

Optalis Limited

9 Allenby Road

Inspection report

9 Allenby Road
Maidenhead
Berkshire
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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

9 Allenby Road is a 4 bedroom, 24-hour respite service for younger and older adults with learning disabilities. Some people who use the service may also have additional complex physical disabilities or sensory needs. The service is located in a residential part of Maidenhead, Berkshire near a community day centre. Nursing care from agency registered nurses is provided at night to a small number of people who stay at the service.

The service was required to have a registered manager.

At the time of the inspection, there was 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 2008 and associated Regulations about how the service is run.

This was our first inspection of the service under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider of the service changed in April 2017.

People who used the service were safe. They were protected from abuse and neglect during their stay. Staff ensured that care risks were appropriately assessed, documented and mitigated. Risks from the building and grounds were also satisfactorily managed. There were enough staff deployed to maintain safe support for people. Fit and proper persons were employed. People's medicines were managed correctly.

Staff received appropriate support to perform their roles. The service was compliant with the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. We found there was enough food and drinks available and provided to people.

The service was caring. People's dignity and privacy was respected. Confidential personal information was protected in line with the relevant legislation. People, where possible, and relatives were involved in care planning and review.

We found care plans were person-centred and contained appropriate details. People's preferences, wishes and dislikes were identified and documented. Staff helped people to have an active life in the community. We made a recommendation about staff communication with people.

There was a good workplace culture at 9 Allenby Road. The management team and staff worked well together to provide good care to people who used the service. A small number of checks and audits were conducted to assess the safety and quality of care provided. At our inspection, we found the service met all regulatory requirements.

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.

People were protected from abuse and neglect.

People's support risks were assessed, mitigated and documented.

People had access to sufficient staff for their support needs.

People's medicines were safely managed.

Is the service effective?

Good ●

The service was effective.

People received care from staff with the right knowledge, skills and experience.

The service was compliant with the provisions of the Mental Capacity Act 2005 and associated codes of practice.

People had appropriate nutrition and hydration provided.

The service worked with community healthcare professionals, when needed.

Is the service caring?

Good ●

The service was caring.

People and relatives were involved in the care planning and review process.

People told us they liked their respite stays at the service.

People's confidential personal information was protected.

Is the service responsive?

Good ●

People could communicate with staff using verbal and non-verbal methods.

People's care plans were person-centred and reviewed regularly.

People, relatives and others could make a complaint or report any concerns.

Is the service well-led?

Good ●

The service was well-led.

Staff felt the service was well-managed.

Audits and checks on the quality of care were completed.

The service met current regulatory requirements.

9 Allenby 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.

This was a comprehensive inspection.

Our inspection took place on 25 August 2017 and was announced. We gave the service 48 hours notice of our inspection because the management team were often out of the office supporting staff or providing care. We needed to be sure that they would be available for our inspection.

We reviewed information we already held about the service. This included previous notifications we had received. A notification is information about important events which the service is required to send us by law. We also checked information held by Companies House and the Information Commissioner's Office.

At the time of our inspection, there were 11 staff, including management, who worked at 9 Allenby Road. During the inspection we spoke with the service provider manager, the registered manager and a care worker

We were not able to communicate with people who used the service at the actual location. This was because they were away at a nearby day centre for activities. However we attended the day centre to ask people their opinion of 9 Allenby Road. Five people who used the service provided feedback to us. After our inspection, we contacted relatives of people who used the service but received no responses.

We looked at three sets of records related to people's care. These included risk assessments, care plans and daily notes. We also looked at one file and records associated with the management of the service, including quality audits. After the inspection, we asked the registered manager to send us further documents and we received and reviewed this information as part of our inspection.

Is the service safe?

Our findings

From our observation and checks of records, the service was safe.

We found people were protected from abuse and neglect. We had received no safeguarding or whistleblowing reports since registration of the service. The registered manager showed us there was an appropriate safeguarding policy and whistleblowing policy in place for staff to read. The registered manager also told us there was access to contact information for the local authority if a referral about abuse or neglect was necessary. Staff received safeguarding training during their induction and throughout their employment. This was via e-learning and classroom-based teaching.

We examined safety of the premises equipment with the registered manager. The building was not owned by the provider and relied on external organisations for maintenance and safety checks. We saw there was a satisfactory fire risk assessment which showed the risk to people was high, but appropriate strategies were in place to protect people. This included personal evacuation plans and staff fire drills. The local fire brigade told us the service was compliant with fire safety legislation when they last inspected. There were appropriate checks for the prevention and control of Legionella and gas safety. An electrical safety check from May 2016 showed two items that required remedial works by an electrician. These were not carried out after the change in provider. We asked the registered manager to send us evidence after the inspection that an electrician would complete necessary works. The registered manager confirmed this to us.

We found the registered manager had a good understand of risk. The registered manager and staff knew how to appropriately assess, document and mitigate risks for people's personal care. We saw appropriate risk assessments for people's care were in place. These were paper-based records that were updated each time a person came to use the service. Between stays, the person's file was stored away. In some examples, people's care was safely provided by one care worker, but some people's support required two staff. For example, this was planned if the person needed a hoist and sling to mobilise. Risk assessments we saw included moving and handling, fire safety, medicines, 'going out' (into the community), falls and bathing. Folders were indexed so staff and any visiting healthcare professionals could easily find relevant information when necessary.

Staffing was based on people's needs, which varied continually. At any one time, up to four people could use the service. The number of people who used the service was based on respite bookings made in advance by relatives and carers. On occasions, urgent stays for people were needed when circumstances in the community required this. We saw the service was able to arrange this at short notice. We found there were a core group of care workers employed, with a low turnover rate of staff. For some people with complex needs, registered nurses were required on night shifts to ensure people's safety. The service did not employ their own registered nurses, but used a pool of registered nurses from external agencies.

There were a small number of care worker vacancies which necessitated the use of agency staff. However, we saw the provider had advertised their care worker vacancies in an attempt to fill the positions. There was also a plan to implement cross-location working with the provider's other services. This would allow more

flexibility of staffing deployment between locations. During weekdays, people attended the day centre or other community activities. Staff accompanied them and this left one care worker at the service, with a member of the management team. The care worker was then responsible for duties such as cleaning, shopping and cooking.

We looked at safe staff recruitment. We examined the contents of a staff personnel file. We saw appropriate checks for the worker were completed. This included verification of the worker's identity, checking criminal background via the Disclosure and Barring Service, obtaining proof of conduct (references) from prior health and social care roles, and ensuring staff were able to perform their roles. We found the service employed only fit and proper staff to care for people.

People's medicines were safely managed. There was a medicines policy. We found staff received theoretical and practical training in how to manage people's medicines. This included a period of supervised practice and competency assessment before new staff were permitted to administer medicines on their own. Competency checks were completed regularly to ensure staff remained safe to manage people's medicines. Only staff that had completed medicines training were permitted to administer medicines. There were some medicines that staff were not permitted to manage because of their risks. In these instances, registered nurses attended to the person's medicines administration. Medicines were stored and handled correctly. We asked the registered manager to contact a pharmacist about the use of 'as required' medicines protocols. This was to check whether they would be suitable at the service.

We looked at infection prevention and control at the location. The premises were clean and tidy. This included when we checked toilets and bathrooms. The kitchen and lounge room were also clean. The service had no malodour. Appropriate handwashing facilities were available. Staff had access to personal protective equipment, like gloves and gowns, for when they provided personal care such as hygiene. We saw food was correctly stored.

Is the service effective?

Our findings

People received care from staff that had the necessary knowledge, skills and experience to perform their roles. The service provided an induction programme, mandatory training, supervision sessions and performance appraisals to staff. We found staff received additional training in specialist areas, such as epilepsy and dealing with behaviours that challenge. This meant staff could provide better care to people who may be at risk of harm to themselves or others. The registered manager told us they had recently completed a health and social care diploma in management.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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.

Most people who used the service were not able to provide their own consent to specific decisions. We were told that some people could make basic decisions such as what to eat or wear. When people lived at the service, they were not permitted to leave of their own volition and considered as being under 'continuous supervision and control'. This meant DoLS applications were required to the local authority, in line with the MCA. We spoke with the registered manager regarding standard DoLS authorisations at the location. We saw the service had made appropriate DoLS applications and received DoLS authorisations which applied for people when they stayed at 9 Allenby Road. The registered manager maintained a list of people's DoLS applications and authorisations, and all documents associated with the process were stored within the care folders. The service acted in accordance with the MCA and DoLS requirements.

We observed that enough food and drinks were available for people, which included variety. There was fresh fruit and other snacks when people wanted them. During the inspection, we saw one person in the kitchen with a care worker preparing their breakfast. They wanted chocolate cereal with milk. We then observed them eating their meal at the dining table and they appeared to be happy with the choice. Weekly online grocery orders were completed to restock the pantry, fridge and freezer with food. The registered manager told us in between the weekly grocery delivery, staff had access to petty cash to buy any food or drinks required. The service had pictures of food and drink that people could look at and point to so that staff knew what they wanted to choose. The registered manager told us they implemented an idea of having a food of the day which could be used in several different dishes. For example, if beef mince was cooked this could be used for pasta, baked potatoes, lasagne, chilli con carne and so on. They said this had proved popular with people who used the service.

As people's stays were relatively short, community healthcare professionals did not always visit people at the service. This tended to occur when the person was in the community and not during their respite stay at 9 Allenby Road. However, we saw that the service had good links with relevant community healthcare professionals. This ensured people received appropriate care. When we reviewed three care files, we saw that appropriate documentation from healthcare professionals was available for staff. For example this included letters and reviews from community psychiatrists and speech and language therapists. The service had maintained a good relationship with the community team for people with learning disabilities.

Is the service caring?

Our findings

At the time of our inspection, no one who used the service was inside 9 Allenby Road. The registered manager pointed out that people who were staying had gone to the nearby day centre. We accompanied the registered manager to the centre. We communicated with five people; some who were on a respite stay at the time and some who used the service but were living in the community. Although we contacted relatives, the local authority and commissioners but we did not receive any information about whether the service was caring.

The registered manager helped us ask people about their experiences of 9 Allenby Road. One person told us, "I like the staff." When we asked another person about the meals at the service, they said, "I like [having] pizza." The registered manager told us that many people who stayed at 9 Allenby Road liked to have take-away food or fast food deliveries. They told us staff respected people's right to choose what they wanted to eat. We spoke with another person who said, "I like the bedrooms." The other two people we visited smiled and gave us thumbs up when we communicated with them about their stay.

We reviewed three care records to determine people's level of involvement in planning, making choices and being able to change the care if they wanted. Most people who used the service could not participate in care planning or review. The registered manager explained this was often completed with relatives and other loved ones, staff and community healthcare professionals. We saw care documents were in a simple format, but with detailed social and background information about the person. The service took into account people's personal preference, likes and dislikes. Staff used their ongoing knowledge and experience with people to update records during and after each respite stay.

All bedrooms, bathrooms and toilets had doors which could be shut and locked to preserve people's dignity. Bedrooms had curtains that could be closed if personal care was received by people.

Confidentiality was maintained, including in electronic records. We noted computers required a user password and were restricted to certain staff use. We did not observe any instances of people's personal information being located at an inappropriate place within the building. At the time of the inspection, the provider was registered with the Information Commissioner's Office (ICO). The Data Protection Act 1998 requires every organisation that processes personal information to register with the ICO unless they are exempt. This meant the provider ensured that confidential personal information was correctly recorded, stored, disclosed and destroyed.

Is the service responsive?

Our findings

The service ensured that people had access to the information they needed in a way they could understand it and were compliant with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 by NHS England making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Some people were able to speak with staff or use simple words to communicate with them. We were told some staff could use basic Makaton. Makaton is a form of sign language for people with learning disabilities or autism spectrum disorder. People's support plans also included information about how to effectively communicate with them. Easy-read signage and cards were available throughout the service. These included pictures, symbols and single words that staff could use when interacting with people. The registered manager told us these were useful in communicating with people.

We recommend that the service considers training more staff in the use of alternate communication methods, like Makaton.

We looked at three people's care documents. We found the service documented responsive care based on people's needs. We saw a person with a particular risk had established procedures in place to prevent harm. We noted important information in care plans was printed in bold or red. This meant staff were alerted to important information when they opened the folder and were able to see any high risks for a person. Appropriate notes for each shift were maintained. We noted these recorded the person's mood, what activities or events they completed during the day, what they had to eat and drink and if there were any issues with their care. We found these were easy to read and have a clear picture of each person's care.

We were not able to establish if people knew how to raise a concern or make a complaint. However we found information and signs at the service which people could view if they had a concern. In addition, the service used a daily 'mood board' for each person. The 'mood board' asked people to say or sign how they slept, how the activities were and what they thought of their meal. Where the person was able to use the tool, this gave staff an understanding of the person's feedback and their feelings.

The service had a robust complaints process in place. Appropriate signage was available in the service which explained how to make a complaint. This included information in an easy-to-read format. We found there were no formal complaints recorded by the service since the registration of the location with the provider. The registered manager displayed good knowledge about the provider's complaints process and was able to clearly explain how they would manage any concerns raised about the service.

Is the service well-led?

Our findings

We spoke with one care worker. They told us they enjoyed working at 9 Allenby Road. They also told us that other staff who worked at the service enjoyed working with people who stayed. We asked the care worker whether the service was well-led, and they told us the management team worked well with the staff. The care worker said they "often worked without the managers" and felt that staff could be autonomous in the planning and delivery of care. We saw regular staff meetings were held. We spoke with the registered manager about whether they were supported and they told us they were assisted by the deputy manager and by the service provider manager. We also spoke with the service provider manager who told us they had a collaborative, positive working relationship with the registered manager. Both staff felt they worked well together to ensure the safety of people who used the service and the quality of care provided.

We saw a small number of appropriate audits were completed and documented. We found these were regularly repeated. Examples of audits included infection control, health and safety, and the kitchen hygiene. Where improvements or changes were required, the registered manager took action to ensure this occurred. For example, one audit identified that the outdoor table and seating required replacement for safety reasons. The registered manager explained that the new garden furniture was ordered and awaiting construction. Actions arising from audits were sometimes delegated to other staff members but the management team always ensured they followed up on the outcomes. We saw the registered manager had signed and dated actions on relevant plans to indicate they were complete.

The staff and registered manager identified that access around the outside of the building required improvement. The service was wheelchair accessible inside, but not completely outside in the garden area. The registered manager explained funding was recently approved to complete extensive landscaping to an external area underneath some trees in the courtyard. This was to include paving so that people with mobility issues could use the area and the existing wheelchair swing. We looked at the plans and sketches of the new garden and saw this was likely to create an improved outside space for people who used the service. The registered manager told us there would be a party to celebrate the new open area once it was completed. We saw the four bedrooms were painted in different bright colours and we saw improved decoration was gradually being added to make the rooms more home-like.

We found obligatory regulatory requirements were met by the registered manager and provider. There were times when the service was legally required to notify us of certain events which occurred. When we spoke with the registered manager, they were able to explain the all of circumstances under which they would send statutory notifications to us. We compared information we already held about the service prior to our inspection with that from other agencies and the service itself. Our records showed that the service sent all required notifications to us. This meant we could properly monitor the service between our inspections.

The service was required to have a statement of purpose. A statement of purpose documents key information such as the aims and objectives of the service, contact details, information about the registered manager and provider and the legal status of the service. We found the statement of purpose for the service was appropriate and up-to-date.

Providers are required to comply with the duty of candour statutory requirement. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The regulation applies to registered persons when they are carrying on a regulated activity.

We found the registered manager was knowledgeable about the requirements of the duty of candour and were able to clearly explain their obligations. The service had one occasion where the duty of candour requirement needed to be utilised. The registered manager explained the event to us. They showed us the documentation they used to record the incident, complete an investigation and make a written apology. We saw the process and documents were in line with the relevant regulation.