

Look Ahead Care and Support Ltd

Look Ahead West London Mental Health Domiciliary Care Service

Inspection Report

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Date of inspection visit: 01/04/2014
Date of publication: 16/07/2014

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Summary of findings

Overall summary

Look Ahead West London Mental Health Domiciliary Care Service is a community support service specialising in the support of adults with mental health conditions. It provides support services for people at two purpose-built housing schemes where people have their own flats but share some communal facilities. Both schemes provide 24-hour staffing.

At the time of our inspection, the service was providing 24 people with the prompting and supervision of their personal care when needed. We inspected this aspect of the service. Four of these people were also receiving direct personal care support that was arranged with local domiciliary care services. We did not inspect that aspect of those people's services because these were not supplied by Look Ahead Care and Support Ltd.

At the time of our inspection the provider did not have a registered manager in post. However, a manager had been appointed who was present during the inspection visit. They demonstrated good leadership of the service, and they were well known to people using the service and staff.

We spoke with 13 people who use the service across its two supported housing schemes during our visit. Overall, people praised the service and the support provided. Comments included, "It's fantastic", "It's very good indeed" and "It's a good service, they look after you." Most people told us that nothing needed changing about the service that that they were happy using it. We also received information from a community professional involved in the support services provided to some people. Their feedback complemented the service and included that they would recommend the service to friends and family.

Everyone told us that staff at the schemes were kind, understanding and compassionate. Some people told us this was their first experience of a mental health service where their dignity was consistently respected.

People told us staff had time for them. People were asked for their views about the services provided, which were acted on. There was an effective complaints system in use at the service.

People said that they received the care and support they needed. They were involved in decisions about their own support.

People had access to healthcare services and received ongoing healthcare support. The service worked in cooperation with other agencies and services to make sure people received effective care and support.

People told us they trusted staff and felt safe using the service. There were systems in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others, including for safeguarding people from the risk of abuse.

However, we could not be assured of safe practice through the staffing arrangements at the service. Recruitment and selection processes did not take all reasonable precautions to minimise the risk of unsuitable staff being employed at the service, because staff began working with people before appropriate written references from previous employments were acquired.

The problem we found breached a health and social care regulation. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

People told us they trusted staff and felt safe using the service. We found that the Mental Capacity Act 2005 Code of Practice was being met. We saw that people had up-to-date and individualised risk assessments in their files that were clear for staff to follow.

However, we could not be assured of safe practice through the staffing arrangements at the service. Recruitment and selection processes did not take all reasonable precautions to minimise the risk of unsuitable staff being employed at the service, because staff began working with people before appropriate written references from previous employments were acquired.

Are services effective?

People said that they received the care and support they needed. People were involved in decisions about their own support, for example, through weekly keyworker meetings and where possible, writing their own support plans.

People had access to healthcare services and received ongoing healthcare support. The service worked in cooperation with other agencies and services to make sure people received effective care and support.

Staff received appropriate support and supervision, to enable them to deliver care and support to people to an appropriate standard. Staff received appropriate training in many areas relevant to their support of people.

Are services caring?

Everyone told us that staff at the schemes were kind, understanding and compassionate. Some people told us this was their first experience of a mental health service where their dignity was consistently respected.

We found that people were listened to and felt that they mattered. People told us staff had time for them. For example, many people spoke particularly positively about the support their keyworkers provided.

Are services responsive to people's needs?

People were supported to express their views and be actively involved in making decisions about their care and support. People received care that was responsive to their needs and preferences.

Summary of findings

People had their comments and complaints listened to and acted on. People we spoke with told us they could talk to staff or the management team if they had concerns or complaints. There was an effective complaints system in use at the service.

Are services well-led?

At the time of our inspection the provider did not have a registered manager in post. However, a manager had been appointed who was present during the inspection visit. They had applied for registration before our visit. They demonstrated good leadership of the service, and it was evident that the manager was well known to people using the service and staff.

People spoke positively about the approach of staff and managers. Staff were supported to discuss and question practice and there were safe and effective systems to raise concerns and whistle-blow. There was consistency between what managers and staff said were the key challenges, achievements, concerns and risks at the service.

The management team had systems in place to review staffing levels and recruit further staff where needed.

Summary of findings

What people who use the service and those that matter to them say

We spoke with 13 people who use the service across its two supported housing schemes during our visit. Overall, people praised the service and the support provided. Comments included, “It’s fantastic”, “It’s very good indeed” and “It’s a good service, they look after you.” Most people told us that nothing needed changing about the service and that they were happy using it.

People told us they felt safe using the service. Comments included, “Everything is safe here” and “There is a tannoy in every flat. Staff come if we press it. That’s all we have to do.”

Whilst many people felt there were enough staff available, a few people at one scheme noted that there was mostly only one staff member available in the evenings and at weekends. Their comments included, “If there is an emergency, one isn’t enough.”

The majority of people told us that they were consulted about their support planning and reviewing. Comments included, “They write down what I think” and “I wrote my own, then the keyworker looked at it and we reviewed it.” However, a couple of people told us they did not feel able to question their support plans.

Everyone we spoke with said they were able to access community healthcare professionals when they needed to. This included GPs and mental health services.

Everyone told us that staff at the schemes were kind, understanding and compassionate. Comments included, “They treat me nice”, “The staff always help” and “They don’t put you down here.” Some people told us this was their first experience of a mental health service where their dignity was consistently respected. One person explained, “There is a mutual relationship between staff and customers, and they respect your intelligence.” Another person told us, “It’s fair and there’s no bullying.”

Many people told us of support from the service helping them to improve their quality of life. “My health has improved since I’ve been here,” one person told us, which they explained was because of the support their keyworker in particular had provided.

Everybody we spoke with felt confident to express concerns and complaints. Comments included, “They don’t seem to mind it when we complain or say anything. It’s looked at.” and “There’s an annual workshop on how to complain, and they listen to feedback.” A few people told us they had raised concerns and complaints. They indicated that they felt listened to and that action was taken, for example, “We talked about it and it was okay.”

Look Ahead West London Mental Health Domiciliary Care 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 regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1. This was also our first inspection of this service which we registered on 12 June 2013.

At the time of our inspection the provider had not had a registered manager in post for seven months. However, a manager had been appointed who was present during the inspection visit. They had applied for registration before our visit.

Before our inspection, we reviewed all the information we held about the service. We asked the provider to complete

an information return. We announced the inspection to the manager a few days in advance of our visit, to ensure that the manager would be present and to help ensure that people using the service could be aware of our inspection.

We visited the service on 01 April 2014. The inspection team consisted of an inspector and an Expert by Experience who had experience of services for people with mental health conditions.

On the day we visited, we spoke with 13 people living at the two supported living schemes providing regulated activities, six staff members and the manager. We observed the support given to people in the lounge areas of the schemes. We also spent time looking at records, which included people's support records, and records relating to the management of the service.

Following our visit we spoke with one health care professional involved in the support of people using the service. We also asked the manager some further questions and reviewed records that the manager gave us during and after the visit.

Are services safe?

Our findings

We could not be assured of safe practice through the staffing arrangements in place at the service. This was because the provider's recruitment procedures could not assure us that staff were of good character. This meant there had been a breach of the relevant legal regulation (Regulation 21(a)(i)(b)). The action we have told the provider to take can be found at the back of this report.

We looked at the personnel files for four staff members. Each file included a number of recruitment checks, including detailed interview records and evidence of a Disclosure and Barring Service (DBS) criminal records check. However, there were only three written references available amongst the four staff members' files. When we viewed overarching audit data for the staff team of 17 people, there was confirmation of 12 references being in place amongst the 34 that were expected from the audit. The provider's recruitment policy stated: "All offers of employment to external candidates are subject to the receipt of satisfactory job references." However, a staff member appointed just under three and a half months before the inspection had completed their three-month probationary review without any references being acquired.

Following our visit, we were sent a number of copies of written references for staff that had been acquired since we brought the matter to the manager's attention. The updated recruitment audit data for the 17 staff showed 30 of the 34 references in place a week after our visit.

Whilst many people we spoke with felt there were enough staff available, a few people at one scheme noted that there was mostly only one staff member available in the evenings and at weekends. Their comments included, "It's a bit quieter at weekends. There is one mostly. It's not enough. It's a bit too quiet." and "If there is an emergency, one isn't enough." We explored this with the manager, who could demonstrate that flexible and additional staffing was

provided to meet people's varied support needs. Weekend staffing rosters also showed that there was usually a second staff member working for eight hours each day of the weekend at the scheme in question.

People told us they trusted staff and felt safe using the service. Safeguarding procedures were robust and staff we spoke with understood how to safeguard people they supported. For example, staff explained that some people using the service can be financially vulnerable and how they helped to minimise this risk through discussions with them. We saw records of appropriate referrals of concerns to local safeguarding teams and protection plans being followed. The processes included capacity assessments where appropriate, and recognition that individuals could consequently make specific decisions that may not be in their best interest. This helped to demonstrate that the Mental Capacity Act 2005 Code of Practice was being met. We also received feedback from a community professional which assured us of the service working to safeguard people. Their comments included, "Staff are able to communicate concerns with professionals in a timely manner.....especially when there have been concerns pertaining to safeguarding of vulnerable adults."

Risks to individuals were managed so that people were protected and their freedom was supported and respected. People told us they felt safe using the service. Comments included, "Everything is safe here" and "There is a tannoy in every flat. Staff come if we press it. That's all we have to do."

We saw that people had up-to-date and individualised risk assessments in their files that were clear for staff to follow. These included, where appropriate, crisis management, medicines, and self-neglect. They were signed by the person to indicate their agreement of how the risks would be managed. We noted that there was an emergency entrance process for two staff to access a person's flat if there were concerns about their welfare, which incidents forms demonstrated was followed. However, at one scheme we noted that the emergency keys were not kept in sealed and signed envelopes as per expectations.

Are services effective?

(for example, treatment is effective)

Our findings

People said that they received the care and support they needed. Many people told us of the support from the service helping them to improve their quality of life. “My health has improved since I’ve been here,” one person told us. Records and feedback indicated that some people were planning to move into more independent housing based on their individual abilities and progress at the service.

People were involved in decisions about their own support, for example, through weekly keyworker meetings which people fed-back positively about. We saw documents that supported people to explore what their needs, preferences and aspirations are. ‘Positive Pathway’ support plans were developed and updated based on assessments of need and the input of the person. They stated the person’s needs and preferences and the support required from staff on, for example, the prompting and supervision agreed in respect of the person’s mental health condition. There was clear evidence of how the person was involved in developing their support plan, for example, whether written by them with assistance or by their keyworker following a meeting with them. The manager told us support plans were formally reviewed based on individual needs but at least six-monthly in line with Care Programme Approach (CPA) meetings. We saw monthly audits of support plans and people’s involvement, which helped ensure that people’s support was kept under review.

Everyone we spoke with said they were able to access community healthcare professionals when they needed to. This included GPs and mental health services. A community professional who told us, “Staff members are able to promptly communicate any change of

circumstance to us... and take on board any suggestions provided.” People’s support files and incident reports indicated the appropriate involvement of community professionals where needed. Staff we spoke with could explain how they liaised with community professionals in support of people. We were assured that the service worked in cooperation with other agencies and services to make sure people received effective care and support.

Staff we spoke with all felt supported to work with people, for example, through supervision meetings, shift handovers, team meetings and by managers’ availability. We saw records of supervision which that showed staff received regular formal support and that their performance was monitored.

Checks of individual staff training records showed they had received appropriate training in many areas relevant to people using the service, for example, on lone working, risk management, and positive pathways support planning. There was also evidence of training being booked for individual staff where appropriate, for example, on safeguarding, food safety, and mental health awareness. This helped ensure that the staff team were trained in these areas. We also saw evidence of staff receiving detailed induction into the their roles at the schemes, and of staff having relevant qualifications or experience when recruited.

We noted a few areas where staff training was not complete for the team as a whole. The manager told us that the provider had reviewed its training strategy in the last year to help ensure that appropriate training was acquired for staff. An overall training plan and revised training policy was supplied in support of this.

Are services caring?

Our findings

Everyone told us that staff at the schemes were kind, understanding and compassionate. Comments included, “They treat me nice”, “The staff always help” and “They don’t put you down here.” Some people told us this was their first experience of a mental health service where their dignity was consistently respected. One person explained, “There is a mutual relationship between staff and customers, and they respect your intelligence.” Another person said, “It’s fair and there’s no bullying.” This matched feedback from the last quarterly survey of people that the provider undertook, where 13 out of 15 people stated that they were satisfied that staff listened to, respected and encouraged them. No-one was dissatisfied. A healthcare professional also agreed with this: “Staff are positive, friendly in attitude and work well with service users and other professionals.”

Throughout our visits to both schemes, we saw staff speaking warmly, respectfully, and encouragingly with people. People told us staff had time for them and listened to them. One staff member said, “We listen to customers and encourage them to lead.” We noted that this was reflected in how staff recorded the support provided to people.

People had individual support plans which they developed and kept under review with support of their keyworker. Staff knew people’s individual preferences and support needs. Equality impact assessments had taken place at the schemes, from which there were only recommendations of additional staff training. Staff training records indicated that a minority of staff had completed equality and diversity training. However, the manager told us that this e-learning course was ongoing for other staff and would be completed for everyone within six months as part of the provider’s Equality and Diversity strategy.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

The majority of people told us that were consulted about their support planning and reviewing. Comments included, "They write down what I think" and "I wrote my own, then the keyworker looked at it and we reviewed it." However, two people told us they did not feel able to question their support plans. People's feedback matched the last quarterly survey of people that the provider undertook, where 13 out of 15 people stated that they were satisfied with choice and control at the service. No-one was dissatisfied.

People said that they received the individual care and support they needed. A community professional told us, "They allow the service user to identify and choose the best way in which their needs can be met...which supports service users to reach their recovery goals." Staff knew people as individuals and could give us examples of how they had supported people to progress. Records demonstrated ongoing recognition and support of people's individual and changing needs. There were also consent forms in people's files recognising control over decisions relevant to them, for example, for support with medicines, and on who may access the person's records.

People told us of fortnightly community meetings where, for example, "We talk about the things that we want." Another person told us, "It's run very well." Records of these

meetings indicated that activities were a major point of discussion. What people told us matched the last quarterly survey of people that the provider undertook, where 14 out of 15 people stated that they were satisfied with opportunities to get involved at the service. No-one was dissatisfied.

People told us they could talk to staff or the management team if they had concerns or complaints, and that they felt confident to raise issues. Comments included, "There's an annual workshop on how to complain, and they listen to feedback" and "You write a letter and send it to the manager." We saw posters and leaflets at the schemes advertising complaints processes, and the welcome pack for people newly using the service had details of how to provide feedback or make complaints.

A few people told us they had raised concerns and complaints. They indicated that they felt listened to and that action was taken, for example, "We talked about it and it was okay" and "They don't seem to mind it when we complain or say anything. It's looked at." There were complaint records at each scheme which included details of matters raised, and the action taken for resolution. These included liaison with community professionals where appropriate, to enable investigations to be questioning and objective. Letters were sent to complainants to acknowledge complaints and explain outcomes, and meetings were held where appropriate.

Are services well-led?

Our findings

People spoke positively about the approach of staff and managers. The atmosphere in both schemes was calm and staff were approachable. All the staff we spoke with felt supported and valued, and told us that managers took the time to support them where needed. We saw a recent Investors in People report which indicated the positive support of staff through, for example, staff conferences. This showed us that the service had a positive culture.

The provider sent quarterly surveys to people for them to return anonymously. The results of the last surveys indicated high levels of satisfaction with most aspects of the service.

We saw that audit tools were being used to identify and implement best practice, for example, on incidents, staff sickness, and the involvement of people in their support plans. Service-wide audits had taken place in line with the local authority's quality assurance framework. Whilst these were generally positive, actions plans were set up to address any areas identified for improvement. For example, equality impact assessments had taken place as a result of the audits.

The manager explained that a designated computer system for recording incidents and complaints was used by the provider. This helped to alert key people such as scheme managers, health and safety managers, and herself, and enabled trend analysis from which to take action such as adjusting the staffing support. Records demonstrated that investigations, where required, were thorough, questioning and objective. Other professionals

were informed and involved where appropriate, which showed transparency and willingness to work together to resolve matters. Where required, action plans were set up and monitored to ensure actions were delivered.

The management team had systems in place to review staffing levels and recruit further staff where needed. Feedback from one scheme indicated that improvements in consistent staffing had been made across the last year. Staff and the manager also explained how systems for monitoring incidents and weekly team meetings helped consider the needs of individuals and adjust staffing levels accordingly.

There was consistency between what managers and staff said were the key challenges, achievements, concerns and risks at the service. For example, everyone was aware that complaints were to be welcomed and used as a tool by which to improve the service. Complaints workshops had been organised for people using the service by which to support them to raise any dissatisfaction about the service.

At the time of our inspection the provider did not have a registered manager in post. However, a manager had been appointed who was present during the inspection visit. They had applied for registration before our visit. They demonstrated good leadership of the service, and it was evident that the manager was well known to people using the service and staff. Any suggestions for improvements that were put to the manager and senior staff at the schemes were welcomed, which demonstrated an open culture in support of aiming to provide an effective service to people.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Personal care	<p>Regulation 21(a)(i)(b) HSCA 2008 (Regulated Activities) Regulations 2010.</p> <p>Requirements relating to workers.</p> <p>The registered person did not operate effective recruitment procedures in order to ensure that no person was employed for the purposes of the regulated activity unless that person was of good character.</p>