The Westminster Society For People With Learning Disabilities

Alison House

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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 22 January 2018 and was announced. We gave the provider 24 hours' notice of the inspection because we needed to ensure the registered manager would be available.

We rated the service Good at our previous inspection in January 2016. At this inspection we found the service remained Good.

Alison House provides short term respite accommodation and support to adults with learning and physical disabilities. The service has five bedrooms all of which are wheelchair accessible. The service is staffed 24 hours and provides personal care but not nursing care. On the day of our visit, one person was using the service and two people were due to arrive later in the day.

The service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a registered manager. 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 and associated Regulations about how the service is run.

People were safeguarded from potential harm and abuse. Staff undertook safeguarding training. Any issues raised were fully investigated. The service was maintained to make sure it remained a safe place for people to live.

Care and treatment were planned and delivered to help people retain their health and well-being. People and their relatives were involved in the care planning process and people received the individualised support they required and their needs were kept under review.

The provider had systems in place to ensure that people were protected from risks associated with their support. Risks to people`s health and wellbeing were identified and managed safely.

People's rights were protected in line with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The registered manager understood their responsibilities regarding this.

People using the service and their relatives told us they were happy with the care provided. Staff were appropriately trained and received supervision and guidance from senior staff members where required.

People`s medicines were managed safely by staff who had their competencies assessed.

People were supported to attend healthcare appointments as required and staff liaised with people's family members, GPs and other healthcare professionals to ensure people's needs were met appropriately.

People were supported to eat and drink according to their individual preferences. Staff met people's nutritional needs.

People had opportunities to pursue their hobbies and interests and to socialise at the home and in the community.

On the day of the inspection there were enough staff to meet people's needs. Recruitment processes remained robust to protect people from being supported by any unsuitable staff members.

The provider had implemented and was operating effective systems to audit different aspects of the service; these included the administration of medicines, care records and reviews, fire safety procedures and health and safety checks.

Investigations of incidents and accidents took place and any learning from these issues was implemented to help to maintain or improve the service provided.

People using the service, family members and staff felt able to speak with the registered manager and provided feedback on the service. People's complaints had been responded to and action taken to resolve them.

We made two recommendations in relation to notifications and the design and decorative order of the service.

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 remained safe.

Good

Is the service effective?

The service remained effective.

Good

Is the service caring?

The service remained caring.

Good

Is the service responsive?

The service remained responsive.

Good

Is the service well-led?

Not all aspects of the service were well-led.

The provider was not consistently notifying the CQC of safeguarding concerns in line with their registration requirements.

Improvements to the home environment were slow to take place.

The service had quality assurance systems in place.

Requires Improvement

Alison House

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 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.

This was a routine inspection. The service had been rated "Good" in January 2016. We have received one notifications from the provider since our last inspection took place in relation to personal care. this matter is currently being investigated by the provider and a local authority safeguarding team.

This inspection took place on 22 January and was carried out by one adult social care inspector. We gave the provider 24 hours' notice of the inspection visit because it is small service and we needed to be sure the registered manager would be available.

Before we visited the service, we checked the information we held about this location and the service provider including inspection history and statutory notifications. A notification is information about important events which the service is required to send to the Commission by law. We asked the provider to submit a provider information return (PIR). This is a document for providers to tell us what they are doing well and how they intend to develop the service.

We reviewed records of care and medicines management concerning four people who regularly use the service, and looked at records of recruitment and supervision of five staff. We looked at records relating to the management of the service, including rotas, training, team meetings, communications and audits. We carried out an observation of lunchtime and spoke with one person using the service. We spoke with the registered manager, an assistant director, an operations manager and four care workers.

Following the inspection, an expert by experience spoke with eight relatives of people who regularly use the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Good

Is the service safe?

Our findings

One person using the service told us, "I do feel safe, it's a nice place and the staff are good." Relatives told us they were confident their family members were safe and well cared for when staying at Alison House.

Staff told us and records confirmed they received safeguarding adults training and that this was refreshed every two years. Safeguarding was brought up during staff meetings and at supervision sessions to ensure staff were up to date with their knowledge and aware of any policy changes. Staff were able to describe the process for identifying and reporting concerns and were able to give examples of types of abuse that may occur. Staff understood how to whistle blow and told us they would report any concerns they may have to their manager and other relevant agencies where appropriate.

People's risk assessments covered a broad range of issues including personal care, moving and positioning, eating and drinking, behaviours that challenge, falls and mobility and safety in the community. We saw that more specific risk management plans were in place for one person with a diagnosis of epilepsy and another person who had a history of anxiety. Where there were risks to people's safety such as falls or behaviour which may challenge, the provider had carried out risk assessments, including measures in place to promote people's safety and the equipment provided to address these. There were moving and handling risk assessments which described how people mobilised and the support required when people were making transfers. The registered manager told us risk assessments were updated on an annual basis or sooner to reflect any changes in the level of risk. Risk assessments we looked at had been reviewed in line with the provider's policies and procedures.

People were protected against the risks associated with the unsafe storage and management of medicines. Staff who had completed medicines training were responsible for administering people's medicines. When people arrived to stay at the service, staff checked and recorded people's medicines to ensure they had the right quantity for their stay and that medicines were still within their use by dates. A member of staff told us, "It's the first thing we consider when someone moves in, right name, right person, right dose, right medication, right route and expiry date." People's medicines were stored in their rooms in individual locked cupboards and keys kept in a secure place. We looked at one person's medicine administration records (MAR) during our visit and found that these were up to date with no evident gaps or errors. The provider carried out suitable assessment, recording and auditing of people's medicines.

The provider followed safe recruitment practices. We reviewed four staff files which contained information about the person employed including information relating to the application process, proof of identity and references received. We saw evidence that Disclosure and Barring Service (DBS) checks had been undertaken before staff commenced working with people. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working in care services.

The premises were clean and infection control measures were in place. Staff had access to disposable gloves and aprons. We saw evidence that health and safety checks on lighting systems, fire equipment and fire exits were completed to ensure that the environment was safe. A relative told us, "The front door has a

key pad entry, anyone entering has to press the buzzer, everyone who comes in has to sign in and will be checked before they enter the building."

The service was staffed 24 hours a day. A minimum of three staff members were on duty during the day and a 'waking night' staff member covered the night shift. Staffing levels were sufficient to meet people's needs and on the day of our inspection four members of staff including the registered manager were on duty. On call arrangements ensured staff always had access to support and advice from a senior staff member out of normal working hours.

A copy of the most recent report from CQC was on display at the service and accessible through the provider's website. This meant any current, or prospective users of the service, their family members, other professionals and the public could easily access the most current assessments of the provider's performance.

The registered manager told us the service learnt from past mistakes and gave us an example of how a communication book had been re-instated at the request of relatives and how a new feedback from had been designed to capture people's opinions about how the service could improve.

Good

Is the service effective?

Our findings

People's care and support needs were effectively assessed by the provider before people began using the service so that they received care that met their individual needs and preferences. During the care assessment process, staff took into consideration referral information received from local authorities, input and advice from family members and information provided by any other agencies and organisations involved in people's lives. The assessment covered people's identified support needs, any services people currently received, physical and emotional health and well-being, communication, continence and personal hygiene, mobility, communication and sensory needs. People's likes, dislikes, personal preferences and any goals for the future were also recorded. There was some evidence that care and support was delivered in line with current guidance and best practice guidelines in the formatting and design of people's care records and in the information supplied by healthcare professionals.

People's health needs were identified in their care plans, including those relating to epilepsy and mental health needs. We saw that staff worked with other professionals to compile and implement personal action plans for addressing weight management where this need had been identified. Changes to people's needs were reflected in their care plans and staff acted on the advice of family members and healthcare professionals and supported people to attend hospital appointments where this was a requirement. Staff were aware of who to contact in the event of a medical emergency. Health action plans had been completed where this was required.

People were supported by staff who had the skills to meet their needs. Staff received suitable training and supervision to carry out their roles. We looked at records of staff supervision that showed this was happening and that staff were offered the chance to reflect on their practice, discuss further training needs and feedback about the people they supported and how improvements could be implemented.

New staff completed an induction, which included completing mandatory training such as safeguarding, mental health legislation, emergency first aid, infection control, fire awareness, moving and handling, food safety and medicines administration. The provider maintained a training matrix to ensure essential training was kept up to date and refreshed as per the provider's policies.

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 lacked 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. The application procedures for this in care homes and hospitals are 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 were being met. The registered manager and the staff we spoke with had a good understanding of the principles

of the MCA. The provider had submitted one DoLS application to the relevant local authority in relation to restricted access in and out of the building. Where people were unable to communicate their own needs, best interest meetings were held with people's family members, staff and healthcare professionals to discuss and determine the most appropriate course of action. We saw evidence of these discussions having taken place in people's care records.

People received support to eat and drink. We saw evidence of menu planning and of people's preferences and choices being respected. Daily menus were displayed on a large white board in the communal living area and showed that a range of meal choices were available. We asked one person using the service what their favourite foods were and saw that the menu for the day reflected their preferences.

We checked the kitchen area and found it to be clean and tidy. However, we noted that bins were not always being used for their proper purpose and that one bin had no lid. We also noted that meat being stored in the freezer was not labelled to indicate what type of meat it was nor dated appropriately to show when it had been frozen. We pointed this out to staff on duty who told us they would rectify the matter. One person using the service told us they were supported to make their own meals though we did not see this happening during the preparation of their lunchtime meal on the day we visited.

The environment was wheelchair friendly and specialist equipment was available, such as hoists and profiling beds. However, we saw that communal bathrooms were cluttered and used to store several commodes and bath chairs and a bath table was broken and awaiting repair. The home environment displayed some decorative features, however the overall appearance of the service was uninspiring.

Good

Is the service caring?

Our findings

People and their relatives were treated with respect and their views about how care and support should be provided were acted upon by staff. Each person using the service had a comprehensive care and support plan in place which had been developed in collaboration with family members, service staff and health and social care professionals (where appropriate). Relatives told us they were always involved in the care planning and review process. One relative commented, "They do exactly what I have asked them to do with [my family member]."

Records in respect of each person using the service were being well maintained, completed accurately and reviewed in line with the provider's policies and procedures. People's care records were stored securely which meant people could be assured that their personal information remained confidential.

Staff engaged positively with people who used the service. Staff used a range of methods to understand and communicate with people who were non-verbal. A relative told us, "Staff are really nice and I can ask them anything. My [family member] can say a couple of words not very clearly but staff do watch, listen communicate and interact with them." One person told us, "It's a nice place and I like the staff, they talk to me and ask me what help I want." Care plans were available in a range of pictorial formats that reflected people's communication needs.

Staff demonstrated a good understanding of people's likes and dislikes and consulted family members to establish people's preferences when people were unable to communicate this for themselves. Care plans recorded people's preferences, likes and dislikes regarding the support they received. This included preferences relating to meal choices, how people liked to dress, what they liked to do, if they liked to leave their bedroom lights on or off and if they wanted their door open or closed.

People were treated with dignity and respect. People had their own bedrooms and shared bathroom facilities. Hoisting equipment was available when needed. People had access to a large kitchen, sitting room and small garden area. People could, if they chose to, spend their time in the privacy of their own room or with each other and staff members in the communal areas.

We saw people being supported by confident staff members who were aware of the need to obtain people's consent before supporting them where this was possible. Staff understood how to maintain people's privacy. We observed staff asking people's permission, letting people know what they were going to do and making sure doors were shut whilst people were being supported with their personal care.

Staff understood people's needs with regards to their disabilities, race, religion and gender and supported them in a caring way. Relatives told us, "I requested only female staff to do personal care, so the manager makes sure that there are female staff when [my family member] goes there" and "Staff asked lots of questions about how I do certain things with [my family member], i.e. changing [them]. So I think [staff] are caring otherwise they wouldn't ask."

Good

Is the service responsive?

Our findings

People's needs were met through individual care and support plans that had been developed for each person using the service. These contained a good level of detail around people's individual needs, life histories and personal preferences. Any potential risks to people and/or others had been identified and management plans and guidelines were in place to ensure people were supported in a safe and appropriate manner.

Staff understood how to meet people's needs and care records showed that people and their relatives had been involved in the initial assessment and ongoing reviews of their care needs. As part of the initial assessment process people were able to spend time at the service so that staff could become familiar with their needs and get to know them before they arrived for respite breaks. People's care plans showed that where people's needs changed, care plans were reviewed and revised accordingly

Where required, health action plans had been completed and were reviewed on an annual basis. Records of correspondence showed that people using the service were seen by mental health specialists, district nurses, dentists and GPs when needed and attended hospital appointments when invited to do so. Detailed records were kept in relation to any specific health needs. For example, one person wanted to lose weight. A relevant weight monitoring chart was kept to document the person's weight and all details of health care professionals' guidance were recorded, so this information could be used to manage this person's weight loss effectively.

People were able to engage in activities that reflected their interests. These included shopping trips, going to the park, visiting cafés and attending local day centres and colleges. One person told us, "I'm going out now, before I was housebound. I go to the café and see my friends." We saw people returning from day centres and the registered manager told us that people took part in sports and went out to parks and the local community. Daily records showed that people were supported to take part in these activities.

People's likes and dislikes were clearly recorded in their care plans. For example, people enjoyed listening to their favourite music and watching their favourite television shows. One person liked playing with soft toys and another person liked eating Caribbean food and visiting their friends. One person took pleasure in going out in their wheelchair to the shops and told us, "When I first came here, I couldn't do all these things. Staff are very supportive."

The service had a complaints procedure which was available in an easy read or picture format for people who were unable to read complex information. People and relatives were aware of the complaints procedure. We saw evidence that people's complaints were investigated and responded to appropriately.

Requires Improvement

Is the service well-led?

Our findings

The provider is required to notify the Care Quality Commission (CQC) of all significant events which have occurred in line with their legal obligations and registration requirements. The registered manager was aware of her role and responsibilities in relation to these matters. The provider worked closely with local authority safeguarding teams when safeguarding concerns were raised. However, we are aware that on one occasion the provider had failed to notify CQC of a safeguarding issue which occurred during the provision of the regulated activity of personal care.

We recommend the provider reviews it's notification practices to ensure that the CQC is notified in a timely manner of all serious incidents, accidents and safeguarding concerns so that where necessary we are able to take the appropriate action.

Relatives told us they felt able to make a complaint or provide suggestions about how the service was run. For example, one relative told us they had pointed out "cobwebs and curtains hanging off" in the home. They told us that the next time they visited, improvements had been made. However, another relative told us, "The environment is sad; they could do with freshening it up, perhaps painting it and putting up some pictures on the wall. Also, they could have a more stimulating environment considering most service users are in wheelchairs. They need to invest in more toys. When I suggested this, staff told the service users to bring their own."

We recommend that improvements to the home are continued in order to create an environment that is warm and welcoming and suitably adapted to the needs of people living with complex learning and physical disabilities.

Relatives told us the registered manager was "helpful" and "approachable." Staff comments included, "[The registered manager] is a good boss, she's taught me a lot of things I didn't know before", "She works with you if you work with her", "She's hands on and supportive."

Staff attended daily handover meetings where issues relating to people's health and welfare, medicines, meals, visits from health and social care professionals, new arrivals and departures, maintenance and finances were discussed. This meant staff were kept up to date and informed about issues, concerns and any plan of action in place to address them. Staff told us they also attended regular team meetings during which they discussed how care could be improved.

The registered manager had regular contact with health and social care professionals and organised coffee mornings for the relatives of people using the service. Relatives told us they felt confident raising issues or making suggestions about how things could be done better.

We reviewed accident and incident records, and saw that each incident and accident was recorded with details about any action taken and learning for the service. Incidents were reviewed by the registered manager and action was taken to make sure that any risks identified were addressed including further

training and guidance for staff where appropriate.

The service had quality assurance systems in place. Fire safety checks were carried out weekly and there were systems in place to identify the type of assistance people would require in the event of a fire evacuation. The registered manager told us they audited people's MAR charts on a daily basis and that any errors or omissions identified were discussed with the relevant staff members. We saw records that verified this auditing process had been completed and staff confirmed that MAR information was checked on a regular basis.