The London Borough of Hillingdon

Adults Social Health and Housing - The London Borough of Hillingdon

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

Overall summary

Adults Social Health and Housing - The London Borough of Hillingdon (known as Merrimans) provides a respite service (short term accommodation and personal care) for up to nine adults with physical and learning disabilities in order to give their carers a break from their caring responsibilities. People are allocated a number of nights per year which is arranged through social services. This number can vary depending on the needs of the

Summary of findings

person and their carer (usually a relative). At the time of the inspection 87 people accessed the service. There were nine people using the service on the first day of the inspection and seven on the second day.

The service was last inspected on 25 and 26 October 2013 and at the time was found to be meeting of all the regulations we looked at.

This inspection visit was unannounced.

The service had a registered manager who was still in post but now working in another position with the same provider. A new manager started working in the service in September 2014 and they had started the process to register as the manager of Merrimans. They will be referred to as the acting manager in this report. 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.

People and their relatives told us they felt safe whilst using the respite service. Staff were aware of what to do if they needed to report anything of concern and had received training on safeguarding people from abuse.

Staffing levels were flexible and there were enough staff on duty to meet people's needs. Staffing numbers were increased where necessary to ensure people's safety. Recruitment checks were carried out before new staff started working in the service.

Staff had undertaken training on the Mental Capacity Act 2005 (MCA) and were aware of their responsibilities in relation to the Deprivation of Liberty Safeguards (DoLS). The safeguards informed staff to support people in making decisions where possible about their lives and assess if restrictions needed to be put in place for their safety. We saw that staff ensured people were given choices and the opportunities to make decisions during their stay at the service. This included what food they ate and how they spent their time whilst using the service.

Arrangements and checks were in place for the management of people's medicines whilst they stayed in the service.

The staff team considered and assessed people's nutritional needs by making sure they received a choice of food and drinks that met their individual needs.

Staff received training, one to one support through supervision meetings and appraisals. Staff also received specialist training if this was required to support people with their healthcare needs.

Staff were caring, and treated people with dignity and respect. Care plans were detailed and informed staff how to support people safely and appropriately.

Throughout the inspection, we observed that staff cared for people in a way that took into account their diversity and right to make choices about their lives.

There was a clear management structure at the service and people, staff and relatives told us that the management team were approachable and supportive. Many staff had worked in the service for several years and they showed an understanding of people's individual needs.

There were effective systems in place to monitor the quality of the service so that areas for improvement were identified and action taken to address these.

Summary of findings

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 demonstrated a good understanding of how to keep people safe from the risk of abuse and how to report any concerns.

Risks to people or towards others were assessed and reviewed so that people's individual needs were being met safely.

There were good medicines management arrangements in place so that people safely received their prescribed medicines.

There were sufficient numbers of staff to keep people safe and to meet people's individual needs.

Is the service effective?

Good

The service was effective. The staff received training, supervision and support that enabled them to provide effective care and support to people who used the service.

Staff worked closely with the relatives and/or carers of people using the service. Where relevant they also worked with health and social care professionals so that people received care that was appropriate and centred on their needs.

Staff were aware of their responsibilities in relation to the Deprivation of Liberty Safeguards (DoLS). The safeguards informed staff to support people in making decisions where possible about their lives and assess if restrictions needed to be put in place for their safety.

We saw that staff encouraged and supported people to have meals that met their individual preferences and needs.

Is the service caring?

Good

The service was caring. People who used the service were supported with care and understanding.

The staff respected people and their choices and they promoted people's right to make decisions regarding how they spent their time in the service.

he staff had a good understanding of people's needs and encouraged people to make decisions about how they wanted to be cared for and supported.

Is the service responsive?

Good

The service was responsive. People's individual needs and wishes were assessed before they stayed in the service. People and their relatives and/or carers were involved in planning their care.

Activities were arranged that met people's individual interests both in the service and in the community.

Information about how to make a complaint was available to people and their relatives and/or carers. Complaints were investigated and responded to appropriately.

Summary of findings

Is the service well-led?

Good

The service was well- led. The staff team told us the management team were approachable and supportive. Staff were clear about their roles and responsibilities and duties were shared amongst the staff team.

There were effective systems in place to monitor and improve the quality of the service provided. Various checks were carried out on different aspects of the service to make sure it was safe and provided quality care for people using the service.

Adults Social Health and Housing - The London Borough of Hillingdon

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.

This inspection took place on 6 and 10 November 2014 and was unannounced. Before the inspection, the provider completed a Provider Information Return (PIR). This 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. We also contacted the local authority contract monitoring team and saw their last report which was from June 2013.

This inspection was carried out by a single inspector. We used different methods to obtain information about the service. This included talking with people using the service and their relatives and meeting with staff. We also spent some time observing interactions between staff and the people using the service to help us understand their experiences of using the service.

We also looked at various records which included, four people's care records, three staff recruitment records, staff duty rosters, training records and the provider's monitoring reports.

We met with the new manager (known as the acting manager in this report) and we also spoke with four people who used the service, eight relatives, four team leaders and four care workers. We also received feedback from a social worker, occupational therapist and a continuing healthcare assessor shortly after the inspection.

Good

Is the service safe?

Our findings

People said they felt safe using the service. One person told us, "I love it here" and said that staff were kind. One relative said "If I didn't think the service was safe I wouldn't use it". Another relative commented that they felt confident in the staff team. Feedback from a social care professional was also positive. They told us that the service was safe and that people using the service "come out of their shells when they have a stay". A healthcare professional told us that they had shown staff how to use a piece of equipment to safely support a person and that staff were keen to make sure they would be using the equipment appropriately.

The provider had policies and procedures in place for safeguarding people from abuse and these were available for staff to view. The staff that we met demonstrated a good understanding of the different forms of abuse, how to recognise abuse and how to report any concerns. All of the staff told us they had received training in safeguarding people. Training information we viewed confirmed this. The staff we spoke with knew who to report any safeguarding concerns, this included talking with the acting manager and if necessary reporting concerns to external agencies such as the Care Quality Commission (CQC), Police and/or the Local Authority.

The care records showed that any presenting risk to the person and/or towards others was noted along with action staff would need to take to minimise the risk. Risks identified different areas relating to a person's life, such as risk of falls, using the bath and moving and handling. Staff reviewed the risk assessments each year or sooner if people's needs changed. The new acting manager was also in the process of introducing some new risk assessments to record in more detail the person's presenting risks and record how to support the person safely.

Relatives told us they were involved in discussions about risks and plans that were to be put in place before respite could be offered. This included identifying if extra staff were needed when the person stayed at the service. A named member of staff was in charge of planning the transition for people to the respite service.

Staff confirmed that where possible although people were booked in to stay at the service on a first come first served basis, if they felt some people might not be compatible with each other then they would consider speaking with family members to see if dates for people's stay could be re-arranged.

Staff had completed first aid training and were aware of how to respond in the event of an emergency to ensure people were supported safely. We saw contact numbers for staff to call for advice or extra assistance if this was needed.

The acting manager informed us that there had been no incidents in the past 12 months and only one accident. We saw the electronic online system staff used to record if any incidents or accidents had taken place in the service.

We viewed two week's staff rosters and saw that staffing levels varied depending on the number of people using the service and their individual support needs. Staff used an online tool so that they could easily monitor the people who needed extra help and support to make sure they and others were safe whilst using the service. The online tool staff used also flagged up if the agency member of staff was working too many hours in a week, potentially at other services, and therefore might not be working safely or effectively.

Staff employment records showed that appropriate recruitment checks had taken place. All the staff records included references, which had been verified, identity checks and criminal records checks.

There were good arrangements in place for the management of people's medicines. Staff had the knowledge and understanding in making sure people safely received their medicines. One person told us that staff made sure they received their medicines whilst they stayed at the service. Three relatives confirmed that the correct amount of medicines were returned to them after their family member had stayed at the service. We viewed the medicines policies and procedures dated June 2013. Medicine Administration Records (MAR) sheets were appropriately signed when medicines were administered. We saw the MAR sheets which detailed the quantity of medicines received in the service when a person started their respite stay and the medicines that were returned with the person when they were going home to provide a clear audit trail. The acting manager had carried out a medicine audit in November 2014 to make sure people safely received their prescribed medicines.

Good

Is the service safe?

Senior staff administered medicines to people using the service and staff we spoke with told us they had received medicines training. The training records we viewed confirmed this. Other training updates were carried out where people had specific medical conditions that required medicines to manage their condition, such as where people were administered their medicines through a feeding tube.

We viewed information which showed that regular health and safety checks were carried out to make sure people were using a service which was safe. Equipment such as the gas appliances and the fire alarm had been checked and maintained at the required intervals, to minimise the risk to people and staff. Any areas identified as needing attention were recorded along with action taken to address these.

Good

Is the service effective?

Our findings

Staff who were new to the organisation received a comprehensive induction. The acting manager showed us that the service was now using the Skills For Care Common Induction Standards as a more in depth induction for new staff. A member of staff who had started working recently confirmed they had spent time reading files and getting to know how the service was run. Staff also said they had spent time shadowing experienced staff before they worked unsupervised. All the staff we met told us they received ongoing training. We viewed the training record for the staff team and saw that staff received training on a range of subjects such as fire awareness, food hygiene and dignity in care.

Staff received comprehensive support to carry out their duties. The staff files showed that staff received one to one support through supervision meetings. The acting manager confirmed staff could have a copy of what was discussed. We saw that a supervision tracker was in place so that the acting manager could monitor that supervision was happening at regular intervals. Staff also received an annual appraisal and this was due for a six month review in November 2014. Monthly staff meetings were held and the last meeting took place on the 22 October 2014.

CQC is required by law to monitor the operation of the Deprivation of Liberty safeguards (DoLS). We found the acting manager was aware of their responsibilities in making sure people were not unduly deprived of their liberty. The acting manager was in the process of putting in DoLs applications to the local authority for all of the people who used the service. These were being submitted as people could not freely leave the service, also because some areas of the service had key pads and although there were numbers alongside the key pads to open the doors, not everyone could use the codes to access all areas. We saw information on the Mental Capacity Act 2005 (MCA) and training records showed that staff had completed training on this subject. Staff we spoke with were aware of not placing restrictions on people and that staff said, "people had the right to make a choice about their lives."

The acting manager told us that staff did not use interventions which restricted people's movement at any time. She explained that staff would look at ways to prevent and de-escalate situations to keep people safe.

The acting manager also said some people would not be able to use the service, for example if they had particular behaviours that challenged the service which might place themselves or others at risk.

One person who used the service told us that staff helped them be independent and that they were supported to make a drink and their own breakfast. They also commented that the food was "fresh". One relative told us that they were confident that staff knew their family member's likes and dislikes. Another relative confirmed that their family member "loves the food" at the service and that staff were aware of people's medical conditions that might require a particular diet. People's nutritional needs were assessed as part of the assessment process for new people due to use the service. We saw people's likes, dislikes and preferences with regard to food and drink had been recorded in their care plan. There was a list in the kitchen of people's likes and dislikes and any allergies they had. For example, during our inspection we saw staff asking people if they wanted any alternative to the meal that was planned. They also made sure people had drinks throughout the meal. Staff recorded the meals and drinks people had so that they could check and see that people were receiving enough food and fluids during their stay at the service.

Whilst people stayed at the service staff were responsible for ensuring people were well. During the assessment process staff would assess people's individual health needs, which we saw were recorded in their care records. Conditions such as epilepsy would be recorded or any other health conditions, so that staff were fully aware of any particular need or risk to a person. The healthcare professionals involved in the person's life were also noted, such as the contact details of their GP. The service worked closely with other healthcare professionals involved in each individual person's care. Feedback from a healthcare professional commented on the staff team being "professional and conscientious". They confirmed they had attended a staff meeting to talk with the staff team about how to use a piece of equipment to support a person properly.

Staff documented if a person's health needs changed during their stay, for example if they experienced a seizure. We saw on people's files that they had a patient passport which would be given to a medical professional if a person had to attend hospital. This document highlighted the

Good

Is the service effective?

person's needs, for example their health, communication and social needs which should help medical staff care for them appropriately. Staff reviewed these documents annually.

Good

Is the service caring?

Our findings

Most of the people could not directly tell us about their care and support because they had complex needs. However, one person who used the service said the staff team were "good" and that staying at the service gave them a break, not just their relatives. Another person also confirmed that "staff help me" and that they liked coming to the service. Relatives spoke positively about the service and the staff team. Comments included that the staff were "fabulous" and that their booked nights had never been cancelled. Another relative said the staff were "caring", that the service was their "saviour" and that the service "made all the difference to carers (relatives)." A social care professional commented, "Without a shadow of a doubt I have seen for myself that the team go above and beyond the caring role and thoroughly enjoy what they do." Another commented that staff were "flexible" and "approachable" and were "welcoming and courteous."

We saw that people could come to the service at whatever time suited them and their relatives. Relatives confirmed the service and staff were "flexible" and accommodating to their needs and the needs of the person who used the service.

We observed that interactions with people who use the service were positive. Staff were welcoming and greeted people when they arrived at the service and were keen to engage with them. We saw that staff supported people with their meals in a caring way as they sat with people and actively talked with them. Staff were aware of those people who needed encouragement to eat or when they needed to assist someone to eat independently. During the meal we heard staff talk with people in a calm manner and explain to them the tasks they were carrying out. Staff also knew when people ate slowly and needed time to digest their meal properly. Staff showed us they understood when people had had enough to eat from observing people's body language and expressions. Staff described helping people to gain skills and that some people had developed daily skills whilst staying at the service. This included some people eating without the assistance of staff as they could now use cutlery that they had not used before.

Staff spoke with people in a friendly way and respected their choices regarding where they spent their time, whether this was in the dining room, lounge or in their bedrooms. One person who used the service and other relatives told us that their family member always had the same bedroom which was a nice part of the stay. People could bring in personal belongings to make their stay more enjoyable with familiar items around them. A staff member confirmed they had completed training on customer care and through our discussions with all the staff they showed an understanding of people's needs and a willingness to work flexibly to meet each person's needs.

Good

Is the service responsive?

Our findings

One person told us, "I visited the service before I stayed overnight." Relatives confirmed that their family member had visited the service on "more than one occasion" prior to staying overnight. There was an assessment process in place before new people started using the service which involved the person, their relatives and professionals. The introduction to the service was based on the person's individual needs and there was an assigned member of staff in charge of arranging and monitoring the progress of the new person being introduced to the service. During the assessment period, people's routines were identified, such as the time they liked to go to bed and their gender care preference was also recorded if they needed support with their personal care. A healthcare professional told us that, "The paperwork that I have had access to has been appropriate and seems to cover all aspects of the person's care."

Where possible people were involved in making decisions about the care and support they received. Some people were not able to express their views verbally and staff consulted with relatives to make sure they knew people's needs and preferences. There were day and night time care plans and guidelines in place. These provided staff with important details about people's individual needs, such as if they required extra lighting to assist them seeing things in the service more clearly. Care records also included information on how people's individual communication needs. This might be through watching people's body language or gestures.

Information about people and their individual needs had been reviewed. This was carried out once a year or sooner if people's needs changed. Reviews had sometimes been held at the service and if the respite staff were invited they also attended reviews at the day centres or colleges people attended. However some relatives said they had not been to any review meetings at the service which we fed back to the acting manager who confirmed review meetings would be arranged for people and their relatives.

There were activities for people using the service, which were mainly provided during the evenings and week-ends. The service had access to a vehicle to take a small group of people out. We saw people watching television and one person said they liked to watch films in their bedroom. Throughout the year parties were held and there had been a recent one at Halloween. These social events enabled staff to meet people's relatives and for people using the service to socialise with other people they might not see often. In addition, during the day several people had outreach workers, employed by another provider. They would take people out to the local community and we saw one person return to the service with their outreach workers.

The views of people and their relatives were gathered in various ways. Meetings were held each month for people using the service and these were chaired by a person using the service. We saw the last meeting was held in October 2014 and the minutes from this meeting were in the dining room. Relatives meetings were also held approximately every two months. Relatives confirmed that if they did not attend the meetings they did receive the minutes from the service.

Satisfaction surveys were given to both the person using the service and their relatives. The latest ones were from September 2014 and 22 surveys had been returned to the service from relatives. The majority of relatives said they would talk through any difficulties with staff. However, many didn't attend the relatives/carer meetings due to the time they were held. The new acting manager was aware that holding them during the week in the day might not be the best time for some relatives to attend. Therefore two or three times a year she planned to hold meetings either in the evening or at the week-end. Staff said there were few people who could complete surveys without assistance and the acting manager was considering how this could be carried out without the aid of the relatives or staff working at the service.

The service had a complaints procedure in place and this was available in a picture format to make it more accessible to people using the service. Where a complaint had been received, we saw this had been investigated and the complainants responded to in accordance with the complaints procedure. People and relatives told us if they had a complaint they would speak with the staff. Relatives confirmed that they or their family member using the service would raise a concern to the acting manager if they needed to.

Good

Is the service well-led?

Our findings

Relatives confirmed the staff were supportive and one commented that they "couldn't fault the staff." We saw compliments from relatives which included, that their family member was "well looked after". A social care professional commented that the service was well run.

The acting manager had management qualifications and had worked in social care for many years. They confirmed that they would be registering to become the registered manager soon after the inspection. There was still a registered manager in post but she was now working in a different position with the same provider and would be cancelling her registration shortly after the inspection. The acting manager had been in post approximately two months and was spending time looking at how the service was run to then see if there were areas that needed improving. There were four senior members of staff, who worked to support the acting manager although one had recently been seconded to work elsewhere. They had worked in the service for many years. Staff told us that the aims and objectives of the service were to offer a break to both the person using the service and for their relatives. They also said they tried to assist people in gaining independent skills and support and offer advice to the relatives. Staff confirmed the new acting manager was "approachable" and "visible" in the service.

The acting manager had signed up to receiving updates from both CQC and from Skills For Care so that she could be made aware of any changes or care practice issues that she would need to know about. We saw the minutes from the most recent joint managers meeting which was held in October 2014. This was where managers of the provider's other services met and talked through a range of topics. This might include, discussing areas of concern or talk through new legislation that might affect their services.

We saw that a plan for the service was being developed which the acting manager said would be talked about at the next senior meeting in November 2014. The plan would look at different aspects of the service, such as staff recruitment, training and activities for people using the service.

Staff told us they worked well as a team and everyone was aware of their roles and responsibilities. One staff member said, "Staff know what is expected of them". We saw in the office a list of duties that staff carried out so that everyone working at the service was clear about who was responsible for each area of the service. Senior meetings were held each month, with the last one held on 15 October 2014 and areas for discussion included considering any staffing issues and reviewing people's individual needs if these had changed. Regular training opportunities for the staff team gave them the chance to keep up to date with new ways of working, reflect on their own practices and therefore provide high quality support.

The acting manager and senior staff were for the most part responsible for carrying out the audits in the service. The acting manager told us she was also keen to give some responsibilities to the care workers so that they could develop their skills and be aware of the additional checks the service carried out to ensure it ran effectively. Records showed that checks were regularly carried out on the environment, medicines and care records. A monitoring visit was also carried out each month by a manager from another service so that they could provide an objective view of the service. We saw a report from October 2014 where no actions were made for the acting manager to address.