

London Borough of Southwark

# Orient St Adult Respite Unit

## Inspection report

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London  
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Tel: 02075825907

Date of inspection visit:  
13 May 2016

Date of publication:  
14 June 2016

## Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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# Summary of findings

## Overall summary

The unannounced inspection took place on 13 May 2016. Orient St Respite Unit provides respite care for up to four adults with learning disabilities. The service shares the building, some facilities, the registered manager and staff with a respite unit for children and young people with learning disabilities.

We last inspected the service on 29 May 2014 where the service met all the regulations inspected.

At the time of our inspection the service had one person using the service and three people were referred for respite care at the service later that day. People stayed at the service for three days to one week, but could stay more or less depending on their needs. Respite stays were booked in advance but emergency and short notice stays could be arranged when necessary. Some people using the respite service continued to attend day services during their stay which meant there were sometimes less people at the service during the day.

There was a registered manager in post. 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 and associated Regulations about how the home is run.

People, their relatives and healthcare professionals told us the service was safe. Staff understood the types of abuse that could happen to people and their responsibility to report any concerns and take action to protect them from harm.

People told us staff listened to them and respected their privacy. Staff had complied with the law in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) when people lacked mental capacity. Staff knew how to protect people's rights.

Staff were supported in their roles through regular supervision and appraisal. People received their support from staff who had received relevant training and had the knowledge to deliver their care effectively.

People told us they enjoyed their stay at the service because staff met their needs. There were sufficient staff to meet people's needs effectively. Staff knew people well and provided their care and support in a caring manner. People received sufficient food to eat and drink and had a choice over what they wanted to eat, how they wanted to spend their time and which staff supported them. People were involved in the local community and enjoyed a range of activities.

People were supported by suitable staff who had been recruited using a robust procedure. People received the support they required with their medicines from staff who were assessed as competent to administer medicines safely. Staff had identified risks to people's health and wellbeing. Support plans were in place for staff on how to manage the identified risks and the action to take to minimise those risks whilst enabling people to be as independent as possible.

People enjoyed good relationships with staff. Staff ensured people, their relatives and friends were made welcome at the service. People looked forward to coming back to the service again for their break. People received care which took into account their choices and preferences. Staff encouraged people to be as independent as possible.

People's needs were thoroughly assessed and their support was reviewed before they returned to the service for another stay. Staff had up to date information about people's needs and the support they required. People's needs were met and relatives were happy about how responsive the service was, particularly when managing emergencies at the service. People knew how to make a complaint and felt able to use the complaints procedure in place.

People, staff and healthcare professionals told us the registered manager led the service effectively. The registered manager used effectively the audit systems in place to monitor the quality of the service and support provided to people and drive improvement where necessary.

## 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.

Staff understood how to report and protect people from abuse. Risk assessments were in place to ensure staff minimised risks to people's safety and wellbeing where possible, whilst still enabling people to take positive risks.

Suitable staff had been recruited through rigorous pre-employment checks. There were sufficient staff to meet people's needs. People received their medicines safely as prescribed.

### Is the service effective?

Good ●

The service was effective.

Staff had the skills and knowledge to support people using the service. Staff received appropriate support through regular supervision and appraisal. People were supported effectively by staff who had received sufficient training.

Staff understood and applied the requirements of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) which ensured they protected people's rights.

People were asked and gave consent to their care and support. People's nutrition and hydration needs were met and they enjoyed their meals. Staff supported people to access health care services they needed.

### Is the service caring?

Good ●

The service was caring.

People told us staff were kind and polite. Staff developed caring relationships with people using the service and involved them in making decisions about their care.

People enjoyed staying at the service and looked forward to their next visit. Staff supported people to be part of the local community.

Staff were respectful of people's choices. People found staff to be approachable and listened to them. Staff respected people's privacy and dignity and supported people in a kind and caring manner.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Staff knew people's support needs in relation to their physical health, mental health and daily living skills. People were involved in developing their support plans that met their individual needs. Staff effectively planned and delivered care and support to meet people's needs.

Staff supported people to follow their interests and take part in activities which they enjoyed.

People were regularly asked about their views of the service and the care and support they received and their feedback used to make improvements where necessary. There was a complaints procedure in place which people felt able to use.

### **Is the service well-led?**

**Good** ●

The service was well led.

People found the registered manager approachable and involved in the day to day operation of the service. Staff told us there was a supportive environment at the service and good team working.

People, their relatives and staff felt comfortable to speak to the manager about any concerns or suggestions about how to improve the service.

There were adequate systems used at the service to monitor the quality of the service.

# Orient St Adult Respite Unit

## **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 inspection took place on 13 May 2016 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, we reviewed the information we held about the service. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

During this inspection we looked around the premises and talked to people using the service. We spoke with one person, two relatives, three care staff, the administration officer, the chef, domestic cleaner, the registered manager and a business manager who was visiting the service. We looked at three care records, three medicine administration records, staff training plans, staff duty rotas, complaints and compliments and a range of documents regarding the management of the service.

After the inspection, we spoke with a relative of a person using the service, a social worker and a commissioner from the local authority.

# Is the service safe?

## Our findings

People told us they felt safe receiving support from the service. One person told us, "I completely trust the staff team. They have known me for years and their support is great." Another person told us, "Staff look after me well. They help me keep safe." A relative told us, "Staff know how to support people. I have no concerns at all on how they look after my relative." A healthcare professional told us, "Staff are aware of risks to people's wellbeing and know how to recognise any decline in their health and seek advice."

Staff protected people from the risk of avoidable harm. Staff we spoke with understood the safeguarding procedures at the service and how to use them to report suspected abuse to ensure people's safety. Staff knew how to recognise the signs and symptoms of the different types of abuse and what action to take if they suspected or witnessed this. Records showed staff discussed safeguarding concerns about people's safety with the registered manager and their social workers. The registered manager understood and followed safeguarding procedures and contacted the local safeguarding team to ensure appropriate investigation and action was taken to protect people from harm. A healthcare professional told us the service worked effectively in partnership with them to ensure they protected people's safety. Staff were aware of the provider's whistleblowing procedure and explained they could whistle-blow to alert authorities of potential abuse cases.

Staff assessed the risks to each person and made sure they had sufficient information about how to support people safely. Staff had identified individual risks to people such as how many staff they needed to support them, whether they were safe to bathe themselves, go into the community alone or prepare their own meals. Staff understood the risks to people's health and understood their risk assessments before people came to the service to ensure they knew how to meet their needs safely. Staff knew how to use ceiling hoist equipment appropriately to reduce the risk of harm. Staff received training on how to use a ceiling hoist to safely support people in and out of bed. Staff confirmed other equipment such as bed rails would not be used without the risk assessments being in place.

Staff knew people how protect people in the event of an emergency. Staff understood the procedure to follow if there was a fire at the service. Fire exits and the meeting point signs were displayed clearly around the building. A member of staff told us, "The signs are useful as people and visitors are more likely to recognise the exits should there be a fire alarm or an emergency." Staff had put personal evacuation plans in place for people which staff and emergency personnel could use in case of an emergency.

The registered manager ensured there were sufficient staff with the right skills on duty to meet people's needs safely. A relative told us, "There is always someone available to support my relative. Staff have a lot of time for [person's name]." Another relative told us, "They have regular staff who always support [person's name] as required." A member of staff told us, "There are enough staff all the time and gaps are easily covered on the rota." Rotas showed all staff absences were adequately covered. The registered manager ensured there were sufficient staff when needed, for example if there were more people at the service during the day or when there were people who needed to be supported to go out. Records showed the registered manager had provided the required number of staff for some people assessed as needing the support of two

or more members of staff.

The registered manager ensured people received support from suitably recruited staff. The provider used safe recruitment procedures which included seeking employment references, full employment history, identity and criminal records checks before employing new staff. We found staff had only started to work at the service when all relevant checks were returned.

People received their medicines as prescribed. People brought enough medicines with them for their stay. Staff told us they checked people's medicines when they arrived, and on a daily basis after they had administered medicines and again when the person left the service. At the time of the inspection, the person who was using the service was not on any prescribed or using over the counter medicines. We reviewed medicine administration records of three people who had used the service in the past month before our inspection and saw they were accurately completed to show people had received their medicines at the correct dose and at the right time. Staff understood how to manage and administer people's medicines and applied the training they had received in management of medicines.

People received their medicines safely as prescribed. The registered manager ensured people received their medicines from staff who had their competency assessed and deemed suitable to do so. The staff rotas were planned in way that ensured there were always trained members of staff on every shift who could give people their medicines. Staff told us they were clear on what to do if a person refused their medicines or if there was an error in administering people's medicines. Medicine checks showed that there had not been any medicines errors at the service in the last twelve months.



# Is the service effective?

## Our findings

People told us they received the care and support they needed. One person told us, "Staff are very good at what they do." A relative told us, "Staff are very helpful and professional." A healthcare professional told us, "Staff are effective with meeting people's needs."

People received their care from competent and well trained staff. Staff were fully supported in their role which ensured they had the knowledge and skills to support people using the service effectively. Staff told us and records confirmed they received regular one to one supervision and appraisal with their managers. Staff told us they used the supervision sessions to reflect on their practice which developed their knowledge about how to meet people's needs effectively. The registered manager took action to ensure staff enhanced their skills to meet people's needs. Staff told us the registered manager was always available to give advice and this ensured they provided people with appropriate support. In addition to their supervision, staff had their practice observed by the management team and had reflective practice sessions at the service. A member of staff told us, "The sessions provide us the opportunity to reflect on the support we give to people and discuss any ways we can improve the way we do things." Another member of staff told us, "This increases our knowledge to ensure people receive appropriate support."

Staff had received appropriate training and knowledge to meet people's needs effectively. All staff had attended mandatory training such as safeguarding of vulnerable adults, moving and handling, medicines management, Mental Capacity Act 2005 (MCA), Deprivation of Liberty Safeguards (DoLS) and fire safety. Records showed staff's training needs were discussed during the supervisions sessions with their line manager. Staff had received person specific training to develop their skills to meet complex needs of people using the service. For example, staff had training on how to manage situations when people presented behaviours that challenged the service and others to enable them to support people in a way that reduced their discomfort and risk of harm to self and others.

People received their support and care from suitably qualified staff. New staff undertook comprehensive induction which ensured they had sufficient knowledge and skills to support people effectively and unsupervised. Records showed the induction programme included meeting people and reading their care records, fire procedures, staff handbook, equality and diversity and record keeping. New staff "shadowed" experienced colleagues and had their practice observed by the registered manager to ensure they had the relevant practical skills. Staff told us and records confirmed the registered manager evaluated staff's performance during their probation and confirmed them in post when considered competent to support people independently.

Staff told us they had received training on promoting people's rights and applied this when supporting people. Staff we spoke with were knowledgeable about the Mental Capacity Act 2005 (MCA). We saw when a person was assessed as not having the capacity to make a decision, a best interest decision was made involving the person's relative who knew them. People's records showed decisions had been made for some people in areas of health and diet which affected the care and support they received.

Staff upheld people's freedoms in line with legislation. The registered manager understood the requirements of the Deprivation of Liberty Safeguards (DoLS). However, some people were deprived of their liberty as they did not have the capacity to make certain decisions and there was no other way to look after the person safely when they came to the service. The service had appropriately made applications to the local authority. Care records of people subject to DoLS showed staff gave them support in line with the authorisation. The registered manager told us they followed formal statutory procedures to safeguard people who lacked capacity should a specific situation make it necessary.

People told us staff supported them in relation to their needs. Staff maintained daily records which stated how people had spent their time during their stay, what personal care they had been supported with and what they had eaten. People's records were accessible to health and social care professionals who were involved in their care. We saw people had been asked for their consent for this to happen.

Staff ensured they received people's consent for every aspect of their day to day care and support. Staff read care plans to understand people's preferences and gave people choices such as what to wear and whether to have a shower or bath. Staff understood people's responses to choice through language, body language or Makaton symbols and their choices were respected. Makaton is a language programme using signs and symbols to help people to communicate.

People received the support they required to eat and drink and enjoyed the food offered at the service. One person told us, "The food is very nice here. There is variety. I can choose what I eat." Some people went out to day services during their stay and took a packed lunch or bought their own lunch. The chef told us and the menu confirmed people had a minimum of two choices for dinner. The menu catered for all people's needs such as vegetarian, gluten free and soft food diets when required. A person's records showed staff had received input from healthcare professionals in relation to their nutrition. Staff were aware that the person had been assessed by a Speech and Language Therapist (SALT) as they may be at risk of choking because of swallowing problems. Staff ensured they monitored the person when they were eating and had supported the person in line with the guidance received from the SALT.

People had access to healthcare services when they needed it. Staff told us they supported people visit the GP if they became unwell during their stay or attend a prior arranged hospital appointment. The registered manager said they had requested an assessment from an occupational therapist due to a person's reduced mobility. The manager also said they gained support and advice from a range of other professionals such as the district nurse, community mental health team and podiatrists. Records showed staff were alert to changes in people's health and contacted appropriate healthcare professionals to receive appropriate guidance on how to support them. The registered manager received daily reports on people's health from the staff team and ensured staff took action to address people's health needs.

## Is the service caring?

### Our findings

People told us staff were kind and caring. One person told us, "The staff are very good and do as much as they can do to make my stay very pleasant." Another person told us, "I am really happy when I stay here. Staff are friendly and good fun. They all know my name and take their time to chat with me." One relative told us, "I am here regularly when [person's name] is staying at the service. My observation is that staff are very kind and compassionate."

People told us they had good relationships with staff and said they found them approachable and easy to talk with. One person told us, "Staff are respectful, polite and always listen." Another person said, "It's good to stay here. I enjoy talking to staff. It's all like one big family." Staff told us they worked on developing a trusting relationship with people. One member of staff told us, "We have to show people we care. That is how we build our trust with them." Another member of said, "We are honest and clear about what support we can provide to them and ensure we speak clearly in respectful language."

Staff told us they took time to get to know each person including their background, culture, interests which ensured they provided support and care specific to each person and in line with their wishes and values. Staff demonstrated they cared about the people they supported. One person told us, "The staff know me and are interested in what I do." A member of staff told us, "It's always exciting when people come back to stay because no visit is ever the same. We already know about their interests and families and we have a lot of catch up to do since their last visit." Care records showed people contributed to their support plans and provided information about their interests, preferences including their preferred names, religion and sexuality. We observed staff interacting positively with a person and discussed their plans for the day and prepared to go out.

People were involved in all decisions about the care and support they received and made choices during their stay at the unit. One person told us, "Staff ask me how I like to be supported and discuss with me about my care." Staff told us they treated each person as a different individual to other people at the service and ensured people had choice on everything. Records showed people had indicated what time they went to bed, had their meals and what activities to take part in. A member of staff told us, "Each person has a way they like their personal care delivered. We have to ask people and respect their preferences and wishes, from staff to give the care and the time to deliver the care."

Staff offered people choices, some could answer verbally and some not. Staff knew people's communication needs and spoke to them in a way they understood and for those people who were unable to communicate verbally staff used other communication techniques. For example, staff had sound knowledge of Makaton and used signs, symbols and speech to help communicate and understand about what people were saying.

Staff respected people's privacy and did not enter their rooms without their permission. One person said, "Staff help with my bath and leave me to do the rest as I am independent." Another person told us, "Staff do give me space when I need it." People told us staff were respectful of people's dignity. A member of staff told

us, "As a team we understand the importance of the need for dignity and respect for people who use the service. We look out to each other to challenge poor care practice."

Staff were aware of the requirements of data protection and ensured that information about people, their mental health and their support needs was kept confidential and secure. Staff understood the need to respect people's confidentiality and shared relevant information with healthcare professionals involved in their care.

## Is the service responsive?

### Our findings

People's needs were assessed and reviewed before they were offered a place at the respite unit. Staff told us when new referrals were made, a member of staff visited the person at home. People and their relatives were invited to visit the service and were given time to decide if they wanted to take up the placement. Some people were known to the service and had used the respite service regularly during the year. For example, one person's needs had increased a week before they were to come to the service. We saw staff had discussed with people and their relatives and had updated their care plan to ensure they could deliver the appropriate care and support to meet their current needs. A social worker told us, "People's care plans are clearly written and always up to date. One gets a full picture of a person's needs and the support they required."

Staff supported people as they wished. People told us staff listened to them and were flexible in the way they provided their support. For example, a person told us they preferred to discuss their plans on a daily basis. Another person told us staff supported them to have their personal hygiene needs late in the evening as that was their preference. A relative told us of how staff provided care and support which was flexible to their relative's individual and specific needs. For example, staff allocated the same room each time the person visited the service where possible which meant they were always familiar with their surroundings and caused minimal disruption to the person's life.

Relatives gave us positive feedback about how responsive the service was. One relative said the service was "very understanding and supportive" at responding to an emergency which meant their relative needed respite urgently. A relative told us, "The management and staff are very good at understanding my needs as a carer. There are times when I have unexpectedly needed a longer stay for [person's name] at the service due to my health appointments or other family commitments. The respite service provides that much needed break to families and has made an immensely positive impact of helping people to live at home with their families."

Staff were well informed about any changes to people's health needs and had up to date information about the care and support they needed. We saw staff at a handover meeting where staff were given information about the admission of three people and read their care plans. Staff said it was important to read care plans so they knew how to approach people and how to support them. Care plans contained information about various aspects of people's lives including their daily preferences such as their preferred bed time and their health and social care needs. We saw one care plan identified that a person required their lighting in their room to be left on during the night. Records showed staff supported the person in line with their wishes.

People were supported in a way that gave them as much independence as possible in their day to day living. Staff told us they enabled people to do things for themselves as noted in their support plans. We saw care plans had sufficient guidance for staff on how to support people. For example, a person's records explained they could dress themselves but required support from staff with their wash. Care records showed people were supported according to the support they needed in completing tasks.

People were supported to engage in their chosen activities and interests and could continue with their usual daily routines or not, as they wished. One person told us, "Nothing changes from how I live my life at home when I am Orient St. Staff support me to attend college in the city if I am there during term time." Another person told us they went out a lot and did activities they enjoyed. A relative told us, "Staff fully support [Person's name] to participate in activities and will do anything to help out." Staff were allocated to support people as they wished with their chosen activities. We saw a care plan which had information on a person's preference of visiting shops accompanied by staff and read, "I like going out to shops and staff take me when I wish to."

People and their relatives knew to make a complaint. The provider had a complaints procedure which was displayed at the service and people had been given a copy when they started to use the service. One person told us, "I would not hesitate to tell my carer or the manager if I had a concern." A relative said, "I will complain if I have to. However, I have never had reason to do so as the manager is always available to discuss anything of concern. Little niggles are always sorted out without a need to complain." The service had not received any complaints in the last twelve months. The registered manager had received compliments which had been recorded and shared with staff in order to inform best practice at the service. For example, people had written compliments about, "home away from home" and "a wonderful service."

## Is the service well-led?

### Our findings

People and their relatives told us they were happy with the way the service was managed. One person told us, "The manager comes round to say hello and have a chat." One relative told us, "The manager is friendly, approachable and very involved."

People were set to benefit from a refurbishment programme that sought to improve the safety and décor of the premises. The provider had arranged for the service to be relocated in the London Borough of Southwark to allow for refurbishment at Orient. People, their relatives and staff had been engaged in consultation regarding the possibility of the move and were aware of the potential moving date. Staff told us the registered manager was empathic with their experiences of having gone through the consultation process on the relocation. The provider had arranged and shown interested people, their relatives and all staff the proposed new location, which they all saw as a positive move as the relocation and refurbishment had been planned for many years.

The service enjoyed a close working partnership with community groups, charities and local health organisations which ensured people's health, recreational and spiritual needs were met. For example, the service had arranged for input from a GP in relation to the care and support of people with their physical and mental health concerns.

Staff told us the registered manager listened to them and valued their contributions. They understood their roles and responsibilities which had resulted in people continuing to enjoy visiting the service. Staff said they enjoyed working at the service and the staff team was friendly and supportive.

Staff told us they were confident the registered manager would take action to improve the service if they raised any concerns. One member of staff told us, "The manager listens and takes action to resolve anything that's bothering to us." Records showed the registered manager met with staff outside supervision sessions which gave staff an opportunity to meet informally and share any concerns and good practice. The registered manager held regular staff meetings and records showed their contributions to improve the service were valued and acted on.

The registered manager effectively used the audit system in place to drive improvement at the service. We saw regular audits included medication, health and safety of the environment, risk assessments, water temperatures, infection control and fire safety equipment. The registered manager ensured any identified concerns were followed up and acted on to improve the quality of the service.

The registered manager actively encouraged people and their relatives to give feedback regarding the quality of the service and the care and support they received from the service. The service regularly carried out surveys and analysed feedback to improve the service. The registered manager invited people and their relatives to individual meetings where they discussed quality of the service. Records also confirmed the registered manager used people's feedback to improve the service. One relative told us the registered manager had arranged an outing for people to a place they had requested in their feedback.

The culture of the service was person-centred, open and honest. A member of staff told us, "We have an open and transparent culture. We share everything and no one hides anything." Another member of staff member said, "We own up to mistakes and discuss how we can do things differently to improve the quality of care we give to people." The registered manager promoted this culture and emphasised to staff, "This puts people at the centre of everything the service does."

There was a registered manager in post at the time of inspection. The registered manager understood and met their responsibilities in relation to their registration with the Care Quality Commission (CQC). The provider and the registered manager had submitted the relevant statutory notifications to CQC as required and in a timely manner.

The registered manager carried out regular checks on how staff met people's needs. The registered manager explained how strategies were put in place, including additional training to ensure mistakes resulted in learning to reduce the risk of an incident happening again. Records showed action taken in response to concerns and measures put in place to make adverse events likely to happen again. For example, the registered manager had identified the need for staff to receive further training on the use of a ceiling hoist. Records showed staff had attended the training and were confident in the use of the equipment.

The registered manager attended forums and workshops from other services owned by the provider to learn best practice in supporting people. On the day of inspection, a senior business manager was visiting the service for a monthly routine meeting with the registered manager. The registered manager told us, "I have all the support I need and can make contact with senior management as often I have to." For example, there was a service improvement plan as well as the registered manager's own action plan. The action plans took into account the need for refurbished premises to ensure people received support in a building with up to date and modernised facilities.