a person-centred culture within the service. They understood their responsibilities to ensure people received the care they needed and stepped in to support staff when this was required.
- Staff were also committed to providing high-quality care and support. One staff member told us, "I like working here. We don't get a lot of turnover (staff or people) and so it feels like a family." They went on to describe how they provided person-centred care and that they wrote care and support plans with this in mind. They explained this by saying, "Not a one size fits all here. It's just part of what we do." Another staff member said, "The staff team is pretty good. There's a range of staff gender, race and cultures. The diversity reflects the country."

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

- Staff told us they were able to provide good quality care and support to people because they had a registered manager and senior staff who supported other staff. They said they could raise issues with any of these staff and their concerns would be listened to.
- The registered manager knew people well, one person told us, "She's been so supportive to me, she's sorted so much out for me." They were supported by senior staff working for the provider's organisation and by the provider's operational staff. This made sure that the home ran well at those times when the registered manager was not available.
- The registered manager complied with legal requirements for duty of candour; they displayed their rating and sent notifications to us when required to do so.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives had completed a survey in early 2019, which showed positive comments about the agency with only one area for improvement. The then registered manager told us they had taken action to address this issue.
- Staff completed reviews of people's care, which also provided people and relatives with the opportunity to feed back about their care.
- Staff told us that they attended meetings regularly, which gave them support and information was shared quickly with them.

Continuous learning and improving care

- Processes to assess and check the quality and safety of the service were completed. The registered manager and the organisation's internal audit team carried out audits and quality monitoring visits. These showed they identified areas of the service that required improvement, and made those improvements in a timely way.
- Records of complaints, accidents and incidents were analysed to find trends or themes, although analysis did not look at all possible trends. We discussed this with the then registered manager who said they would adapt this to provide a broader analysis.

Working in partnership with others

- Information available to us before this inspection showed that the staff worked in partnership with other organisations, such as the local authority social services or continuing healthcare team. The registered manager contacted other organisations appropriately. They had been part of ongoing discussions between people's relatives and the local authority about a reduction in funding, which had resulting in reduced staffing levels at night.