

# Look Ahead Care and Support Limited

## Felstead Street

### 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 ●

# Summary of findings

## Overall summary

This inspection took place on 6 and 7 February 2018 and was unannounced. The last inspection was a focused inspection on 23 December 2016. That inspection was to follow up if improvements had been made with the key questions of Safe and Effective from a comprehensive inspection conducted on 29 and 30 March 2016. We found during the focused inspection the service had made improvements and had an overall rating of Good.

Felstead Street is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Felstead Street provides accommodation and care for 24 people with mental health needs. At the time of our inspection 22 people were using the service. Look Ahead provided the support and an independent landlord owns the property.

The service did have a registered manager however the person had been temporarily transferred within the company. The team leader in the service was acting in the role as the 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.

Staff had a good understanding of the safeguarding procedures and followed protection plans to minimise the risk of harm to people. Staff had a good working relationship with the community policing team. Thorough recruitment checks were completed to assess the suitability of the staff employed. Medicines were stored and administered safely. The home environment was clean and the home was free of malodour.

Staff undertook training and received regular supervision to help support them to provide effective care. Staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA and DoLS is legislation protecting people who are unable to make decisions for themselves or whom the state has decided need to be deprived of their liberty in their own best interests. We saw people were able to choose what they ate and drank. People told us they enjoyed the food. The home was well decorated and adapted to meet the needs of the people.

People told us that they were well treated and the staff were caring. We found that support plans were in place which included information about how to meet a person's individual and assessed needs. People's cultural and religious needs were respected when planning and delivering care. Discussions with staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people could feel accepted and welcomed in the service. People had access to a wide variety of activities.

The provider had not explored people's wishes for end of life care. We have made a recommendation about involving people in decisions about their end of life care.

The service had a complaints procedure in place and we found that complaints were investigated and where possible resolved to the satisfaction of the complainant.

Staff told us the service had an open and inclusive atmosphere and the manager was approachable and open. The service had various quality assurance and monitoring mechanisms in place. These included surveys, audits and staff and house meetings.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Felstead Street

## 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.

Before we visited the home we checked the information that we held about the service and the service provider. This included any notifications and safeguarding alerts. A notification is information about important events which the service is required to send us by law. The inspection was informed by feedback from professionals which included the local borough contracts and commissioning team that had placements at the home, and the local borough safeguarding team.

This inspection took place on 6 and 7 February 2018 and was unannounced. The inspection team consisted of one inspector, a mental health specialist and an expert by experience, who had experience with mental health services. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

During our inspection we observed how the staff interacted with people who used the service and also looked at people's bedrooms and bathrooms with their permission. We spoke with 10 people who lived in the service and two relatives during the inspection. We spoke with the operational manager, the acting manager, five care workers, the chef, and a domestic assistant. We also spoke with two community library workers who were visiting the service. We looked at eight care files, staff duty roster, four staff files which included recruitment and supervision records, a range of audits, minutes for various meetings, 16 medicines records, four finance records, accidents and incidents, training information, safeguarding information, health and safety folder, and policies and procedures for the service.

## Is the service safe?

### Our findings

People and their relatives told us they felt the service was safe. One person told us, "I feel safe." Another person said, "Staff make me feel safe." A relative said, "I believe [relative] is safe."

There was a safeguarding policy in place which made it clear the responsibility for the provider to report any allegations of abuse to the local authority and the Care Quality Commission. Records showed staff had completed training in safeguarding adults. One staff member said, "Need to report to my line manager." Another staff member said, "I document it and inform the manager. If manager didn't follow up I would whistle blow." The service had a whistleblowing procedure in place and staff were aware of their rights and responsibilities with regard to whistleblowing. This meant the provider ensured people were protected from avoidable harm and abuse.

The manager told us and we saw records that showed there had been five safeguarding incidents since the last inspection. The manager was able to describe the actions they had taken when the incidents had occurred which included reporting to the Care Quality Commission (CQC) and the local authority. This meant that the provider reported safeguarding concerns appropriately so that CQC was able to monitor safeguarding issues effectively.

Care files each contained a set of risk assessments, which were up to date, detailed and reviewed regularly. These assessments identified the risks that people faced and the support they needed to prevent or appropriately manage these risks. Risk assessments included mental health, living environment, self-neglect, fire safety, sexual behaviour, physical health and challenging behaviour. For example, one person had been assessed at risk of severe hoarding. The risk assessment gave guidance to staff how to minimise the risks for this person. Records showed people had consented to and participated in these risk assessments wherever possible. Staff we spoke with were familiar with the risks that people presented and knew what steps were needed to be taken to manage them. Risk assessment processes were effective at keeping people safe from avoidable harm.

Financial records showed no discrepancies in the record keeping. The service kept accurate records of any money that was given to people and kept receipts of items that were bought. Financial records were recorded by two members of staff for each transaction and we saw records of this. Also financial records were checked twice a day at handover. Records confirmed this. Records showed a financial audit was conducted monthly by two senior staff members. This minimised the chances of financial abuse occurring.

Accident and incident policies were in place. Accidents and incidents were documented and recorded and we saw instances of this. We saw that incidents were responded to and outcomes and actions taken were recorded. Discussions and lessons learnt were discussed in staff meetings at the service. Also the provider held a safeguarding and quality meeting which discussed accidents and incidents for all locations. This included looking at trends and to see if actions were being followed up. This meant the service learned from incidents and put procedures in place for prevention.

The service followed safe recruitment practices. Staff recruitment records showed relevant checks had been completed before staff had worked unsupervised at the service. We saw completed application forms, proof of identity, references and Disclosure and Barring Service (DBS) checks. The DBS is a national agency that holds information about criminal records.

Sufficient staff were available to support people. People told us there were enough staff available to provide support for them when they needed it. One person said, "Yes, enough staff. " Another person told us, "Enough staff at all times." Staff told us they were able to provide the support people needed. One staff member told us, "It is enough staff." However one staff member said, "Yes and no [enough staff]. Most times enough staff. Some days are very hectic. Usually if we have appointments manager will book extra [staff member]."

Medicines were stored securely in a locked cupboard in people's bedrooms. Medicines administration record sheets (MARS) were appropriately completed and signed by staff when people were given their medicines. Medicines records showed the amount held in stock tallied with the amounts recorded as being in stock. Training records confirmed that all staff who administered or handled medicines for people who lived in the home had received appropriate training. People who required "pro re nata" (PRN) medicines had guidelines in place. PRN medicines are those used as and when needed for specific situations. Reasons for giving PRN medicines were documented for people. This meant people were receiving their medicines in a safe way.

Equipment checks and servicing were regularly carried out. The service had completed all relevant health and safety checks including fridge/freezer temperature checks, fire system and equipment tests, emergency lighting, gas safety, electrical checks, and water regulations. Fire alarm systems were regularly maintained. Staff knew how to protect people in the event of fire as they had undertaken fire training and took part in practice fire drills. The service had a defibrillator available on the premises. A defibrillator is a machine used to control heart fibrillation by application of an electric current to the chest wall or heart. However we noted the service was not doing regular checks to see if it was in good working order. Good guidance states the defibrillator should be checked regularly and this be recorded. We spoke to the manager about this and they advised us they would start doing regular checks.

The service had plans to keep people safe in an emergency. We saw each person had a personal emergency evacuation plan (PEEP), this detailed action to be taken in the event of an emergency and was accessible to staff.

Records showed staff had completed training on infection control. Staff had access to policies and guidance on infection control. We looked at cleaning schedules which covered specific tasks to be completed weekdays and weekends by domestic staff. Throughout the service hand sanitizer gel was available. One staff member told us, "We have got gloves, aprons, and disinfectants. We have hand gel all around the building."

## Is the service effective?

### Our findings

People who used the service told us they were supported by staff who had the skills to meet their needs. One person said, "They [staff] asked me if I'm ok at any time." Another person told us, "[Staff] nice and friendly."

Before admission to the service a pre-admission assessment was undertaken to assess whether the service could meet the person's needs. The assessment looked at the physical health, mental health, medicines, finances, alcohol and drug use, legal issues, relationships and social contacts, cultural identity, employment and training, and leisure and recreation. Records confirmed this.

Staff were trained and supported to have the right skills, knowledge and qualifications necessary to give people the right support. A staff member told us, "Always training related to me. It is quite good and we get a lot." Another staff member said, "We do get a lot of training. We do online and classroom training. Helps you do the job when you get refresher training." Staff we spoke with told us that they had received all of the training they needed for their role. When new staff joined the service they completed an induction programme which included shadowing more experienced staff.

Staff told us they received regular formal supervision and we saw records to confirm this. Topics included actions from the last supervision, updates on people who used the service, training, annual appraisal, and medicines. One staff member said, "Supervision is monthly to six weeks. We usually have a set agenda but talk about our general wellbeing and any challenges with the [people who used the service]." Another staff member said, "[Manager] will ask if you have any difficulties." Annual appraisals were last completed for staff in December 2016. We spoke to the manager about staff not receiving annual appraisals for 2017. The manager advised she was aware they had not been completed and had started the process of booking appointments with staff to complete appraisals.

The kitchen was clean, food items were stored appropriately and labelled. Food hygiene notices were displayed in the kitchens on the ground and first floor. The chef told us and we saw records of food temperature checks, and fridge and freezer checks.

People told us that they had access to food and drinks throughout the day and were able to choose what they wanted to eat. Our observations confirmed this. One person told us, "The food is nice and healthy." Another person said, "Nice food." Food menus reflected the diverse cultural needs and preferences of the people who used the service. People's dietary needs and preferences were discussed with them before admission to the service. Food menus were developed weekly with input from people who used the service. Menus were developed weekly from people's feedback recorded during the weekly house meetings. Staff encouraged people to eat a healthy balanced diet, and recorded people's food and drink intake to ensure this was at a satisfactory level that did not indicate a risk of poor nutrition. Some people had very specific dietary requirements. For example, some people were diabetic. The chef was able to describe people's specific dietary needs. Records showed this was clearly documented in people's support plans and staff when asked knew people's dietary needs.



People were supported to maintain good health and to access healthcare services when required. Records showed people visited a range of healthcare professionals such as GPs, district nurses, dentists, physiotherapists, and psychiatrists. One person told us, "The doctor can come here if I need one." Another person said, "I can see a doctor or nurse. They are coming here." On the day of our inspection we observed a district nurse visiting people. This showed the service was seeking to meet people's health care needs.

The premises, décor and furnishings were maintained to a high standard. They provided people with a clean, tidy and comfortable home. Repairs were carried out in a timely way and a programme of regular maintenance was in place. There was a secure accessible garden for people's use. The home was spacious and free from clutter. People's bedrooms were personalised.

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).

Records showed where people had been deprived of their liberty applications had been made to the local authority and best interests meetings had taken place in line with the MCA framework. Staff had completed MCA and DoLS training. Care records showed that staff had been involved in discussions during people's Care Programme Approach (CPA) meetings to give their opinions regarding people's capacity. CPA meetings are used to ensure that services are assessed, planned, co-ordinated and reviewed for someone with mental health problems or a range of related complex needs. The manager and staff we spoke with had a good understanding of the MCA and DoLS. The manager knew how to make an application for consideration to deprive a person of their liberty.

## Is the service caring?

### Our findings

People told us the staff were caring. One person said, "Caring staff. They help me to do my shopping." Another person told us, "Very caring staff."

Staff spoke in a caring way about people they supported and told us that they enjoyed working at the service. One staff member said, "They [people who used the service] are like your family. You get to know them. You are creating an impact on someone's life." Another staff member told us, "I believe my relationships with [people who used the service] is good. I get on very well with them."

Staff knew the needs and preferences of the people they were caring for and supporting. Each person using the service had an assigned key worker. A keyworker is a staff member who is responsible for overseeing the care a person received and liaised with professionals or representatives involved in the person's life. Staff were able to tell us about people's life histories, their interests and their preferences. One staff member said about key working, "You do key work sessions. You have contact daily with [people who used the service]. You oversee everything. Make sure room is safe, if happy with everything, and do the care plan and risk assessment." Another staff member said about the person they key worked for, "Always ask [person] how she feels, any help she needs, her medication, her family and if staff treating her right." People told us they had regular key working sessions. One person said, "Yes every five to six weeks, it's ok." Another told us, "Keyworker [session] every two weeks." Records confirmed key working sessions were being regularly completed.

Support plans contained detailed information about people's communication needs and preferences. This helped give staff the information they needed to build rapport with people in order to establish positive relationships with them. For example, one support plan stated, "I do like to do things in my own way and at my pace, and sometimes might get upset if people try to rush me." Support plans captured if people had a preference for care workers of a specific gender and records showed this was respected. Care records also contained information about people's background and personal history.

People's privacy and dignity was respected. Staff we spoke with gave examples how they respect people's privacy. One staff member told us, "Even in communal places you still give [people who used the service] privacy. You will ask if they want to watch television or leave them alone." Another staff member said, "When you go to someone's room you have to knock." One person said, "[Staff] are knocking on the door before coming in." Another person told us, "I have privacy." A third person told us, "I can sleep or wake up when I want to."

People's independence was encouraged. Staff gave examples how they involved people with domestic tasks and doing certain aspects of their personal care to help become more independent. This was reflected in the support plans for people. For example, support plans had specific tasks such as laundry and cleaning people's bedroom to help them stay independent. One staff member told us, "You give [people who used the service] a choice to do something themselves before you do it. You encourage them to do things for themselves. If we do everything for them we are not helping them."

## Is the service responsive?

### Our findings

People told us the service was responsive to their needs. One person said, "If I have an issue I can talk to them [staff]. My sink got block and they fixed." Another person told us, "Staff listen to me."

Support plans were written in a way that people understood and were signed by the people who used the service. One person told us, "Yes, I have signed the care plan." This showed us that people agreed to the support and care they would receive. Care records showed people had talked to staff about 'things that are important to me'. Some of the discussions included people's preferences on their appearance, hobbies and interests. Support plans contained detailed information and clear guidance about all aspects of a person's health, social and personal care needs, which helped staff to meet people's individual needs. The support plans covered personal care, mobility, living environment, behaviours, mental health, finances, food, activities and health. The support plans were person centred. For example, one support plan stated, "[Person] has support from female staff with personal care. Although [person] is able to shower independently and sometimes does so without prompting she feels more secure with staff assistance." People were also involved regularly with the review of their support plan. Records confirmed this.

People's individual diverse needs both culturally and spiritually were being met. Staff supported people to meet their religious and cultural needs by celebrating festivals, attending places of worship of their choice and engaging with their communities. Records confirmed this. Discussions with staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people (LGBT) could feel accepted and welcomed in the service. The manager told us, "If the [person] would like to attend or access the community for LGBT [services] we would facilitate this." A staff member told us, "We respect everyone regardless. We would welcome them. [Provider] embraces diversity and is inclusive of everyone."

People had opportunities to be involved in hobbies and interests of their choice. Staff told us people living in the home were offered a range of social activities. On the first day of our inspection we saw people doing flower arranging. On the second day we saw people taking part in a music session which included people playing different musical instruments. People were enjoying the music session which included staff dancing to the music. People were supported to engage in activities outside the home to ensure they were part of the local community. One person said, "I do art and voluntary work." Another person told us, "Sometimes go on the bus. I like art and music classes." A third person said, "Nice activities."

The service held a weekly house meeting where people could share and receive information. We observed a house meeting being held on the first day of the inspection. One person who used the service was chairing the meeting. Records confirmed house meetings were held weekly. Topics discussed included planning the food menu, health and safety, maintenance, fire procedures, staff updates, activities, safeguarding, and complaints and suggestions. One person said, "If I am not at the [house] meeting, [staff] come to my room to discuss." Another person told us, "Meetings every Tuesday."

There was a complaints process available and this was on display in the communal areas so people were aware of it. Staff we spoke with knew how to respond to complaints and understood the complaints

procedure. We looked at the complaints policy and we saw there was a clear procedure for staff to follow should a concern be raised. There were systems to record the details of complaints, the investigations completed, actions taken as a result and the response to the complainant. Records showed there had been two formal complaints for the last 12 months. We found the complaints were investigated appropriately and the service had provided resolutions in a timely manner.

People told us they knew how to make a complaint. One person said, "I talk to the reception staff and they sort it out." Another person told us, "[Complain] to the manager but I have nothing to complain about." A third person said, "I can complain but I never complain."

At the time of our inspection the service did not have any people receiving end of life care. The service had an end of policy which was appropriate for people who used the service. One staff member said, "We would liaise with the GP and the hospital, and other health professionals." The end of life policy for the service had a template for an end of life care plan however the service had not explored people's wishes for end of life care. This meant there was a risk people did not have a chance to explore their end of life wishes and where they would like to spend the last stages of their life.

We recommend that the service seek advice and guidance from a reputable source, about the end of life care for people.

## Is the service well-led?

### Our findings

People who used the service told us they knew who the manager was and they thought the service was well managed. One person said, "Good management." Another person told us, "I think they are ok."

The service did have a registered manager however the person had been temporarily transferred within the company. The team leader in the service was acting in the role as the manager. The provider had notified us prior to the inspection that the service did not have a registered manager. Staff told us they liked the acting manager and she was very supportive. One staff member said, "She is very supportive, caring and understanding. I've known her a long time and she is good." Another staff member told us, "She is someone you can always go to. Always has time for you. She makes work more enjoyable. She is the best." A third person said, "The manager is brilliant."

The manager told us she had been acting in the role for one week and felt supported by the provider. The manager told us, "The support has been amazing especially with the operations manager. She is in regular contact with me. I've been given support from another [registered manager] and he has already started inducting me to the new systems for the manager role." The manager also said, "It is very assuring that they always offer me support."

Staff told us that the provider had regular staff meetings where they were able to raise issues of importance to them. We saw the minutes from these meetings which included discussion on fire safety, medicines, quality audits, updates on people who used the service, food, maintenance, support planning, black history month and people's finances. One staff member told us, "We do the staff meeting every two weeks. We talk about the clients, the running of the home and what needs to be improved on." Another staff member said, "It is every two weeks. We talk about [people who used the service], any difficulties, staffing and generally everything. We say how we feel."

The provider had a number of quality monitoring systems in place. These were used to continually review and improve the service. The operations manager told us the provider conducted an audit of the service twice a year. The audit was usually led by a registered manager from another service. The last audit conducted was October 2017. The audit was based on the questions the Care Quality Commission ask which are if the service is safe, effective, caring, responsive and well-led. The audit looked at safeguarding, health and safety, living environment, fire safety, medicines, food preparation, support plans and risk assessments, equality and diversity, complaints, community links, and staff support. Records showed an improvement action plan was completed after the last audit. The action plan showed where standards were not being met, the action required, who was responsible, date due for completion of action and date when action was completed.

The quality of the service was also monitored through the use of annual surveys to get the views of people who used the service and their relatives. However the last annual survey was conducted in December 2016. We spoke to the manager about no annual survey being conducted in 2017. The manager was aware of this and told us the next annual survey was to be sent out by the end of the month. Also the manager said

weekly house meetings were held where people could feedback any concerns. Records confirmed this.

There was a good working relationship between the staff and the community mental health team. From our discussions with the staff, they told us they had a good working relationship with health care professionals. Records showed the service received feedback and updates from other services involved in supporting people, for example local advocacy services, social services, and mental health voluntary organisations. This information was contained within the care files and ensured that the service was working together with other professionals involved in people's care.