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

The inspection took place on 16 August 2016 and was announced. The provider was given 48 hours' notice because the location provides a flexible care service; we needed to be sure that someone would be available to assist us with our inspection and that we could access the information we needed.

Look Ahead Domiciliary Care (Hertfordshire) provides care and support for up to 10 people with learning disabilities to live independently. Look Ahead Domiciliary Care (Hertfordshire) provides the personal care and support element and an independent landlord owns the property. The service also supports two further people who live in a neighbouring town to live independently. On the day of this inspection eight people were in receipt of the support provided under the regulated activity.

We last inspected the service on 06 December 2013 and found the service was meeting the required standards at that time.

There had not been a registered manager at Look Ahead Domiciliary Care (Hertfordshire) since the previous registered manager left the organisation in February 2016. A new manager had been recruited and had been in post since April 2016. They had submitted their application to register with CQC and this was in process at the time of this inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People had health care and support plans in place to help ensure that staff knew how they liked their needs to be met. Risks to people's safety and welfare had been identified and care had been planned to enable people to live as safely and independently as possible. There were sufficient numbers of staff available to meet people's care and support needs. People's medicines were managed safely. There were clear arrangements in place in the event of emergencies.

The systems in place to recruit staff were robust to help ensure that the right people were recruited to provide people's care and support. Staff received on-going training to help ensure that they kept up to date with good practice and refresh their skills and knowledge. Consent to care and treatment was understood by the staff team and people were supported in line with the legislation. Information was available in communal areas about advocacy services should people feel they needed additional support with decision making.

Support was provided to promote healthy eating and access to health care services. Staff were caring and promoted people's independence as much as possible. People were supported to access a range of activities outside their homes. People's relatives told us they would be comfortable to raise any concerns with the management team and confident that they would be acted upon.

The culture of the service was open and staff were motivated and clear about the manager and provider's objectives. The provider had arrangements to receive feedback from people who used the service and to drive forward improvement including regular monitoring by representatives of the provider.

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 was safe

Staff knew how to recognise and report abuse.

Risks to people's safety and well-being had been identified and plans put into place to minimise the risks to individuals.

People needs were met by staff who had been recruited in a safe way and worked in a flexible way to support them.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

People received care from a staff team who had received induction and training to support them in their role.

Staff had a good awareness of the principles of consent and the Mental Capacity Act 2005 (MCA).

People were supported with meal preparation as necessary and to access health care support when needed.

Is the service caring?

Good

The service was caring.

People were treated with warmth and respect.

People were supported by staff who promoted their rights to choice and independence.

People were supported to have a say and make decisions about how they were supported.

People had access to advocacy services.

People's dignity and privacy was promoted.

Is the service responsive?

Good

The service was responsive.

People contributed to their support plans as much as they were able which helped to ensure that the care they received was responsive to their needs.

People's concerns were taken seriously.

Is the service well-led?

Good

The service was well led.

Staff understood their roles and were supported by the management team through regular supervision, appraisals and team meetings.

The atmosphere at the service was open and inclusive.

The provider had arrangements in place to monitor, identify and manage the quality of the service.

Look Ahead Domiciliary Care (Hertfordshire)

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 met 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 under the Care Act 2014.

This inspection took place on 16 August 2016 and was announced. The provider was given 48 hours' notice because the location provides a flexible care service; we needed to be sure that someone would be available and that we could access the information we needed. The inspection was undertaken by one inspector.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted and a Provider Information Return (PIR). Statutory notifications include information about important events which the provider is required to send us by law and the PIR is a form that asks the provider to give some key information about the service, including what the service does well and any improvements they plan to make.

During the inspection we spoke with two people who used the service, two support staff, a team leader, the manager and a representative of the provider. We spoke with relatives of five people who used the service subsequent to the inspection visit to obtain their feedback on how people were supported to live their lives. We received feedback from representatives of the local authority health and community services.

We reviewed care records relating to two people who used the service and other documents central to people's health and well-being. These included staff training records, medication records and quality audits.

Good

Is the service safe?

Our findings

People who used the service, relatives, staff and external professionals told us that they believed that the support provided for people was safe. A relative said that at this time they did feel that their family member was safe using the service but they told us this had not always been the case. They said there had been recent improvements in the service provided and that this was mainly due to the person's keyworker who they said was, "Absolutely brilliant, a Godsend. [Keyworker] is consistent with [Person] and has such a good rapport with them." Another relative told us, "I think [Person] is safe there, they seem happy enough whenever I see them."

Another relative told us of a person who had very limited mobility and therefore was not able to reach a call bell when they needed assistance. The service had provided the person with a wireless pendant that the person wore around their neck. The relative told us that the person had fallen recently and had used the neck pendant to summon assistance from staff. They told us that staff had come to help them immediately.

Another relative told us," We are lucky that [Person] is living somewhere where they are safe and receiving the care they need. It is good for me because it gives me peace of mind."

Staff told us that they believed they provided a safe level of support for people. One staff member told that this was particularly the case now that the service had recruited another manager. They told us that staff were now able to concentrate on providing a good and safe service because they were confident in the knowledge there was someone with overall responsibility for the service.

We spoke with staff about protecting people who lived at the service from abuse. All the staff we spoke with were confidently able to describe what constituted abuse and said that they would escalate any concerns they had. They were able to demonstrate that they knew who to report any concerns to outside the organisation. We noted that whistleblowing procedures had been covered in a recent team meeting to help ensure people knew how to raise any concerns.

The service had embraced a Hertfordshire 'Keep Safe' initiative, where local shops and amenities displayed a sticker to make people with learning disabilities aware that they could ask for help if needed. People who used the service were given a 'Keep Safe' key ring that they could show in any of the shops. The local Police had visited people who used the service and built good relationships. This had worked to give people added confidence when out and about in the local area.

Risks to people's health and well-being had been identified and management plans were available in the care records. These included areas such as the risk of abuse due to being very trusting, medicines, physical health and weight gain. All staff we spoke with were aware of the risks to people's health and well-being. The risk management plans were routinely reviewed to help ensure that the management strategies continued to effectively reduce or minimise the identified risks.

Some people who used the service sometimes demonstrated behaviours that could challenge others. There

were clear plans in place to support staff to manage these behaviours in a consistent manner. For example, guidance for staff about their own body language and what distraction techniques to deploy.

People who were able and their relatives told us that they thought there were enough staff available to help keep them safe. A staff member told us, "We have enough staff. We have a regular routine that ensures people's needs are met when they want." There was a basic core staff level of two support workers each day to provide the support people needed with their personal care, meal preparations and medicines. Additional hours were provided on an as required basis as per people's individual assessed hours. For example, people with low dependency needs had 15 hours per week of 1:1 support for assistance with financial matters, emotional support and shopping and other people with higher needs received up to 30 hours individual support per week. On the day of this inspection we saw that individual people received support to go shopping, to go bowling or just to go out for a coffee. The manager told us that the service occasionally used agency staff to provide additional cover however; this had significantly reduced in recent times due to a successful recruitment campaign. The agency provided consistent staff which meant they had knowledge and understanding of people's support needs.

Safe and effective recruitment practices were followed to help ensure that staff were of good character, physically and mentally fit for the role and sufficiently experienced, skilled and qualified to meet the needs of people who used the service. We saw that satisfactory references were received, criminal record checks completed and identification checks and permanent address checks of applicants had been undertaken prior to people starting to work at the service. People who used the service were involved in interviewing new support staff members and the manager told us that people's relatives had been involved in their interview process.

Staff were able to confidently describe the procedures to be followed in the event of an emergency, for example a fire and confirmed that regular fire alarm checks were undertaken to help ensure people's safety was promoted. People's care plans included evidence to confirm that people had been consulted about the individual support they would require in the event of an emergency such as a fire. For example, one person's emergency procedure and risk management plan stated that they would make their own way out of the building whereas another person would stay inside their own flat and wait for assistance.

People's medicines were managed safely. A relative told us, "[Person's] medicines are managed safely, the staff deal with them well and they are in regular contact with the GP." People had risk assessments and clear protocols in place for the administration of epilepsy medicines, as required medicines and emergency medicines. People's care plans included individual protocols for how they wished staff to administer their medicines. For example one care plan stated, "I like staff to come into my kitchen and put the tablets together in my hand, can staff then give me a glass of water to take my tablets." There was a record of staff signatures and there were care plans for medicines that were prescribed on as needed basis. We checked a random sample of boxed medicines that were not included in the pharmacy supplied blister packs and found that the stocks of medicines held tallied with the medicines administration record (MAR).

Good

Is the service effective?

Our findings

Relatives of the people who used the service that we spoke with told us that the care and support provided was effective. One relative said, "Staff are skilled and their knowledge in relation to [Person's] specific needs has improved as time has gone on." Another relative told us, "Staff do know what they are doing, but it is disappointing that [Person's] keyworker keep changing."

One relative commented to us that maybe people who used the service would benefit by staff receiving more training in relation to the needs of people living with autism. They told us, "Staff don't always pick up on issues that trigger a person's anxiety and take appropriate actions to calm them. Such as move an item that is causing a person agitation out of their field of vision for example." We discussed this with the manager and reviewed training records. We saw that established staff members had been provided with training in this area and that Autism training had been requested for newly recruited staff members.

Staff told us that they received the training they needed to support them in their roles which we confirmed during our inspection. Specific training was provided relating to the needs of the people who used the service. For example, training to give the staff skills to manage conditions such as Autism Awareness, Epilepsy Awareness, Makaton (A language programme using signs and symbols to help people communicate) and insight into Asperger's. New staff members were required to complete an induction programme and were not permitted to work unsupervised until assessed as competent in practice.

Staff members told us that they received regular supervision from a line manager and said that they were able to discuss any aspect of their role with senior staff which made them feel supported and valued.

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.

We checked whether the service was working within the principles of the MCA. Staff had a good understanding of the Mental Capacity (MCA) 2005 and that people's capacity could fluctuate from time to time. We noted that people's capacity had been assessed where there was a concern that they may not be able to make decisions for themselves and support had been sourced from relatives and local authority social working teams where appropriate. Staff told us that they obtained people's consent as they went about their duties and before any support was provided. They told us that the way they achieved this varied from person to person dependent on the need and the level of support that was provided.

A relative told us that they were not always confident that meaningful choices were being offered for people with regards to food. For example, the person's relative found that the freezer was full because the staff had not been preparing any of the food from there. Staff had said that the person always asked for the same thing every day so this is what they provided. The relative was concerned because the person was eating

such a repetitive and limited diet and told us, "[Person] can't chose for themselves, they do not understand, they need the staff to provide encouragement and stimulation." We discussed this with the manager who undertook to explore this situation with the person, the staff team and the person's relative.

People were supported to eat and drink according to their dietary needs, choices and preferences. Information was available out specific food intolerances, likes and dislikes. Where people had health needs due to being overweight or underweight appropriate professionals were involved and a healthy eating plan was put in place. For example, one person had gained weight and it had been identified that their health and wellbeing would benefit by them losing weight. A plan of health eating and regular exercise had been introduced.

People were supported to maintain as much independence as possible in the purchasing of food, the preparation and cooking in accordance with the risk assessment process. Some people told us that they received assistance with shopping for food and other people said they received support with preparing meals. A relative told us that they were confident that people were supported to eat and drink in sufficient amounts to maintain their health and wellbeing. However, they said they had to provide their relative with re-heatable microwave meals and frozen foods because, "Staff don't have the time to cook meals."

People were supported with their health needs. Staff members told us that they supported people to routine health appointments and a relative told us, "They take [Person] to the doctor when they need to go." Records were maintained to show when people had been supported to attend appointments or screening services. For example, with their GP, dentist or optician. The staff team told us about one person who had a strong dislike for needles but with encouragement they had successfully had their annual flu vaccine. The GP had visited the person in their own flat to administer the injection to reduce the stress for the person. The outcome of the appointments was clearly recorded along with any action and follow up appointments.

Good

Is the service caring?

Our findings

People told us that they were happy with the support they received and told us that the staff were kind and caring. External professionals involved with the support of people who used the service told us that the staff team were caring, one professional said, "Some staff are really brilliant and have really good relationships with the people who use the service."

Relatives told us that the staff team were kind and caring. One relative told us, "Staff are caring in their nature, in general the team are definitely caring and want to do their best for [Person]. They are concerned about [Person's] welfare." Another relative said, "The staff are all very kind to [Person]. I am happy with the staff, they are all obliging."

Due to the nature of the service we had limited opportunity to observe staff and people interacting with each other because people resided in their individual flats and did not spend a great deal of time in communal areas with the staff team. However, the interaction we did observe was kind and friendly and staff members clearly knew the history and needs of the people they supported.

During the course of the morning we saw a person sat in the communal lounge area leafing through magazines and watching television. We noted that staff members all stopped and spoke with the person as they were passing through, they asked if the person was OK and if they wanted a drink. This showed that staff treated people with consideration.

People told us that they were able to express their views and were involved in decisions about how they were supported. They had individual support plans which outlined the care and support that each person needed including their individual preferences about how they wished to be supported.

People were able to receive visitors whenever they wished and told us that they had good links in the local community. We observed people coming and going throughout the day accessing local facilities and services supported by staff.

Staff had a good understanding of issues around privacy and confidentiality. They were able to outline how they demonstrated this when supporting individuals. Staff knocked on people's doors and waited to be asked before entering people's rooms. We noted that people's records were securely stored.

We saw records to confirm that people had been asked for their views about the service provided for them. Records showed that meetings were held on a regular basis for the tenants of the individual flats to discuss the support that was provided for them. For example, the minutes from a recent meeting included reference to a planned barbecue for family and friends. People were asked if they would like to be involved in the preparations and we noted that some people had volunteered to be involved in such areas as making lists, preparing food and setting up the barbecue. It was also mentioned at the meeting that the weather was hot so people should remember to drink plenty of fluids to keep healthy and use sun cream to protect their skin from the harmful rays of the sun.

Good

Is the service responsive?

Our findings

Relatives gave us mixed views about the opportunities offered for people to be involved in activities and engagement. Some relatives said that people were offered many opportunities to engage with activities and pasttimes of their choice but other relatives were less positive. One relative commented, "I feel that the staff are competent but not necessarily always confident which is a different thing. They all have general training but I am not sure what training they receive in terms of engaging people and being proactive in getting people involved in activities and stimulation, especially the new staff." A further relative told us that staff members asked an individual what they would like to do for the day but the person responded that they don't know so they ended up not doing anything at all. We discussed this with the manager who advised us that there were many methods used to encourage and engage with people but acknowledged that maybe the record keeping did not demonstrate this effectively.

On the day of the inspection we saw people going out and about with staff supporting them. For example, some people went shopping, one person went on a canal boat ride and another person went bowling. A relative told us that the service had been very responsive in supporting a person who had become disinterested in going to the day centre that they had attended for many years. The person was inclined to succumb to depression if they became bored and their relative told us that the management team had worked proactively with the funding authority to access additional 1:1 support hours to help engage the person with activities outside their home.

People were supported to go on individual holidays of their choice rather than on large group holidays. Examples of this included a person who had been to New York for a holiday with staff to support them and a person who had chosen to go to a UK based holiday park.

People who used the service were able to use a communal lounge area where they could meet with housemates and a group meal was arranged each week on a Friday to create a social atmosphere. We noted that each person had an individual activity box in the communal lounge where they could keep games or craft items.

People had access to a pleasant secure garden area and funding had been received to start a gardening group. The manager told us that the intention was to involve people in growing vegetables to contribute towards the healthy eating ethos.

Quarterly meetings were arranged with relatives to gain their feedback on the effectiveness of the service. As a result of these meetings action plans were developed and updates on actions completed were provided at following meetings. For example relatives had requested a summer barbecue which was being arranged at the time of this inspection.

An initiative had been introduced to celebrate and reward people's contributions towards the service. People could earn 'time credits' by investing some of their time and effort into doing something good for someone else. For example, people talked about joining together and singing Happy Birthday to one of the

guests at the forthcoming barbecue. This was considered to be a nice thing to do and worthy of a time credit. Staff told us that one person earned some time credits by helping to shred paperwork and they helped to clear out the shed. The time credits could then be exchanged by individuals for an activity based on their health and well-being such as yoga, meditation or an Indian head massage.

There was a key worker system in place. A key worker is a staff member who monitors the progress and support needs of the people they are assigned to. This ensures there is continuity of care for people who require support. Relatives gave us positive feedback about the keyworkers. One relative said, "[Person] gets on very well with their key worker, they are very good."

People told us that they received good levels of support. Care and support plans documented the support people needed and how they wished it to be provided. For example, one person's care plan stated, "Please don't interrupt me when I am talking. Please be patient and understanding, I may not always be in a good mood."

People's individual daily living skills were assessed and the level of support they required for tasks was identified within their care plans. For example a person understood what a washing machine was for but needed help to select the correct programme. Another person was able to dress independently but needed support to ensure the clothing they had chosen was appropriate for the weather conditions. We saw that the information in the care plans was amended as people's needs changed and that the plans were reviewed on a regular basis.

The provider had a complaints policy and procedure in place to support people who used the service or their relatives to raise any concerns. People told us that they would be confident to raise any concerns with the service management. People's relatives told us that they would be confident to raise any concerns. Some relatives told us that they had not always been confident in the past that their concerns would be taken seriously but felt that the new management would listen and take them seriously. One relative told us, "I have no complaints, it is a nice place for people to live."

Good

Is the service well-led?

Our findings

People who used the service, their relatives and staff told us that the new manager had not been at the service very long but some people felt that they had made a positive impact. One relative said, "What is so good is that they respond well to us, we have a healthy and open relationship, they listen to our concerns and we are working together going forward." Another relative told us, "It is refreshing to have such an open relationship and being able to exchange views and opinions."

Staff were motivated and positive about their role. They were clear about the objectives of the service. They were clear about their roles and responsibilities as well as the structure of the organisation and who they would go to for support if needed. Staff told us the management team were supportive and approachable and that the new manager had settled in well. A staff member told us, "It is good now that we have a manager. It was hard for a while when we didn't because there wasn't anyone to take responsibility. There is always someone available to support us out of hours if needed."

A representative of the local authority social work team told us that the new manager had invited them to team meetings; they told us that this was welcome and had not happened previously. They told us, "The new manager seems to be open and transparent." This showed us that the management team worked in partnership with key organisations to support safe care provision.

The service demonstrated an open culture and transparency with regard to any mistakes made. For example, a concern relating to management of people's personal finances had been investigated since the previous inspection. We noted that a meeting had been held with the staff team to discuss learning from the event and systems had been made more robust to help prevent a repeat occurrence.

Our observations of how staff interacted with each other and the people who used the service demonstrated to us that there was a positive culture and people were encouraged to be open.

There were systems to support staff and monitor performance such as supervision and staff meetings. We saw records of a recent staff meeting and noted there were opportunities to reflect on how people's needs were changing and the outcome of recent quality assurance monitoring.

Daily records were completed however, we found that they did not confirm that people were receiving their individual 1:1 hours as funded by the local authority. We discussed this with the management team who gave us examples of how people benefitted from these hours. The management team acknowledged that record keeping did not always provide evidence of the engagement and stimulation provided for people and undertook to review this area of practice.

The management team told us of regular meetings that were held with local authority commissioning teams. These meetings provided the opportunity for all parties concerned to discuss any specific needs of individuals or for example, where a person's dependency may have increased to review the allocated hours to ensure they were still appropriate to meet the person's needs.

The manager operated a system of routine audits in place at the service that addressed areas such as health and safety, management of medicines and infection control. Where actions had been identified actions plans had been developed. For example, as a result of a medicines audit a system had been introduced to record medicines booked in and out when people went off site and returned.

Annual quality audits took place which were led by the provider's internal quality team, and identified any areas for improvement and documented where the registered manager had to address any shortfalls. We noted that there were regular Landlord health and safety checks undertaken to help to ensure that people lived in a safe environment.