

Look Ahead Care and Support Limited

Wadeville

Inspection report

2a & 2b Wadeville Close
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Wadeville is a care home providing care and support to people living with learning disabilities, mental health and physical disabilities across two joined houses. The service was registered to provide support for up to 13 people, there were 11 people using the service at the time of our inspection.

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

Relatives told us they felt their loved ones were safe and happy at the home. The provider had taken action to address the issues we found at the last inspection. Work had been done to improve the cleanliness security and upkeep of the building.

However, we found a small number of fire safety and environmental risks which were acted on promptly following the inspection. The provider had not identified some areas of staff training to meet the specific needs of people using the service. Records did not consistently evidence relatives' involvement in people's care where this was appropriate.

Staff understood their roles in safeguarding people from harm. Other risks to people had been assessed and staff knew how to manage these risks safely. There was a process to identify learning from accidents, incidents and safeguarding concerns.

There were safe recruitment practices that followed legal requirements. Medicines were safely stored and administered. The service had policies and procedures to respond effectively to Covid-19. The home was clean and free from odours. Staff mostly followed appropriate infection control practices to prevent or minimise the spread of infection.

People's nutritional needs were assessed and met. Staff liaised with health professionals to meet people's health needs.

Staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's needs in respect of their protected characteristics were assessed and supported.

Relatives said staff treated people with care and we observed this to be the case. Staff knew people well and treated them with dignity and respected their privacy. People were involved in a range of activities at the home in line with their preferences.

There were some systems to monitor the quality and safety of the service. The registered manager understood their role. Most staff were positive about the registered manager and said improvements had been made since the last inspection. Staff worked in partnership with relatives, health and social care professionals and voluntary organisations.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture (RSR SRC) is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right support: There were limitations to the building which was designed to accommodate a larger than recommended number of people and was not best suited to increasing people's independence and skills. The provider told us the local authority, who owned the building were considering separating the house into two smaller units.

Some further improvement was needed to increase people's choice and control across all aspects of their lives. People had a personalised plan for their care. However, improvement was needed to evidence that people were supported to develop skills achieve outcomes and integrate in the community.

Right care: Overall care was person-centred and promoted people's dignity, privacy and human rights. However, improvement was needed to evidence that people were encouraged and consistently supported to develop and maintain skills and that any goals and outcomes were regularly reviewed.

Right culture:

Improvements had been made to provide more accessible information about the service to people but these had not addressed the communication needs of everyone at the service.

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

Rating at last inspection and update.

The last rating for this service was requires improvement (published 30 November 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

The last rating for this service was requires improvement (published 30 November 2020). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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.

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always safe.

Details are in our safe findings below

Requires Improvement ●

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 not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below

Requires Improvement ●

Wadeville

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of an inspector, a specialist advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Wadeville is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 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

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed the information we held about the service. This included the provider's action plan and details about notifications the provider must tell us about, such as any safeguarding alerts that had been raised. We spoke with the local authority safeguarding and commissioning teams about 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.

We used all of this information to plan our inspection.

During the inspection

We spoke with four people using the service. Most people could not express their views verbally about the care and support provided, so we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five people's care records and medication records for eleven people. We looked at two staff files in relation to recruitment and a variety of records relating to the management of the service, including policies and procedures.

Following the inspection, the Expert by Experience spoke with three relatives of people using the service and the inspector spoke with one relative. We also spoke with an activities coordinator, a team leader and five support workers.

After the inspection

We continued to seek clarification from the registered manager to validate the evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People's individual health needs were identified and there was guidance for staff on how to reduce risks. Staff assessed possible risks in relation to people's health and identified actions to reduce risks in areas such as falls or skin integrity. Staff monitored people's weight to identify any problems at the earliest opportunity.
- Some further improvement was needed to risk management as we found there was no fire evacuation equipment and an individual smoking risk had not been identified or assessed but the provider addressed these immediately after the inspection.
- Considerable improvements had been made since the last inspection in relation to other environmental risks. A new legionella risk assessment had been completed and action taken to address any issues. All staff including night staff had taken part in a fire drill. A new fire risk assessment had been completed.

Using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating to medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12

- Medicines were stored, administered and disposed of safely. Staff received medicines training and an observed annual medicines competency assessment; to ensure they had the necessary skills to administer medicines safely.
- Relatives said they had no concerns about the administration of medicines. Staff had access to guidance on the administration of as required medicines.

- People received their medicines as prescribed by healthcare professionals. We found no gaps in the medicines administration records (MARs). Stock checks matched with the MAR records to confirm they were administered as prescribed. People's allergies were recorded on their MAR.

Preventing and controlling infection

- We were not always assured that all staff was using PPE effectively and safely. Relatives commented staff did not always wear their face masks properly over their mouth and nose. We observed staff wearing appropriate PPE throughout most of the inspection. However, on one occasion we found three staff with their face masks below their chins, while they spoke with other staff. This was not in line with current guidance on PPE or the provider's policy and required improvement.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach.

Staffing and recruitment

At the last inspection the provider had failed to ensure there were enough suitable trained and competent staff to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staffing levels had been increased since the last inspection to ensure there were two staff in each house every day until mid-afternoon. Activities coordinators had also been employed to support people and care staff with daily activities. Staff told us there were enough people to meet people's needs.
- Our observations confirmed there were enough staff to meet people's needs throughout the day. We did not observe anyone left needing support.
- The provider completed appropriate pre-employment checks in line with the regulations for all staff before they began working at the home.

Systems and processes to safeguard people from the risk of abuse: Learning lessons when things go wrong

- People were protected from the risk of harm restraint or abuse. We observed people felt safe and

comfortable in the presence of staff and each other. Relatives said they thought their family members were safe at the service. One relative told us, "Definitely safe. [my family member] is very happy and settled there."

- Staff knew how to identify abuse and neglect and understood their roles clearly. They were aware of the provider's whistleblowing policies. They told us they would not hesitate to report any concerns and felt assured the registered manager would act on these.
- The registered manager was aware of their responsibilities to raise safeguarding alerts and notify the Care Quality Commission about any allegations of abuse or neglect. There had been no safeguarding alerts since the last inspection.
- There was a system to identify and share learning across the home. Information from accidents, incidents and other events was considered by the registered manager and provider for any additional actions needed and for learning. This was then shared with staff through staff meetings.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

At the last inspection we had found a breach of regulation as the premises were not always clean or suitable for the intended purpose. This placed people at risk of harm. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 15.

- We found a number of improvements had been made following the last inspection. The communal areas at the service had been redecorated. Repairs had been carried out and the service deep cleaned. The environment was brighter and cleaner. The security of the site had been improved and window restrictors fitted where needed.
- Some further improvements were identified for the service to reflect better our Right Support, Right Care Right Culture (RSRCRC) guidance and best practice for people with learning difficulties and autism. The service was larger in size than recommended to ensure people received individualised care. The provider told us that arrangements were being made with the landlord the local authority to divide the two houses to make two smaller homes.
- People's rooms were individual personalised with items or photographs important to them

Staff support: induction, training, skills and experience

- Staff received a range of other training to develop their skills and competence to meet people's needs. This was regularly refreshed and was mostly up to date. New staff received an induction and shadowed experienced staff.
- Some staff had not received training on learning disabilities and autism to support them understand the specific needs of people they supported. But the registered manager addressed this following the inspection, and sent evidence that all staff had completed this training.
- The provider told us they had planned to introduce positive behaviour support (PBS) training but this had been delayed due to the pandemic. PBS is way of focusing on people's strengths to minimise triggers for distressed behaviour.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection the provider had failed to follow the Mental Capacity Act Code of practice and carry out mental capacity assessments in relation to specific decisions. This was a breach of Regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- Staff asked for people's consent verbally, or, through signs before they supported them. For example, in relation to how they wished to spend their time or the order they chose to do things. Staff listened to people's views and respected their decisions.
- Staff had received training on MCA. Mental capacity assessments for separate decisions about people's health care and support needs were completed, for example in relation to Covid-19 testing and vaccination. Where people lacked capacity to make decisions for themselves relatives and where relevant health professionals were consulted to decide in their best interests to support them in the least restrictive way possible.
- Where people had DoLS authorisations in place there was a system to ensure any conditions were met and authorisations were renewed in a timely way. This meant where people were deprived of their liberty it was in line with legal requirements.

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

At the last inspection we had made a recommendation that the provider sought advice from a reputable source regarding displaying information in suitable and accessible formats in relation to mealtimes. At this inspection the provider had made improvements.

- Pictorial menus had been provided to support people with choosing and planning their food choices.
- People's nutritional needs were identified and supported. Where people had modified diets to reduce the risk of choking, staff had access to the guidance from health professionals. We observed this was followed to ensure they received the correct diet and drink container and were safely positioned to reduce any choking risk.
- Staff knew people well and understood people's preferences, dislikes, allergies, and any cultural dietary needs. There was information for people and staff on healthy eating and a varied diet.
- We observed the mealtime experience and saw that people were offered a choice and engaged with each other and with staff as a sociable occasion.

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

- The service worked with health and social care professionals such as occupational therapists and speech and language therapists to ensure people received the care and support they needed. Care plans identified people's health needs including oral care needs with guidance for staff on how to support them with their health care.
- People had hospital passports to provide emergency staff with important information about them.
- People were supported to access appropriate health care and had consultations with health professionals such as the doctor, or, optician. The registered manager informed us there had been no routine access to dental care in the last year due to the pandemic. They were liaising with the dental service to ensure people received an appointment and confirmation of these were sent following the inspection.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same.

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

- We observed people were treated with care and consideration. Staff knew people well and we saw people and staff interacted in a relaxed and friendly way throughout the day. Staff were aware of people's routines, likes and dislikes and signs of enjoyment or unhappiness.
- Relatives told us although there had been more limited physical contact this year due to the pandemic, that staff were "patient", "kind and caring" and that Wadeville, "Is a happy place." We saw recent written feedback from a relative commenting on staff commitment and hard work in making [their family member's] life happy and safe.
- People's diverse needs were identified as part of their care plans. Staff showed an understanding of equality and diversity and a commitment to support people's individual needs with regard to their protected characteristics such as disability culture or religion. One staff member commented, "We support everyone individually according to all their needs. There is no discrimination."

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

- People were involved in making decisions and choices about their care, for example what time they wanted to get up, how and where they spent their time and what they wanted to eat and drink. Where people were not able to communicate verbally we saw staff communicated sometimes by gestures and understood the signs or gestures people made to communicate with them about their choices or moods.
- The service used a keyworker system and key workers held sessions with people to try to develop meaningful relationships and better understand their needs.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's dignity and privacy. We saw staff respected that one person liked a routine each day and spend time alone in some activities. Staff knocked on doors before they entered and described how they protected people's dignity when they gave personal care. Relatives said they thought staff were respectful.
- People were encouraged to do some things for themselves. Care plans detailed what aspects of personal care they could manage themselves and where they needed support.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant people's needs were not consistently met.

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

At the last inspection we had found a breach of regulation as people did not always receive person centred care as they were always not supported follow their interests and take part in activities. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 9.

- People had personalised plans of care that reflected their needs. Staff knew people well and were able to discuss their likes and dislikes, signs of mood changes and were aware of the people that were important to them.
- Care plans did not always evidence people's or their family's involvement in a review. The registered manager explained due to the pandemic these were carried out on the phone but this was not recorded.
- Some improvement was needed to evidence that people's care and support was consistently planned in line with RSRCRC principles. Staff did not offer people a choice of mealtime and people were not observed to take an active part in the preparation of their food or daily tasks such as their laundry. There was no evidence that the staff were planning in a proactive way to look for opportunities to integrate and engage people more in the wider community through their needs or interests

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

- Improvements had been made since the last inspection. People were engaged in activities which reflected their preferences such as art, jigsaws or singing. They told us they had also been out more recently on occasional group outings.
- Since the last inspection the provider had engaged activity coordinators to support people with a range of activities on a daily basis. We observed people engaged with their activities together in a sociable way.
- People showed us photographs of celebrations they had taken part in and enjoyed. Staff said the improvements to staffing levels meant they could take people for walks or shopping.

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.

At the last inspection we had made a recommendation that the provider consult guidance on the meeting the accessible information standard.

- At this inspection we found improvements had been made and a range of easy read information was available for people in relation to safeguarding, complaints and covid-19. People's communication needs were assessed which guided staff on how to support verbal and nonverbal communication.
- Some further improvement was needed to evidence that where people had a sensory impairment consideration was given to ensure they had access to information in a format to meet their needs such as audio recordings

Improving care quality in response to complaints or concerns

- The home had a complaints policy available in different formats so that it was more accessible to people at the service. The registered manager monitored any complaints to identify any learning.
- The registered manager advised us there had been no complaints since the last inspection. Relatives told us they had not needed to make any complaints and found staff were responsive in dealing with any small issues they raised.

End of life care and support

- People's end of life care needs were considered and planned for as part of their support plan. The registered manager explained they were in the process of updating these with people's families to ensure they were up to date and accurate and reflective of people's wishes.
- Nobody at the service was receiving end of life care at the time of the inspection and the staff told us they would work with the person, their families and health professionals to ensure their needs were 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

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.

Continuous learning and improving care

At our last inspection the provider had failed to operate an effective quality monitoring system to monitor the quality and safety of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made at the service and the areas of concern we had identified at the last inspection had been acted on. The provider was no longer in breach of regulation 17.

- The provider and registered manager had acted to address the issues found at the last inspection. Improvements were found across all key areas. They had also organised an external audit of the service to help identify areas for improvements. Accidents and incident reports were monitored for any learning which was shared with staff. The provider carried out internal audits of aspects of the service to help identify any areas for improvements.
- However, some improvement was needed to ensure the system to monitor the quality of the service worked consistently to identify and act on issues. The fire risk assessment completed in April 2021 had recommended the use of evacuation equipment where appropriate, while the provider acted to address this it had not been identified by the provider's own system.
- An external report in April 2021 identified some unlocked cupboard doors containing equipment and a boiler and we found these were unlocked at the inspection. Staff told us there was no mechanism to lock two of these doors, this had not been identified by the provider's health and safety checks.
- The provider's overview of staff training needs had not identified gaps we found in staff training for example in relation to learning disabilities or consideration of the need for dysphagia training to broaden staff knowledge of dietary requirements.
- Medicines audits did not always identify where people's medicines profiles were out of date or missing dates on a topical medicine. Guidance for staff on as required medicines had been put in place but it did not always record the minimum recommended time between doses.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Some improvement was needed to the way the service recorded communication with people and

relatives. Two relatives told us they were not sure about current visiting arrangements. The registered manager told us relatives had been updated verbally about visiting arrangements during regular phone contact. However, there were no records of communication with relatives about recent changes to visiting guidance and policy.

- People's views about the service were sought through meetings and key worker sessions. However, the key worker sessions were not always recorded to evidence how people were supported and empowered to discuss goals and outcomes or the steps towards these.
- Relatives confirmed they were sent an annual survey to ask for their views about the service. Responses were considered for any learning. Responses from the last survey had been positive about the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: 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 registered manager at the service understood their role, the requirements of Care Quality Commission (CQC) to be notified of significant events and their responsibilities under the duty of candour. They and the management team had worked to address the issues identified at the last inspection.
- Most staff commented that the registered manager and management team were supportive and approachable and had made improvements at the service. They told us they thought the management team were focused on trying to give people the best care and support possible.
- There was a structure of regular meetings and handovers to ensure staff understood their roles and responsibilities and received information about any changes to people's needs and to

Working in partnership with others

- The registered manager and staff worked in partnership with a range of social care and health professionals to meet people's needs, through appropriate referrals and following the advice they provided. One social care professional commented, "The management team appear to be working well as a team and are proactive in seeking support and guidance where needs be."

