

L D Care Limited

LD Care - Moreton Avenue

Inspection report

4 Moreton Avenue
Isleworth
Hounslow
TW7 4NW

Tel: 02085825081

Date of inspection visit:
10 January 2017

Date of publication:
27 January 2017

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

LD Care – Moreton Avenue is a care home for two adults who have learning disabilities. At the time of the inspection there were two people living at the service. The service was managed by LD Care Limited, a private provider who ran this and two other care homes in the London Borough of Hounslow. Both people living at LD Care – Moreton Avenue had lived at the service for a number of years. They had close links with the people living in the other homes managed by LD Care Limited and regularly socialised with them.

At the last inspection, 4 November 2014, the service was rated Good.

At this inspection, 10 January 2017, we found the service remained Good.

Why the service is rated Good

People living at the service were happy there. Their relatives and other stakeholders were happy with the way in which the service was run.

People living at the home were protected from the risks of harm because the provider had appropriate procedures in place. The staff were aware of these and had training in order to help keep people safe. The environment was safely maintained and people received their medicines appropriately.

People's capacity to consent to their care had been assessed and the staff supported them to be involved in making decisions about their care. The provider had acted in accordance with their legal responsibilities in order to ensure decisions, which people did not have the capacity to consent to, were made in their best interest by those who knew them best.

The staff were appropriately trained and supported and were given opportunities to share their feedback and ideas about how well the service met people's needs. They were recruited in a safe way which ensured checks on their suitability were made before they started working with people.

People were able to make choices about the food they ate and they were supported to live a healthy life style. The staff monitored people's health and worked closely with other professionals to make sure health needs were being met.

The staff were kind, caring and considerate. They had positive relationships with the people who they were supporting.

People had access to a range of different leisure, social and educational opportunities both at home and in the community. The staff supported them to learn independent living skills and to do as much for themselves as they could.

The staff had assessed and recorded people's care needs. There were clear plans to describe the support each person needed and evidence that these plans were followed.

The service was appropriately managed. There were comprehensive systems for monitoring the quality of the service and making sure complaints were dealt with appropriately. The provider listened to and learnt from the feedback of others making changes and improving the service. Records were very well maintained. The care plans, risk assessments and records of care provided were of a high standard and clear and well thought out. These were regularly reviewed.

The service met or exceeded all the relevant fundamental standards we inspected and provided a positive, homely and forward thinking environment for the people who lived and worked there.

Further information is in the detailed findings below.

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.

People lived in a safe and well-maintained environment.

The staff had been trained in and understood procedures for managing risk, safeguarding vulnerable adults and providing safe care and treatments.

There were enough suitably recruited staff employed to keep people safe and meet their needs.

People received their medicines in a safe way.

Is the service effective?

Good ●

The service remains Good

People's capacity to consent had been assessed and they were supported to be involved in making decisions about their care and treatment. Where they were unable to make decisions the provider had acted in accordance with the Mental Capacity Act 2005.

The staff were suitably trained and supported.

People's health needs were monitored and met.

People's nutritional needs were met.

Is the service caring?

Good ●

The service remains Good

People were cared for by kind, polite and supportive staff.

People's privacy and dignity was respected.

Is the service responsive?

Good ●

The service remains Good

People were supported in a way which met their needs and preferences.

People had opportunities to take part in social and leisure activities.

There were appropriate procedures for making a complaint and people, their relatives and others felt listened to and involved in the service.

Is the service well-led?

Good ●

The service remains Good

The relatives of people living at the service and other stakeholders gave positive feedback about their experiences.

There were good systems for monitoring the quality of the service and making improvements.

Records were well organised, up to date and accurate.

The provider was working with other organisations to ensure they provided care which reflected best practice guidance.

LD Care - Moreton Avenue

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

The inspection took place on 10 January 2017 and was unannounced. This was a comprehensive inspection of the service.

The inspection was conducted by one inspector.

Before the inspection we reviewed the information we held about the service. This included the last inspection report, statutory notifications about incidents and events affecting people using the service and a Provider Information Return (PIR) the registered manager completed and sent to us. 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 the inspection visit we met the homes manager and two members of staff. Both people who lived at the service were out at the time of our inspection. Because of the level of their needs they would not have been able to fully describe their experiences of the service. Therefore we spoke with relatives of both people who have regular contact with the service on the telephone to ask them for their feedback. At the previous inspection of the service we observed the way in which people were cared for and supported.

We looked at the environment to make sure this was safe and well maintained. We looked at the care records for both people living at the service, the staff recruitment and training records for four members of staff and other records the provider used for planning, running and monitoring the service, these included quality checks.

We received feedback from two external professionals who worked with people living at the service.

Is the service safe?

Our findings

The relatives of both people who lived at the service told us they felt people were safe there. They said the staff reported any changes in the person's condition or health to them immediately.

The provider had a procedure for safeguarding vulnerable adults. The staff had all received training in this. In addition, the subjects of safeguarding and whistle blowing were regularly discussed at team meetings and when the staff met individually with the homes manager. There had not been any safeguarding alerts since the last inspection.

People were protected from avoidable harm because the staff had assessed the risks to each person and taken action to reduce these. Risk assessments were clearly recorded and included information about how the staff should support people. The assessments were regularly reviewed and updated and this was recorded. Risk assessments included risks associated with people's health, with moving safely, when using the community, when using transport and activities in the home.

Where people had been involved in an accident or incident, the staff had taken action to help protect them and keep them safe. We saw records of accidents and incidents. There was evidence that the staff had responded to these in a calm and appropriate way, providing first aid treatment if needed. They had also notified the person's next of kin and relevant health and social care professionals of the incidents and action taken. We saw that information from these had been used to update and review care plans and risk assessments.

The provider had a fire procedure, policy and risk assessment. These had been reviewed and updated since the last inspection. The provider had consulted with an external agency to make sure the documents were appropriate and gave the information needed. In addition the staff had created individual personal emergency evacuation plans for both people who lived at the service, describing the action staff should take to support them in an emergency situation. The staff undertook regular checks on fire fighting and safety equipment, as well as taking part in fire drill evacuations. These were recorded.

People lived in a safe and well maintained environment. The provider employed a maintenance worker and the staff told us that repairs were attended to promptly. The staff carried out regular checks on the health and safety of the environment and equipment and these were recorded. Where problems were identified there was evidence that these were reported and acted upon. In addition external organisations carried out servicing and checks on equipment, water, gas and electricity safety.

The home was clean. The staff had recorded schedules for cleaning and these were followed. Cleaning products were stored safely and appropriately.

The provider had an emergency contingency plan which was accessible for the staff. This detailed action they should take in various different emergency situations and included telephone numbers for different

services.

People received their medicines in a safe way. The staff were trained to administer medicines. There were clear procedures and the staff were aware of these. People's medicines were clearly recorded along with information about why they were prescribed these and any side effects. There were protocols regarding the administration of PRN (as required) medicines, when these should be administered and the procedure for the staff to follow. Medicines were securely stored. The staff carried out daily audits and tablet counts for all medicines and the provider carried out additional audits of medicines management.

There were enough staff to support people in a safe way. They had been suitably recruited. Recruitment checks included a formal interview, observation of them meeting people using the service and checks on their identity, criminal records, employment history and references from previous employers. We saw evidence of these checks.

Is the service effective?

Our findings

The relatives of both people who lived at the service told us that they felt people were supported to be involved with decisions about their lives. One relative told us how they had legal responsibility to make decisions on behalf of their relative. They said that the staff involved them in decision making and informed them about all medical appointments and changes in condition or planned activities of the person. They also reported that the staff were very good at encouraging the person to make their own decisions where they were able to understand the choices.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The staff had made assessments of people's capacity to consent. These considered different decisions and their ability to understand and consent to these. For example, whether they could make decisions about the food they ate, receiving medicines, financial decisions, decisions about personal care, activities and decisions about their health. Each area was individually assessed recording how the person would express their choice and ways in which to support them to understand the decision. Neither of the people living at the service had the capacity to make complex decisions about their care and support. The provider had taken appropriate action and liaised with the person's representatives to make decisions in their best interests. The provider had applied for DoLS for both people.

The relatives of both people who used the service told us that they thought the staff were well trained, appropriately skilled and knowledgeable. New staff undertook an induction into the service when they started working there. This included shadowing experienced staff and undertaking training. At the last inspection we found the training to be wide ranging and appropriate to the service, and this continued to be the case. The staff told us they had opportunities for formal training updates and we saw evidence of training certificates and staff competency tests and assessment's.

In addition to online and classroom based training, the staff took part in monthly learning sets. At these meetings specific topics were discussed and information was shared. The managers told us they were in the process of planning future sessions. They said the sessions were very useful and enjoyable for the staff and said that sometimes the people using the service joined in with the sessions. Some sessions were specific for each home and some were held for the whole organisation. Topics discussed in 2016 included, the Mental Capacity Act 2005 and DoLS, safeguarding, medicines management, epilepsy, reflective practice, record keeping and nutrition and hydration. The information from each session was available for the staff to access whenever they needed.

There were good systems for handing over information between the staff to ensure they were familiar with any changes at the service.

The home manager and team leader regularly met with the staff as a team and individually to discuss their work. We saw records of these and of annual appraisals. The staff had opportunities to share their ideas and request additional support or training if they wanted.

Healthcare needs were clearly recorded in care plans. Each person had a detailed health action plan which outlined the support they required with different health needs. There was information about consultations with healthcare professionals and any guidance or information from these. Relatives of people told us they were invited to health care appointments and informed about the outcome of appointments they could not attend. There was evidence that the staff acted promptly and appropriately when there were changes in people's health.

The relatives of both people told us people's dietary needs were met. One relative said, "The food is very nice; it is always home cooked." There was a planned menu which incorporated people's favourite meals. The staff told us they cooked alternatives when people wanted. We saw that information about the food people had eaten showed they had a varied diet which included opportunities for dining out. People's food and fluid intake was recorded and monitored. People were weighed monthly and where there had been concerns with their weight or dietary intake they had been referred to, and seen, relevant healthcare professionals.

Is the service caring?

Our findings

The relatives of the two people who lived at the home told us they felt people were well cared for and the staff were kind, caring and supportive. They said that the people who lived at the home had a good relationship with the staff. Some of their comments were, "The carers are sweet and patient", "The quality of care is very good", "[My relative] always tells people, "I am very happy here" and "The staff are consistent and there have been few changes so [my relative] knows them well and they know [my relative]."

The staff provided care which was person centred and focussed on the individual needs, wishes and preferences of the people who lived there. Support plans and guidance for the staff gave very detailed information about the person and how they expressed their choices, as well as known preferences. There was an emphasis on supporting people to make choices, comforting and reassuring them so they felt relaxed and empowered. This was evidenced through the record of care provided and reinforced with the staff through training, meetings and messages from the manager and with each other.

People were encouraged to learn new skills and be independent where they were able. For example, the support plans recorded small actions each person could undertake for themselves in all aspects of their care and daily living. Where people were able to complete a task, such as folding clothes or washing themselves, we saw support plans encouraged this and records of care provided showed what people had done and any new achievements they had made. People were involved in caring for the house, shopping for their personal needs and the household and preparing meals. The staff were aware of restrictions due to their physical or learning disabilities, and found ways to encourage and support people to do the things they could. People were given choices, for example what to wear each day, and there was information to ensure the staff offered choices in a way which empowered rather than confused the person.

People's privacy and dignity were respected. Their individual cultural and religious needs were recorded in care plans. The staff had a good understanding about maintaining privacy. We were told care was provided in private and the staff made sure information was only shared appropriately with others when necessary.

Is the service responsive?

Our findings

People received care with met their needs and reflected their preferences. One relative told us, "They generally do everything they can to meet [my relative's] needs." Another relative said, "The staff help make sure [my relative] has [their] physical needs met."

People's care needs were recorded in support plans which described the action the staff should take to support them. The staff recoded the care they had provided in detailed records. These showed that the support reflected the planned care. There was evidence that the staff had responded to changes in people's needs and also

The staff had created weekly plans of social and leisure activities for each person. These included a range of different activities they liked and time socialising with other people. The plans were regularly reviewed by the staff, with input from people who lived at the service and their representatives. Some of the comments from relatives included, "[My relative] goes swimming regularly", "The staff were very responsive when [my relative] and I requested that [they] tried a new activity, the staff supported this and now [my relative] does this twice a week" and "[My relative] has a full activity schedule and is always busy doing things [they] enjoy."

The relatives of the people who lived at the service told us the provider made sure they were well informed, involved in making decisions and welcomed at the home. They said that they visited regularly and that all the families and friends of the people living there were welcomed. Some of their comments included, "They involve me in all the meetings at the service, any healthcare appointments or any decisions to be made", "The staff contact me about everything, the tiniest scratch or any changes they let me know", "They are always in contact with us" and "The staff are very accommodating when any of the family visit."

The staff supported one person to use the internet to have face to face conversations with relatives who lived abroad.

People using the service and their relatives were able to raise concerns and feel that these would be appropriately responded to. One relative told us that they had raised a concern in the past. They told us action had been taken and the problem had been resolved. Both relatives said that the homes manager and staff were very responsive. There were good systems for considering the views of the people who used the service and the staff recorded how people felt about the care they received and if they had said or shown that they were not happy about anything. There was a complaints procedure and this was displayed in the home, along with a pictorial guide about how to make a complaint.

There had been one formal complaint since the last comprehensive inspection of the service. There were clear records to show how this had been investigated, that all relevant parties were informed of the complaint, investigation and the outcome and how the concern had been resolved.

The relatives of people using the service and other stakeholders were asked to complete satisfaction surveys about their experiences. The relatives confirmed this and we saw copies of letters requesting their feedback. The provider had information about feedback from surveys and quality monitoring on display at the service.

Is the service well-led?

Our findings

The relatives of people who lived at the home felt the service was well run and were happy with the care and support people received. Their comments included, "The home is very good", and "We are very happy, everything is good, we have no problems and we can talk to them if we do'."

The external professionals we spoke with told us, "The two residents who live there, look well cared for and happy" and 'The staff are caring, pleasant and polite. They provided personalised care to [the person who I support] and are proactive in trying to engage [the person] in a range of activities. I have no concerns about the service they provide.'

The records of care and support provided showed that the service had made a difference to the lives of the people who lived there. They had opportunities to try new things and had developed skills. Their health was well maintained and they had access to the health care professionals they needed. Care was provided in a person centred way, where changes to the service were always made with consideration of and in the best interests of the people who lived there. This was evidenced through the provider's quality monitoring records and records of care provided. The staff were well trained and supported and had opportunities to learn through their work and through the support of the team and the organisation. There was good communication and the service was open and welcoming, sharing information and asking for ideas from relevant professionals and family members. Information from others had been recorded and was used to help develop support plans, procedures and to make positive changes.

LD Care Limited was a small privately owned company who managed three care homes in the London Borough of Hounslow. The provider was the registered manager for the service.

A registered manager is a person who has registered with the Care Quality Commission 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.

In addition there was a home manager who oversaw the day to day running of this and the two other services, two assistant managers who supported the home manager and a house leader who was responsible for LD Care – Moreton Avenue. The staff told us they found the registered manager and home manager very supportive. They said they could speak with them whenever they needed and they felt listened to and valued.

The staff enjoyed their work and liked working for the organisation and at the service. They demonstrated that they took a pride in their work and spoke positively about the people using the service.

The home manager told us that the provider had initiated the process for applying to the National Autistic Society for accreditation. They were liaising with the assessors to develop the evidence they needed for this accreditation. The home manager also told us they worked closely with other local providers, sharing ideas

in order to improve practice.

There were thorough audits and good systems for monitoring the quality of the service. The staff undertook daily checks on medicines supplies, cleanliness, health and safety and the wellbeing of the people who lived at the service. In addition there was a comprehensive audit of the whole service once a month. This included looking at care needs, health, changes in needs, staffing requirements, health and safety and records. The provider undertook spot checks on the service, where one of the managers visited and carried out a full audit. The managers also spoke with individual staff about a specific topic checking their knowledge and understanding. For example, recent spot checks had included speaking with the staff about effective communication and the routines of the home.

The staff took part in meetings with the manager each month to discuss the service and the individual needs of the people who lived there. The records of these showed that the staff contributed their ideas and were able to say what they felt worked well.

Records were well organised, clear and up to date. Information was easily accessible for staff and others who needed to use the records. Care plans, risk assessments and records of the care provided for each person were very well designed and enabled the staff to have a good understanding of each person and the support they required. There were good systems for the staff to share information and to plan and allocate work. The staff understood these systems and followed them. As a result, people's needs were always met, changes in their needs were identified and acted upon, the staff had a good understanding of their roles and responsibilities and the service ran efficiently and in a way which was centred on the needs of the people who lived there.

The policies and procedures for the service were viewed at the previous inspection. These had been reviewed by the provider and were available at the service for the staff to view.

The provider had notified the Care Quality Commission of significant events as required by Regulations.