

Southside Partnership

# Lewisham Adult Placement Scheme

## 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

We carried out this inspection on 5 September 2016 and 12 people were using the service who had mental ill health. Lewisham Adult Placement Scheme provides personal care to people who live with carers who offer 24 hour support in their own homes.

The service has 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 were protected from harm because staff were skilled in identifying signs of abuse. Safeguarding processes and policies were in place that assisted staff to protect people from the risk of abuse. Staff knew what actions to take if they suspected a person was at risk of abuse by reporting this to the registered manager or local authority.

Risks to people's health and well-being were identified by staff. Risk management plans were developed to ensure the risk was managed appropriately and the occurrence reduced. Care and support was delivered by sufficient numbers of staff who effectively met people's needs. People had regular staff available to them to support them as required because they lived with people who supported them. People were familiar with office based staff who visited them on a regular basis.

Medicines were managed for people appropriately. There were regular checks on people's medicine administration records to ensure people received their medicines as prescribed. Effective systems were in place for the management, administration, ordering, storage, and disposal of people's medicines.

The registered provider had support in place for staff who were employed at the service. Staff had access to an appraisal, training, induction and supervision that supported them in their caring role. The registered manager identified the individual training needs of people, their carers and office based staff. Staff understood best practice guidance and training and implemented them.

People gave their consent to care and support. People had information presented to them in a format that they understood so they were able to provide informed consent to receive care and support. The registered manager and staff had an understanding of their responsibilities within the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were met for the maintenance of their health. Meals provided met people's needs and preferences, in response to their individual needs. Carers supported people to prepare and make a meal of their choice whilst others were able to prepare a meal for themselves independently.

Referrals and appointments were made with health care services to meet people's needs. Staff followed

professional guidance to help people maintain their health care needs. Staff ensured people's care needs were address when they changed.

People's personal histories, likes and dislikes were known by people that cared for them. People, carers and their relatives were involved made care and support decisions. Care and support delivered were person centred which included people's preferences, and choices while respecting their dignity and privacy.

People's care and support needs were regularly reviewed to ensure their care needs were appropriately met. People were encouraged to contribute to reviews of their care and support to ensure the care provided was appropriate and relevant. People took part in activities of their choice which met their interests and hobbies. People were encouraged to develop their education and employment skills as well as developing new skills. Relationships that mattered and were important to people were maintained as they chose.

The registered provider had a system in place for people to make a complaint. People and their relatives were aware of how to make a complaint or a comment about the service as they chose. The registered manager dealt with complaints in a timely manner and responded to any concerns in a timely manner

The registered manager demonstrated clear leadership and established with staff, a positive culture within the staff team. There were opportunities for staff to be involved in the development of the service for improvements. The registered manager had developed a working relationship with external health and social care staff. This ensured people received the appropriate care and support because they had the support from health and social care professionals who were familiar with them and their needs.

## 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. Safeguarding processes and procedures were known by staff which helped them keep people safe from abuse.

Staff identified and managed risks to people while supporting and encouraging them to take positive risks.

Staff were available to provide care and sufficient that was at the required levels.

People's medicines were managed safely to help maintain their health.

### Is the service effective?

Good ●

The service was effective. Staff, people and their carer's received regular training. Staff were supported to identify their professional and development needs through regular appraisal and supervision to support them in their caring roles.

When people's health care needs changed they had access to health care services to maintain their health.

People had access to meals that met their preferences and requirements.

The registered manager and staff were aware of the principals of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

### Is the service caring?

Good ●

The service was caring. People's needs, wishes, likes and dislikes were known by staff and their care delivered in line with them.

People and their relatives were involved in making decisions about how they received care.

Staff treated people with kindness and compassion and respected their privacy and dignity when providing care.

### Is the service responsive?

Good ●

The service was responsive. People had an assessment and review of their care and care plans regularly.

People were encouraged and supported to access services and activities in their local community.

The registered provider had a system in place to manage and resolve any complaints.

### Is the service well-led?

Good ●

The service was well-led. The registered manager had systems in place for monitoring and review to drive improvements at the service.

The registered manager involved people and staff in the development of the service.

The manager sent appropriate notifications to the Care Quality Commission.

# Lewisham Adult Placement Scheme

## **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 announced inspection took place on 5 September 2016 and was carried out by one inspector.

Before the inspection, we reviewed information we held about the service, this included notifications sent to us by the service. A notification is information about important events, which the service is required to send us by law.

During the inspection we spoke, with three members of staff and one person using the service. We reviewed five people's care records and medicine administration records (MARs), and other records regarding the management of the service.

After the inspection, we contacted two people who used the service and two carers for feedback on the service.

# Is the service safe?

## Our findings

People and their carers told us, the care and support received was safe. One person said, "Yes, I am safe. I can look after myself alright." One carer told us, "[person's name] is very safe, I know how to support them to keep them safe" A member of staff told us, "Each person has several risk assessments in place, this helps them, their carers and us to support them to be safe."

People were protected from abuse because there were safeguarding policies and procedures in place. These provided staff with guidance on the appropriate management of an allegation of abuse. Staff knew the different types of abuse and the signs and symptoms of them. Staff knew the process to following to escalate an allegation of abuse to the registered manager and the local authority safeguarding team. The registered provider has a whistle-blowing policy in place for staff. This provided staff with guidance on how to raise concerns about the service. One carer told us, "I have not raised a safeguarding concern with the service but would if I needed to." A member of staff told us, "I know how to make a safeguarding if I need to." Staff were aware of both the safeguarding and the whistle blowing policy their use and staff told us that they were confident to raise a concern about the quality of care.

People lived in an in suitable and safe environment because staff completed home risk assessments to ensure they were safe. Staff carried out health and safety checks at people's home to ensure they were safe and prompt action taken to resolve any issues found appropriately. Staff completed regular checks at the home to make sure it was safe and well maintained. For example, checks of home utility supplies of gas, water and electricity were carried out to ensure these were maintained and safe for people to use. Carers, staff and the registered manager had ensured that people lived in an environment, which was well maintained and safe to meet their needs.

People were protected from any risks associated with their health, well-being, and support. Staff identified and assessed risks to people that were associated with their health and social care needs. Staff developed plans used to manage the risks identified and staff and carers used this guidance to reduce the likelihood of them occurring. A person's risk assessment identified concerns regarding road safety and a management plan was developed which managed this risk whilst supporting the person with develop their skills and confidence with road safety.

Risk management plans identified the support a person required to manage those risks. For example, a person required supported in the preparation of a meal to ensure they were safe to do so. The support encouraged the person to increase their confidence and independence in developing their daily skills. Staff shared information on risks, and their management with carers which meant that people had continuity and consistency of care in the management of risks.

There was a system in place to record incidents and accidents. These are recorded and shared with staff and actions taken to resolve any concerns. Risk assessments are updated to reflect any new concerns with a risk management plan updated accordingly. People, staff and carers had access to a 24 hour out of hour service. This service was managed and advice obtained in the event of an emergency or outside office hours. One

carer told us, "I have the out of hour's numbers if I need them, but I haven't needed to use the number recently."

People were cared for by sufficient numbers of staff that were skilled to support them. There were enough staff available to meet people's needs safely. People lived with a carer and also had office based staff that supported them. Carers supported them with their personal care needs and support needs. The availability of staff was flexible when required to meet the needs of people. For example, if a person required support to attend an assessment with the mental health team the carer would make time available to support the person if they chose.

The registered provider had a robust recruitment process in place to ensure staff were safely employed. Before they began to work at the service, newly employed staff completed the registered provider's job application process. We found documents on the staff records that demonstrated appropriate pre-employment checks were carried out. One member of staff we spoke with told us, "I had an interview for this job and references and a Disclosure and Barring Service [DBS] check were completed." A DBS is a check employers undertake to aid the making informed and safe recruitment decisions. Staff had checks carried out before they worked with people including a criminal records check, personal identification, and employment references this information was used by senior staff to assess staff suitability. There was a system in place to identify that staff and carers had the right to work in the UK.

People received their medicines safely and as prescribed. One person told us "I take my medicine myself but [carer] supports me to make sure." A carer told us, "I know how to support people with their medicine. With one person I watch them just to make sure that they take them correctly." People's Medication Check Sheet [MCSs] were complete and accurate and detailed the name and dose of medicine the person was taking. Medicines administered followed the procedure for the person as outlined in their support plan and as per the prescriber's instructions. Carers administered and disposed of medicines safely. There were systems in place for people to have their medicines ordered, stored and disposed of in line with good practice. Unused medicines were returned to the dispensing pharmacy for disposal. People had medicine risk assessments that recorded any allergies to medicine that ensured people received their medicines safely.



# Is the service effective?

## Our findings

People were cared for by staff that were supported in their caring role. Staff received an appraisal, and supervision training which helped staff support people effectively. A member of staff told us, "I have a regular supervision with my manager." Another member of staff said, "My manager and I discuss everything in relation to my role and we discuss any issues that may have come up since the last supervision. I'm able to discuss any concerns and if necessary we will follow up on any outstanding actions at the following supervision to ensure we have a conclusion." Staff underwent a yearly appraisal. These identified staff training, and professional development needs. Appraisal meetings involved contributions from the member of staff and their line manager, any identified areas for improvement were recorded with an action plan and agreed goals to be achieved. The appraisal system offered the opportunity for the member of staff and the line manager reviewed the progress made and staff reflected on their practice.

People were supported by trained and skilled staff. Staff completed training which supported them in their role and helped develop their skills and knowledge. For example each member of staff completed the registered provider's mandatory training. Staff completed training in health and safety, safeguarding vulnerable adults, medicine management, first aid and infection control. One member of staff told us, "The training is really good and very helpful. The variety of training I have completed has helped me understand the people that I support." The registered manager supported staff so they were effective in their caring role and their level of competency following the training was monitored and assessed. Training was flexible and tailored to meet carers specific needs. Carers were offered regular training that supported them with knowledge to allow them to care for people effectively. For example carers completed training in mental health, safeguarding adults, health and safety and medication management. The training is completed on a regular basis. One carer told us, "The office based staff remind me when any training is due, they also tell me if there is any up and coming training available to me."

People gave their consent to receive care and support from staff and carers. People's consent was sought after receiving information in a way that they understood to aid their decision making process. A person told us, "Yes [carer] asks me for consent all the time. They make sure that I understand what I am giving my consent to and this makes me give them consent when needed. Sometimes they need to talk to people with the housing or health services on my behalf." A carer told us "We get consent from people each time we need to know that they are aware of what is happening." Staff involved people and their relatives in making important decisions regarding their care. People gave their views, and staff considered them when making decisions that affected their health and well-being.

People were cared for in a way that ensured they were supported with the Mental Capacity Act. Staff had an understanding of their role and responsibilities in line with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff made appropriate DoLS applications to the local authority to make an application for DoLS. The registered provider complied with the Mental Capacity Act in general, and (where relevant) the specific requirements of the DoLS. People were cared for in a way that prevented the unlawful deprivation of their liberty.

People had sufficient amounts of food and drink which met their preferences, nutrition and hydration needs. One person told us, "I can cook for myself but I have access to meals provided at home if I choose." Staff and carers had understanding of people's nutritional needs to manage their health conditions. Some people ate their meals out of their homes or helped in the preparation of meals. Carers were made aware of people's nutritional needs, likes and dislikes to ensure people had a consistent approach to their nutritional needs. Records of people's likes and dislikes were recorded and carers were made aware of them.

People had access to health care services to maintain their health. Staff and carers had an awareness of people's health care needs. For example we saw records that demonstrated people were supported with making and attending health appointments. We saw appointments were made for people with mental health services, with their GP and Chiropodist for follow up support. People had regular reviews and monitoring of their health and the support plans updated to ensure their accuracy. Care records detailed a person's health condition, allergies, and health care needs. Staff ensured people received access to care and treatment, which met their needs.

## Is the service caring?

### Our findings

People had support from the service that was caring and demonstrated kindness. People lived with carers and they told us that they enjoyed being a part of their family. People and their relatives provided information of their interests, likes and dislikes and these were recorded. For example, we saw one person enjoyed taking part in gardening and travelling on the bus. People received support with their care and support need by staff and carers in the way that they chose and these were recorded.

People had the privacy that they needed. For example, each person had privacy as they chose in their own bedroom as required. People were treated with dignity and respect. We did not observe staff and carers supporting people because care and support was carried out in people's homes. However staff and carers spoke about people in a kind and compassionate way.

People contributed to the delivery of their care and support. Decisions were made that identified what care and support people needed to maintain their health and well-being. For example, people had an assessment of their abilities to manage their personal care needs and the level and type of support required were documented in their care records. Care records we looked at demonstrated that people identified themselves what their needs were. For example the self-assessment identified how people managed their mental health, social care needs and health care needs. The assessment allowed people to discuss any concerns with the member of staff and identified any areas for improvement. This encouraged people to be independent and increase their confidence. One person who told us, "[staff name] do help me but they give me the opportunity for me to do my own thing."

The registered provider had a system in place that supported people to develop relationships. The service had a community connecting scheme in place which connected people who had similar interests to meet socially. For example, the service would match people who enjoyed a particular activity such as going to the cinema. People could be matched with people who are not necessarily users of mental health services. This encouraged mental health recovery and for people to pursue new interests with other people.

People's care was planned to meet their assessed needs and to maintain their independence. People were able to take part in college courses and pursue employment opportunities. Some people enjoyed taking part in social activities of their choice for example people were able to visit museums and to attend religious events of their choice. People had regular contact with people that mattered to them. People maintained relationships with people outside of the home who they had developed relationships with before coming to live at the service. There were systems in place to request the support from an independent advocate if required. An advocate supports a person to make their opinions known and heard.

People's care records were stored securely in a locked cupboard and staff had access to them when needed. People's personal private information was safe and kept confidential and shared with appropriate health and social care professional when required. One member of staff said "We have care records and these are locked away and used when needed. We also have a secure software system where we stored people's information only authorised staff can access this."

## Is the service responsive?

### Our findings

People received care and support from staff that were responsive and met their needs. A referral for admission to the service came from the commissioning local authority. A member of the office staff would receive the referral and from this information staff completed a needs based assessment. Assessments were completed with the person, their relative and a health or social care professional. This ensured the service received comprehensive information and could ascertain whether the service could meet the needs of people. After an initial assessment, a support plan was developed. People's care was person centred and clearly described their individual needs and the support staff gave to meet them. Assessments were signed by the assessing member of staff, the carer and the person using the service. Each person involved in an assessment was provided with a copy.

People's assessments reflected how care was delivered. The registered manager ensured that the needs of the person were most important to the assessment process. For example, people's strengths were identified and central to their care and support needs plans. Where people had identified areas of their life where they needed support, strategies were developed with people to meet them. People received person-centred care. This system monitored and tracked people's progress and assessed the stability of the person's care and placement suitability. Each person had regular assessment and support plan and a review of their mental health, health, education social relationships, hobbies and interests, emotional and physical care needs. During a review, people were involved in the development of their support plan, offer their views and opinions of their placement including if they felt their placement continued to meet their needs. The person signed their review and was given a copy. This meant people received a care service that routinely monitored their care and support needs to ensure they were accurate, safe and actions implemented to ensure stability of a placement with carers and their family. People had support plans that were person centred. Staff recognised that people's needs required regular reviews when using the service. This was particularly pertinent when preparing people for independent living.

The planning and delivery of people's care reflected their individuality to ensure consistency of care. For example care records placed people at the centre of each activity or action implemented. For example, people's needs were identified first then the associated systems, service or advice was sought in line with people's assessed needs. One person told us, "I have a copy of my assessment, support plans and risk assessments. This means that I know what is going on and I know if I have made progress. I want to be able to move out one day." Office based staff completed regular reviews of people's care needs with people, their carer, support staff and health or social care professional as required. A record was made if any changes in care was suggested and agreed. Records showed that where staff had identified concerns or a risk, they took action by seeking advice or guidance from a relevant health or social care professional. For example, during a care review staff identified that there was a change in the physical health needs. Staff made a referral to a health worker for discussion in response. The GP arranged for a series of tests to ascertain and resolve this concern.

People accessed community activities they enjoyed. People told us, staff were flexible and came to visit them at a time that better suited them. This allowed people to maintain relationships with people that

mattered to them and enjoy social activities outside of their home reducing the risk from social isolation. Staff were aware of the importance of protecting people from social isolation so encouraged people to be as independent as possible. People were able to access their local community and take part in an activity of their choice. The registered provider has activities which people could access. For example the provider had a social group based at the service which people could attend and learn a new skill or develop social relationships if they chose.

The registered provider had a system process in place to support people with developing new skills and interests. The Adult Placement Scheme delivered a training programme specifically tailored to people's needs. The purpose of the carer's training was to further support them in their day-to-day work; developing their skills and confidence in supporting people to develop their independence and ultimately move on to independent living. People were able to completed training in emotional health, staying well and mental health recovery managing anxiety and depression, confidence building, assertiveness, physical health and wellbeing and the tree of life. This provided people with the opportunity to develop their skills in preparation towards independent living.

People were aware of how to raise their concerns or complaints. The registered provider had a complaint policy in place. This gave staff and people guidance in the complaint process including how they were able to make a complaint about the service. An easy read complaint policy allowed people to be able to make a complaint because they were able to understand the process. The complaint's process ensured the registered manager would respond to a complainant in response to the investigation detailing the outcomes of the complaint. We looked at the complaints records however there were no outstanding complaints. The registered manager was aware of how to respond to complaints in a timely manner to reach a positive outcome.

## Is the service well-led?

### Our findings

People received care and support by a service that was well-led. People told us they liked their carers and office based staff. One person told us "I like calling the staff when I need to because they take time out to listen to me." Another person said "All staff advise me and support me when I need it." Staff, people and carers we spoke with told us that the registered manager was approachable and took time and action to resolve any concerns they had. One member of staff said, "[registered manager] is fair and helps me when I needed it." Carers told us that the other members of staff at the service were also very helpful and provided advice or guidance when required.

People and their relatives were encouraged to feedback to staff, the registered manager, and the provider. The senior managers of the service analysed the response people and their relatives made. Staff ensured people were able to provide feedback to the service formally. The analysis showed that the majority of people were satisfied with the quality of care provided to them.

The provider and manager welcomed feedback from staff. Staff contributed to the management of the service through taking part in the review of the service. From this a plan for improvement was developed and actions taken to resolve any outstanding issues. For example staff changed their practices to ensure people had a risk assessment carried out every three months and the care documentation was reviewed and it was decided that tow care assessment documents were no longer used. A senior manager reviewed the services actions plan and supported the registered manager to ensure the action plan was implemented. Following that review, a senior manager from another service would evaluate the effectiveness of the plan. Staff were made aware whether further plans required implementing to improve the service. For example we saw a recommendation that people's records were routinely updated with care reviews and we saw from the records we looked at this had been achieved.

There was a registered manager at the service. They were aware of their responsibilities as registered providers with the Care Quality Commission (CQC). They kept CQC informed of notifiable incidents that occurred at the service. We saw all incidents at the service were appropriately sent to the CQC promptly.

There were regular staff meetings relating to the service and their caring roles. Staff were able to make decisions on improvements to the service. For example we saw records where staff had made a recommendation to complete regular reviews to ensure any changes of needs were captured and managed with the appropriate support in place for people. This was implemented because records showed that care records were updated when people's needs or risks to people's health and well-being were identified.

Staff we spoke with told us that they enjoyed working with people using the service and were happy in their work with the service. The provider's ethos and values encouraged people using the service to become independent with the aim of them living on their own where possible. Staff were encouraged to develop and share ideas amongst colleagues. The service and staff focussed on the needs of people, whilst demonstrating their commitment to develop and improve their attitudes, values, behaviour, and the service.

People received a service, which was monitored and reviewed. The provider had systems in place to ensure people received good quality care. Reviews of people's care records took place to ensure people's need were routinely monitored to ensure care and support was relevant. For example, reviews ensured people had support in place which continued to meet their needs. People received safe service because actions occurred to maintain and improve the quality of care records. Care record audits took place to ensure records had been updated. These were reviewed by a senior manager with any concerns or errors identified discussed with the registered manager.

The registered manager and staff had developed working relationships with health and social care professionals. Staff told us that they had developed joint working partnerships and joint working practice. We saw report from local authorities who monitored and reported on the quality of care and on the service.