White Leaf Support Ltd

215 Hughenden Road

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

215 Hughenden Road provides accommodation, care and support for up to six younger adults with learning disabilities or autistic spectrum disorder. At the time of our inspection there were six people using the service.

At the last inspection on 15 17 and 20 June 2016 we identified a breach of Regulations 11 and 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 and found improvements were required at the service. The provider did not have effective systems in place to ensure staff records were maintained accurately. Consent to care and treatment was not always sought in line with relevant legislation. The provider was issued with requirement notices for both regulations. We asked the provider to take action to address these areas. We found during this inspection the provider was now meeting these regulations.

At the time of our 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.

People told us they felt safe comments were, "Yes they (staff) lock the front door" and "They (staff) help me when I need it." Families told us they felt their family member was treated well. We received comments such as, "They (staff) are very committed and their work is very much appreciated. We are pleased overall."

Risk assessments were in place to support people to be as independent as possible. These protected people and supported them to maintain their freedom. However, we saw one person's risk assessment for self-administration of medicine had been transferred from the person's previous accommodation. However, we were aware the service was in the process of putting in place a risk assessment that was specific to the service.

Fire checks were completed on a regular basis and fire drills were carried out.

We saw undated food in the fridge and the inside of the fridge was stained with food and appeared in need of a thorough clean.

We have made a recommendation that the service follows advice from a reputable source about the safe storage of food.

Management of medicines was not always followed according to best practice guidelines.
We saw secondary dispensing take place on the first day of our inspection. Secondary dispensing is when medicines are removed from the original containers and put into pots in advance of the time of administration. This removes the safety net to check the medicine, strength and dose against the medicine administration record (MAR) chart at the same time as checking the identity of the person. When 'as

required' medicines was administered there was not always an explanation of why it was used on the back of the medicine chart and if the medicine had been effective. Some medicines were still on one person's medicine chart when the medicine had been discontinued.

Staff had received training and were knowledgeable about the people they supported.

The service followed the requirements of the Mental Capacity Act 2005 (MCA).The recording of consent and best interest decisions meant the service complied with the MCA codes of practice requirements. People were supported to have maximum control and choice of their lives and staff supported them in the least restrictive way possible; policies and procedures in the service supported this practice.

People received adequate nutrition. However, this was not always based on their assessed requirements. We saw one person who was at risk of malnutrition did not have the amounts of food consumed documented on their daily food chart.

We found the service was caring. People told us staff were kind and considerate towards them. We observed staff were friendly and interacted well with the people they supported.

People were supported to have care and support that reflected how they would like to receive care. People were able to take part in social activities and work opportunities.

The ratings poster was not displayed in the building on the first day of our visit. We discussed this with the registered manager and the compliance officer. One the second day of our visit we saw the ratings poster displayed.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

We have made a recommendation that the provider has effective systems in place to monitor the quality and safety 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?

Requires Improvement

The service was not always safe.

People's medicines were not always managed safely.

Out of date food posed a risk to people living at the service.

Risks to people were not always adequately assessed.

Is the service effective?

Requires Improvement

The service was not always effective.

People's nutritional requirements were not always managed effectively.

Staff were knowledgeable to perform their roles.

People's consent for care and deprivation of liberty was in line with the Mental Capacity Act 2005 (MCA).

People were supported to have access to healthcare services and receive ongoing support from healthcare professionals.

Is the service caring?

Good

The service was caring.

People's privacy and dignity was respected.

Staff interacted well with people in a friendly manner.

People were able to personalise their rooms and had input in the communal areas of the home.

Is the service responsive?

Good

The service was responsive.

People could choose what social activities they took part in.

People's care was personalised.

The service received feedback in relation to how the service was run and acted on this to improve the service.

Is the service well-led?

Requires Improvement

The service was not always well led.

Additional audits were required to monitor the quality and safety of people's care.

Internal audits had not highlighted shortfalls.

The conditions of registration were met by the service.

215 Hughenden 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 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.

The inspection took place on 20 and 22 June 2017 and was unannounced on the first day.
The inspection was undertaken by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Prior to the inspection we reviewed the Provider Information Return (PIR). A PIR 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 reviewed information we already held about the service. This included notifications we had received. A notification is information about important events which the service is required to send us by law.

We spoke with two people who used the service. We spoke with the registered manager, the director of the service and four members of staff. We contacted two relatives by telephone. We had contact from one health professional following our visit.

We looked at four people's care plans. We also looked at three personnel files and records relating to the management of the service. We observed care practices and staff interaction with people. We looked throughout the premises including the front and back garden areas.

Requires Improvement

Is the service safe?

Our findings

People who used the service told us they felt safe, comments were, "Yes they lock the front door" and "They help me when I need it." Families told us they felt their family member was treated well. We received comments such as, "They (staff) are very committed and their work is very much appreciated. We are pleased overall."

We looked at staff recruitment files and found the service had good recruitment procedures that ensured only suitable staff were appointed. The service carried out necessary checks required by regulations such as Disclosure and Barring Service (DBS) checks and proof of identification.
People were safeguarded from abuse, systems in place ensured that people's safety was maintained. Staff told us they knew what to do if they had any concerns about people's safety.

People's medicines were not always managed in line with national guidance. We saw secondary dispensing take place on the first day of our inspection. Secondary dispensing is when medicines are removed from the original containers and put into pots in advance of the time of administration. This removes the safety net to check the medicine, strength and dose against the medicine administration record (MAR) chart at the same time as checking the identity of the person. In this case the member of staff dispensed the medicine signed the MAR chart and gave the medicine to another member of staff to give to the person. This puts people at risk of receiving another person's medicine or not receiving the medicine at all. We spoke to both members of staff and the registered manager who were all aware this was poor practice.

One person had been without their medicine for the month of May 2017. We discussed this with the registered manager and they told us the medicine had been discontinued. We asked to see evidence where this had been recorded and we saw the medicine had been discontinued on 12th June 2017. We confirmed this with the services GP following our visit. They (GP) told us the medicine had been discontinued on 12th June and the person should have been having it up until that point. We received no explanation from the service why the person had not been given their medicine during May.

We saw another medicine for the same person which had been discontinued in October 2016 was still on the person's medicine chart. This may lead to confusion and potential error if staff were unsure if the person should be receiving the medicine. We discussed this with the compliance officer and the registered manager who said they will contact the pharmacy to remove the medicine from the chart.

When 'as required' medicines were administered there was not always an explanation of why it was used on the back of the medicine chart and if the medicine had been effective. We were also aware one person self-medicated. However, the risk assessment was from another service where the person previously lived. The service had not updated the paperwork to confirm the previous assessment was still valid and the person was safe to administer their own medicine.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Fire checks were carried out on a regular basis and fire drills were completed. We saw evidence of this in the services health and safety folder.

We saw in one fridge, opened food, labelled but undated. Another fridge which was specifically for the people living at the service contained out of date food. This puts people at risk of becoming unwell if they eat food not fit for consumption. However, staff discarded the food when we pointed this out to them. We noted the fridge appeared in need of cleaning. We informed the director of the service during feedback. They said they will address this.

We recommend that the service follows advice from a reputable source about the safe storage of food.

The premises inside appeared clean and in good order. However, bins stored at the front of the premises were overflowing with rubbish. We discussed this with the director of the service and they told us staff are encouraged to pick any litter up that may have blown into the garden, however, this is not always possible immediately.

Care records we viewed contained risk assessments specific for people using the service. For example, one person suffered frequent seizures, we saw risk assessments for the person which included safety during bathing, and two hourly checks during the night. However, these were not always documented appropriately. We saw checks carried out during the night written on the back of an envelope. We discussed this with a member of staff who transferred the checks onto the specific chart.

Procedures around unexplained injuries were not always followed. We saw records relating to unexplained bruising on one person's body. We saw that this had been documented on a body chart. However, the chart was undated and there was no explanation of how the person sustained the bruising. Neither was the incident reported to the local safeguarding authority in line with the providers safeguarding policy. The same person also had other injuries which they had recently sustained but had not yet been recorded. The provider was able to explain to us the cause of these injuries and said that this would be recorded in this persons notes. Not recording, reporting incidents appropriately or investigating their cause, could increase the risk of people being subject to abusive behaviour or abuse going unnoticed.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed staffing levels were adequate to support people. People's needs were met in a timely way without being rushed. Staff were able to accompany people for activities and planned events.

Requires Improvement

Is the service effective?

Our findings

We found at our previous inspection records were not maintained accurately in relation to staff employed at the service. We also found consent was not obtained prior to proposed care and treatment. The provider had made improvements and the requirements have now been met.

People and their relatives spoke positively about staff and told us they were skilled to meet their needs. Comments included, "It had been unsettled and staff were unsure about their roles with a high turnover at that time. But it is better now the original manager is back," and "Staff are aware of health needs for the service users and they (service users) received medical intervention periodically or in an emergency."

Staff told us they had the training to meet people's needs. Staff we spoke with told us they were knowledgeable around individual needs and preferences. We saw examples of this during our visit. For example, one person preferred to have their clothes piled up on the floor in their room before allowing staff to remove the clothes to be washed. Staff told us this was their (person's) way of making sure they can see the clothes before they are taken for washing. This demonstrated the service acknowledged people's individual needs and preferences.

Staff completed training which included safeguarding, fire safety and moving and handling. We reviewed training records for staff. These confirmed satisfactory induction and training thereafter. All staff received an induction and shadowed other staff members before working alone. Comments from staff included, "I like working here, the service users are A1, the good days outnumber the bad," and "I think we have a solid team here." However we received other comments which were not so positive and was told staff 'do their own thing' when they can get away with it. This refers to when the registered manager was not there. We discussed this with the director of the service.

People were supported by staff who had supervisions with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One member of staff told us, "I do feel supported and I can discuss anything at any time."

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 interest 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 manager told us that the service had completed applications for all of the people living in the home for standard DoLS authorisations. Applications were in the process of being assessed by the local

authorities making decisions relating to the applications.

We saw people or their legal representatives were involved in care planning and their consent was sought. Staff showed an understanding of consent. Staff told us, "We always ask them first before we do anything." We saw an example of this during our visit. One person was wearing a jumper and the weather was extremely hot. We asked staff if the person would be too hot wearing the jumper. They told us they had already suggested to the person a tee shirt may be better due to the extreme weather. However, this was the person's favourite jumper and it was their preference to wear it. This demonstrated people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People were given choices around their nutritional needs and were fully involved in meal planning. A meeting was held every Thursday evening to plan for the week ahead. Two people told us they went shopping with staff to buy food. Each person had their own individual cupboard for food and a meal planner was displayed on the cupboards.

We saw that two people had specific requirements regarding their nutritional requirements. One person was on a food monitoring chart due to their low weight and risk of malnutrition. However, the food entries were not specific regarding the amount the person ate. For example, we saw 'custard' as one entry which did not indicate the amount the person had consumed. In addition the person was often at the day centre and we did not see any food entries when they were there. We were told the day centre staff documented what the person ate while they were there. However, we could not locate this information during our visit. Furthermore, if a separate food entry was made by the day centre this would need to be transferred onto the person's food chart for ease of reference. We discussed this with the compliance offer during our visit and they told us they will look into a more detailed way of monitoring the person's food intake.

We noted the person's care plan specified 'Food and fluid intake should be monitored in daily logs in detail' the care plan also identified the person will give food away that they do not want, so staff should sit with the person to monitor them. However, we could not see entries that specified what the person was eating in a detailed way. Staff we spoke with could not confirm they monitored the person during their meal.

The other person with specific nutritional requirements was on a weight loss programme. We saw that additional snacks were given to the person which was not included in their weight loss program. We discussed this with staff and they told us, "If [she] asks for additional snacks we give them to [her]." This demonstrated the service acknowledged people's decisions in relation to the way they lived their life. However, we saw staff encouraged the person to attend weight loss group meetings and go to the gym on a regular basis to support them in their weight loss goal.

We found various healthcare professionals were involved in people's care and treatment. For example, we saw one person had frequent input from the epilepsy nurse who was involved in the monitoring of the person's condition. People were supported to attend regular dental health checks. We spoke with a healthcare professional following our visit and they told us staff were always professional when they visited and they had no concerns.

Good

Is the service caring?

Our findings

Families we spoke with told us the service was caring and their family members were treated well. We received comments such as, "They (staff) are very committed and their work is very much appreciated. We are pleased overall." We were told they (families) were very much involved in the aspects of care.

People told us staff were kind and treated them well. They told us staff asked what they would like to do and they would take them to a place of their choosing as and when they wish. Staff demonstrated respect of people's privacy. One person told us, "They always knock on my door and ask if I am ok but won't come in unless I ask them to."

We observed good interaction between people and staff. Staff knew people's individual communication skills, abilities and preferences. There was a range of ways used to make sure people were able to say how they felt about the caring approach of the service. These included 'house meetings' and ongoing communication with people throughout the day. People's views were sought through care reviews and annual surveys to identify areas for improvement.

The home was spacious and allowed people to spend time alone if they wished. People had input on the decoration of their rooms and furnishings of the home. We saw that one person was relaxing in the lounge during our visit. Staff told us they liked to 'chill out'. The person's care plan made reference to preferring to be away from the noise of the main area of the home. We also saw another person who was eager to discuss their daily events with us and clearly enjoyed interaction and the company of others.

Staff showed concern for people's wellbeing in a caring and meaningful way and they responded to their needs quickly. For example, people were all getting ready to go swimming. But at the last minute one person decided they no longer wanted to go. Staff responded in a very calm and kind way to the person and said it was up to them if they joined the group or not. The situation was dealt with calmly and professionally even though the staffing then had to be changed to ensure a member of staff was at the service to support the person.

Staff told us that people were encouraged to be as independent as possible. We saw an example of this; one person was supported to attend work experience.

Information about advocacy services were available to people this is given to people when they first joined the service and contact details were displayed in the service for people to access if required.

Good

Is the service responsive?

Our findings

People or their relatives were involved in developing their care support and treatment plans. Care plans were personalised and detailed daily routines specific to each person. Staff were able to explain people's preferences and daily routines. For example, staff told us how one person loves to go shopping. We spoke with the person about their daily routine and they told us, "Shopping is my favourite". We saw comments in the person's daily logs relating to various shopping trips with staff.

People's needs were reviewed regularly and as required. Where necessary health professionals were involved. An example of this was regular reviews with an epilepsy nurse to review a person's management of their condition. Families told us they were contacted, where appropriate if there were any changes in needs or an emergency. However, we found this was not always the case. The service did not always contact parents in the event of an injury to their family member. The service was aware that people had rights around not disclosing information to families if they did not want to.

Handover between staff at the start of each shift ensured that important information was shared and acted upon where necessary. However, we were aware some observation charts were not completed in a timely manner on the correct forms intended for the purpose.

People told us they had a key worker. A key worker is a named member of staff that was responsible for ensuring people's care needs were met. This included supporting them with activities and spending time with them. People were able to choose their key worker and could change them at any time.

People had a range of activities they could be involved in. Staff provided support as required. People had a timetable for their personalised activities displayed on their kitchen cupboards. We saw people going out to participate in social events on both days of our visit. People were supported to attend day centres, go swimming and to the gym if they chose to. However, some people were not so keen on activities and liked to spend time at the house watching television or listening to music.

There was an opportunity for people to attend fitness and dance exercise evenings, which was open to any individual with a disability in the area. It is designed to promote healthy living and encourages socialisation between communities. Staff told us it is well attended by the people living at the service.

The registered manager told us complaints and concerns were taken seriously and used as an opportunity to improve the service. There had been no complaints at the time of our inspection or since our previous inspection.

People we spoke with told us that they felt able to raise any concerns with staff. Families told us they would always contact the service if they had any concerns. One family member told us that staff were very responsive if they ever had to call and things were dealt with efficiently.

Relatives were invited in for birthdays and other events although we were told there had not been many events in the past year. However, we were aware the service was keen to recommence events at the service and to send invites to families and friends.

Requires Improvement

Is the service well-led?

Our findings

We received mixed views from relatives regarding the management of the service. Comments included, "It is better now", "Parent forums have lapsed", "We have not received any questionnaires or been asked for feedback, but we are extremely satisfied with the service. It has made a huge difference to our lives." Comments from people who used the service were, "The manager visits most days," and "The manager spends time with me and chats."

One member of staff told us the current manager supports them but told us they were left alone before. The member of staff told us they were new to care. Other comments from staff were that they were happy working for the service. One member of staff told us, "The registered manager is great."

Services are required to display our previous inspection rating conspicuously both within the service and on any website. However, during the first day of our inspection we asked to see the ratings poster within the building. We were told by the registered manager it was not available and that it was something they had meant to do all year. We returned the following day to see the ratings poster displayed. We saw that the rating was also displayed on the service's website.

The registered manager had notified us about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe. However, procedures around safeguarding were not always followed according to guidance. For example significant bruising to a person had not been reported. Parents had informed the service when they saw bruising on their family members body. The service had not reported the bruising or given an explanation of how the bruising may have occurred.

People had been supported to maintain links with the local community through attending social events such as dance and exercise sessions for people with disabilities.

Internal audits failed to identify shortfalls. For example, medicine audits had not identified one person had not received their medicine and some discontinued medicines were still on medicine charts. We were told care plan audits do not take place. We saw the health and safety file had not been updated to verify yearly gas safety checks were completed. We received additional information following our inspection to confirm the gas safety checks had taken place.

We recommend the provider has effective systems in place to monitor the quality and safety of the service.

The services policies and procedures were not current and were being updated. We discussed this with the registered manager and they said they were working on them.

People's experience of care was monitored through reviews and family forums. One relative told us the forums had lapsed, however we were aware a forum was due to take place following our inspection. We asked to see minutes from the forum following our inspection. Discussions took place around new staff,

holidays and the possibility of having a CCTV installed in the communal area to further protect staff and people in the service. The CCTV had been recommended by the safeguarding team and we saw that families had approved the proposal to have the CCTV at the service.

We were told reviews with families took place. However, we could not see any documented evidence that this took place at the time of our inspection. Two of the families we spoke with told us they had reviews. The registered manager told us they often see families when they come to visit and they could always speak to them at this time.

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 Medicines were not managed effectively, people did not receive their medicines as prescribed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Systems were not in place to investigate immediately upon becoming aware of potential abuse.