

London Borough of Waltham Forest

Trumpington Road

Inspection report

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19 September 2016

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Requires Improvement 
Is the service responsive?	Good 
Is the service well-led?	Good 

Summary of findings

Overall summary

Trumpington Road is a residential care home providing accommodation and support with personal care for adults with learning disabilities. The service also provides respite care and support. All ten bedrooms are single occupancy. The service is a large purpose built property arranged on one level. There were five people living at the service and one person attending for day respite at the time of our inspection. At the last inspected on 17 May 2013 we found the service met the required standards.

The service had a registered manager who was on annual leave at the time of our inspection. 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.

We inspected Trumpington Road on 16 and 19 September 2016. This was an unannounced inspection. At this inspection we found one breach of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. You can see what action we asked the provider to take at the back of the full version of this report.

The service was not always safe. Monitoring of actions associated with people's risk assessments was not always evident.

Staff told us there was not always enough staff available at the service to meet the needs of people using the service for emergency or unplanned respite care.

Agency staff did not receive up to date supervision. Staff had mixed views about the leadership of the service.

Effective systems were in place for managing medicines and infection control and to maintain the safety of the premises.

People told us they felt safe using the service and staff knew how to report safeguarding concerns. People knew how to make a complaint.

People told us the service was caring. Staff knew the people they were supporting, respected people's privacy and encouraged independence. People using the service had access to healthcare professionals as required to meet their needs.

The service enabled people to maintain links with their cultural and religious practices. People had access to activities of their choice.

People's needs were assessed and care and support was planned and delivered in line with their individual care and support needs. People were provided with a choice of food and drinks ensuring their nutritional needs were met.

The systems in place to monitor the safety and quality of the service provided.

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 was not always safe. Monitoring of actions specified in risk assessments to ensure risks were minimised and managed was not always evident.

Staff felt there were sometimes not enough staff available to meet the needs of people using the service.

People told us they felt safe. There were robust safeguarding and whistleblowing procedures in place and staff knew how to report it. Staff were recruited appropriately.

Medicines were managed and administered safely.

The provider carried out equipment and building checks.

Requires Improvement ●

Is the service effective?

Good ●

The service was effective. Staff received training, supervision and induction to support them in their role. However agency staff did not receive supervision. We have made a recommendation regarding best practice.

The provider ensured staff received appraisal.

Staff demonstrated an understanding of the Mental Capacity Act (2005) to help ensure people's rights were protected.

People's health and support needs were assessed and reflected in support plans.

People were supported to maintain good health and to access health care services and professionals when they needed them.

People had access to nutritious food and drinks.

Is the service caring?

Requires Improvement ●

The service was caring.

Care and support was centred on people's individual needs and wishes. Staff knew about people's interests and preferences.

However we did not see how people who may identify as lesbian, gay, bi-sexual or transgender would be supported by the service. We have made a recommendation regarding best practice.

People using the service were involved in planning and making decisions about the care and support provided at the service.

People were encouraged and supported to provide feedback about the service. We saw meetings were held with people who used the service. However we did not see information in easy read formats relating to involvement. We have made a recommendation regarding best practice.

The service enabled people to maintain links with their cultural and religious practices.

Is the service responsive?

Good ●

The service was responsive. People's care plans had been updated regularly and when there were any changes in their care and/ or support needs.

People's health, care and support needs were assessed and individual choices and preferences were discussed with people who used the service and/or their relative.

People's preferences to access activities were met.

There was a complaints process. Relatives of people using the service said they knew how to complain if they needed to.

Is the service well-led?

Good ●

The service was well led.

Effective systems were in place to monitor the quality of the service.

Staff had mixed views about the leadership of the service.

Trumpington Road

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.

On the first day of the inspection, the inspection team consisted of two inspectors. On the second day the inspection team consisted of one inspector. Before the inspection we looked at the concerns raised and information we already held about this service. This included details of its registration, previous inspection reports and notifications the provider had sent us. We contacted the host local authority safeguarding adult's team to gain their views about the service.

During the inspection we spoke with two people who used the service and one relative. We spoke with eight members of staff. This included the community resource manager, deputy manager, a senior manager, three support workers, the administrator and domestic assistant.

We examined various documents. This included three care records relating to people who used the service, five medicine administration records, three staff files including staff recruitment, training and supervision records, minutes of staff meetings, audits and various policies and procedures including adult safeguarding procedures. We used the Short Observational Framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

Is the service safe?

Our findings

The service was not always safe. Individual risk assessments were completed for people who used the service. Staff were provided with information as to how to manage these risks and ensure people were protected. In the records that we saw, some of the risks that were considered personal care, going out in the community, activities, nutrition and physical health. For example, one person was at risk of becoming anxious when in crowded places and guidance for staff detailed the type of support and reassurance the person would need if this occurred. Staff we spoke with were familiar with the risks that people presented and knew what steps needed to be taken to manage them.

However, we noted one person's risk assessment stated clear actions to be taken to minimise the risk of harm to the person associated with their medical condition which included half hourly monitoring during the day and at night.

We looked at monitoring records to confirm these actions had been taken by staff. We noted that monitoring was not always documented during the day time. We spoke with the deputy manager about these concerns. They were unable to demonstrate that the monitoring had taken place as records were not always up to date and some entries were missing. We also noted that specific actions to minimise the risks associated with the person's medical condition when they were moving around the service were not always put in place. This meant people were not protected against the risks of unsafe or inappropriate care and treatment by monitoring of their medical condition.

The above findings were a breach of Regulation 12 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

Some staff we spoke with told us staffing levels could be improved. The service had five people who used the service however the service also had people staying on respite overnight. One staff member told us, "Some days we have four respite users plus five residents. Respite have to attend day centre so all staff need to get them ready. Not always put on additional staff." The same staff member told us, "We have raised in staff meeting and told to manage our time more effectively." Another staff member told us, "Frequently not enough staff for emergency respite. We all want to work as a team but sometimes too much pressure." However a third staff member said, "Staffing is covered. Feel enough staff. You just have to plan your shift. Overall manageable."

We spoke with the management team about staffing levels. They told us due to a service review taking place additional staff were not being recruited. They explained how the service was covered and staff allocated. They told us staff had complained about being "Overstretched when there's respite." They said on these occasions "Management work with service users."

We remained concerned that the staffing levels during periods when the service offered emergency or unplanned respite care and support may impact on the safe care and treatment of people using the service.

There were effective recruitment and selection processes in place as staff records showed they had been subject to appropriate and necessary checks prior to being employed by the service. We saw copies of proof of identity and application forms which included people's employment history. Criminal record checks were carried out to confirm that newly recruited staff were suitable to work with people. The administrator told us and records showed that criminal checks were completed every three years. We saw that at least two references had been obtained to ensure people were of good character and fit for work. Records also showed that staff's visa status where relevant had been monitored to ensure they were eligible to work. This meant the provider had taken appropriate steps to make sure people were safe and their welfare needs were met by staff who were suitably qualified, skilled and experienced.

Medicines were managed and administered safely. As part of this inspection we looked at medicine administration records. Appropriate arrangements were in place for recording the administration of medicines. These records were clear and fully completed. The records showed people were getting their medicines when they needed them, there were no gaps on the administration records and any reasons for not giving people their medicines were recorded.

Medicines taken as needed or as required are known as 'PRN' medicines. Individual when required protocols, (administration guidance to inform staff about when these medicines should and should not be given) were in place. This meant there was information to enable staff to make decisions as to when to give these medicines to ensure people were given their medicines when they needed them and in a way that was both safe and consistent. We noted that one person's MAR chart had a missing signature for PRN medicine administered. We spoke with the provider about this. They confirmed this had been identified on the monthly medicines audit and appropriate action was taken to ensure this did not reoccur. We saw records of this. The system was robust and the recording of administration of PRN medicine was accurate and clearly documented.

Medicines were stored securely. We saw appropriate arrangements were in place for obtaining medicines. Staff told us how medicines were obtained and we saw supplies were available to enable people to have their medicines when they needed them.

When asked if they felt safe at the service, people we spoke with said, "Yes." The service had a safeguarding policy and procedure in place to guide practice. Safeguarding training for staff was carried out and renewed regularly. We looked at records of this and spoke with staff who told us they had completed safeguarding training. Staff had a good understanding of safeguarding adults and gave examples of the different types of abuse. Staff were knowledgeable about the process for reporting abuse and knew who to notify. The service had a whistleblowing policy and procedure. Staff knew how and where to raise concerns about unsafe practice at the service.

Accidents & incidents were managed by the service. We saw records of incidents that had taken place over the last year involving people who use the service and noted actions taken. The service carried out analysis of accidents and incidents and the outcomes. Where risk assessments were reviewed following an incident this was clearly recorded. Staff we spoke with knew the procedure for reporting accidents and incidents.

Infection control policies and procedures were in place. Audits were carried out by the registered manager. Staff we spoke with were clear about infection control procedures including those put in place when people using the service had symptoms of a suspected infection. We saw staff wearing aprons and gloves when preparing meals, carrying out cleaning or preparing to support people with personal care. We observed staff washing their hands and removing aprons before leaving people's rooms or moving to different areas of the service.

Cleaning rotas included cleaning of all areas of the service daily and records confirmed this was carried out. Domestic staff we spoke with told us about the process for ensuring the service was clean and the risk of infection minimised. This meant the service had processes in place to minimise the risk of the spread of infection.

The premises were safe. Building safety checks had been carried out weekly, monthly and annually as appropriate. Any issues identified were addressed. This included audits of the environmental health and safety. For example records showed boiler, water hygiene and electrical checks were carried out annually. Other checks on equipment such as emergency lighting, water temperature and fire alarms were carried out monthly or weekly as required. All communal areas of the service were checked daily by the deputy manager or registered manager and any repairs logged and completed.

Is the service effective?

Our findings

Staff received regular formal supervision and we saw records to confirm this. One staff member told us, "I get supervision every four to six weeks. It gives you an opportunity to raise any concerns." Another staff member said, "I get supervision once a month. If any concerns I will discuss." Recorded supervision topics included discussions on care files, key working, sharing information, training, and health and safety. Records showed that appraisals were completed annually. However the service did not provide supervision for agency staff. Some agency staff had worked for the service for up to four years. We spoke with the management team about this. They confirmed agency staff did not receive supervision. We were concerned that the service could not identify any staff development issue or formally monitor and address staff performance.

We recommend the service finds out more about staff development and performance monitoring for staff employed through an agency based on current best practice.

The service had not employed new staff since the last inspection. Records showed staff had been provided with induction training so they knew what was expected of them and to have the necessary skills to carry out their role.

Staff told us and records confirmed that they had received training relevant to their role. This included first aid, epilepsy, safeguarding, behaviours that challenge the service, food and hygiene, manual handling and fire safety. One staff member told us, "We have had e-learning and in house training. It is helpful." The same staff member said, "If I wanted additional training I would request it and get it."

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. 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 are called the Deprivation of Liberty Safeguards (DoLS).

The staff were knowledgeable about the MCA, how to obtain consent before giving care and about completing mental capacity assessments for people using the service. Records showed staff had attended MCA and DoLS training. Staff were aware of the MCA and were able to explain its application to practice. 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. At the time of inspection five people using the service had DoLS authorisation in place and the service had notified the Care Quality Commission of this.

Staff were knowledgeable about how to obtain consent. They told us they would ask permission and explain what they were about to do before carrying out care or support. We observed staff speaking with people

using the service and asking permission before they carried out care or support. Peoples support records showed they had signed consent to care or support where able to do so or their relative had signed on their behalf.

People told us they enjoyed the food provided by the service and were able to choose meals they liked. One person told us, "The food is nice." Staff told us people were able to do some of their own cooking and shopping, which helped them to develop their skills to live independently. We saw people had access to nutritious food and drinks throughout our inspection. Staff told us people planned their food weekly. People's food choices were recorded in their care files and these were known by staff.

The service had a nutrition and hydration protocol. Some people were identified at risk of putting on weight. For example, we saw that one person's weight was being recorded and it was documented to contact the GP if their weight increased.

People's health needs were identified through needs assessments and care planning. Records showed that all of the people using the service were registered with local GP's. We saw people's care files included records of all appointments with health care professionals such as GPs, chiropodist, and psychiatrist. Records of appointments showed the outcomes and actions to be taken with health professional visits. People were supported to attend annual health checks with their GP and records of these visits were seen in people's files. People had a 'Hospital Passport', which was a document in their care plan that gave essential medical and care information, and was sent with the person if they required admission or treatment in hospital. This meant people were supported to maintain their health.

Is the service caring?

Our findings

People told us the service was caring. When asked if they thought the staff were caring, one person said, "They are nice. [staff member] is nice." Another person said, "Yes they are caring. The staff are friends."

Staff told us how they promoted dignity, respect, privacy and choice. We observed staff knocking on bedroom doors and asking for permission to enter. One staff member told us, "We always knock before we go in their rooms and their bathrooms."

The service respected people's privacy. One staff member said, "When [person who used the service] is in the bathroom I'm there but only assist when I'm needed and give privacy." Staff told us how they ensured people had choices. They said, "We ask what they would like to do or be supported with. We give them choices."

We observed staff interacting with people in a kind, respectful and personalised way. There was laughter and positive exchanges between staff and people using the service. One staff member chatted with a person about places they would like to go and about shared interests. Staff described how they developed relationships with people which included speaking with the person and their family to gather information about their life history, likes and dislikes. One member of staff told us, "It's important to build a good relationship with them [people who using the service]. I know what they like to do, where they like to go." Staff provided information and explanations when supporting people with daily living activities.

Observations showed staff supporting people to remain independent and people were encouraged to participate in activities outside the service. For example people using the service were encouraged to be responsible for specific tasks such as meal preparation and attended various community events. Staff told us how they encouraged people to take part in cooking meals and to take responsibility for their laundry.

People were supported to take part in their cultural or spiritual practices. For example people using the service were supported to attend places of worship and cultural events. Staff knew about people's cultural backgrounds and told us how they supported them. People's care files showed plans were in place for end of life care and included people's wishes for preferred place of care and specific funeral plans.

The service involved people in decisions about the service. Residents meetings took place monthly and we saw records of this. Records showed suggestions made were acted on where possible and changes put in place. For example, we saw records relating to the purchase of additional furniture requested by people using the service. We saw records that this had been purchased. Records of meetings were available for people using the service. However, we noted that information was not in an easy read format. We also noted that information in care and support plans was not in a pictorial or easy read format.

We recommend the service seeks and follows best practice guidance on providing information for people using learning disability services.

People's individual need for maintaining meaningful personal relationships was included in their pre-admission assessment and in care plans. However, the opportunity to seek information about people who identified as lesbian, gay, bi-sexual or transgender (LGBT) was not clear in care files. We discussed this with management staff. They told us they did not have anyone at the service who identified as LGBT. They gave examples of how they ensured people who identified as heterosexual were supported to maintain meaningful personal relationships.

We recommend the service seeks and follows best practice guidance on supporting people who identify as LGBT in care homes.

Is the service responsive?

Our findings

Care records contained detailed guidance for staff about how to meet people's needs. There was a wide variety of guidelines regarding how people wished to receive care and support including physical, mental and emotional health, medicines, mobility, dietary needs, personal care, community living skills, communication, personal relationships, leisure time, behaviours and end of life.

The care plans were written in a person centred way that reflected people's individual preferences. For example, one person was anxious about road safety. The care plan stated, "I would need reassurance from my escort or be offered diversion or be supported off the transport to cool down/relax until I am feeling better." Staff told us they read people's care plans and they demonstrated a good knowledge of the contents of these plans. Care plans were written and reviewed with the input of the person, their relatives, their keyworker and senior staff. Staff told us care plans were reviewed regularly. Detailed care plans enabled staff to have a good understanding of each person's needs and how they wanted to receive their care.

Each person, including people who used the service regularly on a respite basis had a member of staff who acted as their keyworker. The staff member worked closely with them and their families as well as other professionals involved in their care and support. A keyworker is a staff member who is responsible for overseeing the care and support a person receives. People we spoke with knew their keyworker and told us how they "Helped" them with their care and support needs. Staff told us, "You are responsible for risk assessments, health action plan, care plan and health passport." Staff said they got to know people at the service well.

People we spoke with said there were enough activities to do at the service. One person said, "I go shopping, buy my things. I go dancing and holiday. I go church and I go pub." Another person told us, "I go shopping and spend my money, [staff member] comes with me." Peoples care files contained detailed activity plans with clear guidance for staff regarding the persons wishes for inclusion and involvement.

Staff we spoke with knew peoples activity schedule and their likes and dislikes. One staff member, when asked about a person's activity plan told us, "They like music and drawing. They don't like puzzles. They go to the cinema, theatre and go on holiday." Each person's keyworker was responsible for ensuring activity plans were up to date and activities carried out or changed depending on what the person wanted to do. People were given the choice to change their scheduled activity when they wished. We saw this reflected in peoples care files. During our inspection one we saw people were supported to attend activities of their choice.

The service had a complaints policy and procedure. People using the service and their relatives said they knew how to complain if they needed to. One relative said, "I made a complaint. We all had a meeting and it was sorted out." The deputy manager and staff were able to explain how they would deal with a complaint. Records showed complaints received had been responded to and resolved in line with the providers' complaints procedure.

Is the service well-led?

Our findings

The management team and staff told us and records showed fortnightly team meetings had taken place. Staff said they found the meetings useful and were kept up to date with changes to work practice and people's needs. One staff member told us, "They try to do rota so all staff are present. They have a chair and go around to everyone about what they want to discuss." However, agency staff told us they did not always attend team meetings although they had worked at the service for a number of years, they were not always invited and attended only if they were on duty.

We were concerned that the service could not ensure all staff were involved and had up to date information regarding changes to work practice and people's needs. We spoke with the management team about this. They confirmed agency staff did not always attend team meetings but tried to "Schedule meetings so most staff can attend." They told us and we saw that each person using the service had a communication book which was updated daily and ensured staff were aware of any changes to the person's needs. They told us they would consider ways to ensure agency staff were more involved in future team meetings.

Staff we spoke with had mixed views about the leadership of the service. We found that some staff had a better relationship with the management team than others. Some staff said they were happy with their interaction with the management team. However, other staff did not share this view. One member of staff said although staff were encouraged to talk about their concerns, they found they were not listened to. Some staff said they didn't have much interaction with the management team so did not have a view. Other staff said they found the management team approachable, knowledgeable and organised.

The service had a clear line management structure. Staff were aware of the responsibilities of their role and who they reported to. Staff we spoke with said they enjoyed working at the service. When asked about the staff culture at the service one staff member said, "Very good staff team because of teamwork." Another staff member said, "It's a very good place to work and the staff are kind and get on."

The management team told us they felt supported by senior managers. They told us and we saw regular visits and audits were carried out to improve the service.

We saw records of relatives meetings, residents meetings and surveys carried out by the service. The provider had action plans to address concerns and implement suggestions made.

Quality monitoring systems were in place and these records were accessible and up to date. The registered manager, deputy manager and senior manager had responsibility for completing audits. We looked at records of weekly and monthly audits carried out. These included unannounced day and night visits by senior managers, care planning, risk assessment, staff performance, staffing levels, and medicines management. This meant the provider had robust systems in place to monitor the quality of the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not do all that is reasonably practicable to mitigate assessed risk to the health and safety of service users receiving care or treatment. 12(1)(2)(a)(b)