

Flying Angel Limited

Alvina Lodge

Inspection report

22 Hoppner Road
Hayes
Middlesex
UB4 8PY

Tel: 02085815760

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31 October 2017

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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 inspection took place on 31 October 2017 and was announced. We gave the provider notice the day before the inspection as the service was small and we wanted to be certain someone would be available to assist with the inspection.

This was Alvina Lodge's first inspection since registering in October 2016. People had been using the service since December 2016. The service was run by Flying Angel Limited.

Alvina Lodge provides support and accommodation for up to five adults who have mental health needs. There were four people using the service at the time of this inspection.

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 2008 and associated Regulations about how the service is run.

The registered manager and deputy manager worked alongside staff on shift so that they could see how the service met people's needs.

There were systems in place to check the fire procedures and the equipment used to protect people in the event of a fire.

Staff received training on safeguarding adults from abuse and there were policies and procedures in place to inform staff on what to do if they had a concern about a person's welfare and safety. There had been no safeguarding incidents since the service registered.

People's care records included people's needs and preferences and were individualised. We saw information had been reviewed on a regular basis.

Feedback from people using the service, staff we spoke with and one social care professional was positive about the service.

Staff received support through one to one and group meetings. They also received an annual appraisal of their work. Training on various topics and refresher training had been arranged that were relevant to staff member's roles and responsibilities.

People were unrestricted in their movement around the service and the activities they chose to participate in. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the systems in the service supported this practice.

There were sufficient numbers of staff working to meet people's needs. Recruitment checks were carried out to make sure staff were suitable to work with people using the service.

People received the medicines they needed safely.

People had access to the health care services they needed and their nutritional needs were being met.

There was a complaints procedure available and people told us they knew how to raise a concern or complaint.

There were checks and regular audits on a range of areas in the service to ensure people received safe good care.

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.

There were appropriate procedures to safeguard people from the risk of abuse.

The risks people were exposed to had been assessed and planned for.

People lived in a safely maintained environment.

People received their medicines in a safe way.

There were enough staff to support people and keep them safe.

The provider's recruitment checks ensured that only suitable staff were employed.

Is the service effective?

Good ●

The service was effective.

Staff had completed the training they needed to provide care and support to people using the service.

The provider and staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. We saw people were free to move around the service and the local community and there were no restrictions on their liberty.

People had a varied diet that met their individual needs and access to the healthcare services they needed.

Is the service caring?

Good ●

The service was caring.

People were cared for by staff who were kind and caring.

People were involved in making in decisions about their care.

The staff respected people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

The provider assessed and regularly reviewed people's care needs and developed plans to meet these.

People told us they knew how to make a complaint about the care they received and they felt any complaints would be listened and responded to appropriately.

Is the service well-led?

Good ●

The service was well-led.

There was a registered manager in post and feedback on how the service was run was positive, with staff feeling supported by the registered manager and their colleagues.

There were appropriate systems for assessing the quality of the service and making improvements.

Records were up to date and accurate.

Alvina Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection which took place on 31 October 2017 and was announced. We gave the provider notice the day before the inspection as the service was small and we wanted to be certain someone would be available to assist with the inspection.

Before the inspection we reviewed the information we held about the service. This included the last inspection report, statutory notifications about incidents and events affecting people using the service and a Provider Information Return (PIR) the registered manager completed and sent to us August 2017. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Also at the inspection we spoke with three people using the service, the registered manager, deputy manager and one senior support worker. We reviewed the care records for two people using the service, including their support plans and risk assessments and two people's medicines management records. We also reviewed two staff recruitment files and records related to the running of the service. These included maintenance records, checks and audits carried out to monitor quality in the service and to make improvements.

Following the inspection we received feedback via email from one social care professional.

Is the service safe?

Our findings

We spoke with people about how safe they felt using the service and living with other people. People said they liked living in the service and everyone we talked with understood how to report any concerns to staff. One person commented, "it is peaceful here and I feel safe and secure" and another person told us, "I can lock my bedroom door so I feel safe here and know my possessions are safe."

The staff had a good understanding about what constituted abuse and how to respond if they were concerned about someone's safety. A senior support worker explained what they would do if they thought a person was at risk of harm. They described how they would "report a concern to the manager" and they knew the external agencies, such as the local authority and the Police that they could also contact.

There had been no allegations of abuse since the service started operating but the registered manager was fully aware of reporting procedures and who to inform if any concerns were raised.

There was a record of all accidents and incidents and the registered manager analysed these to look for any patterns or themes. We saw the records and action taken to minimise these incidents occurring again.

The registered manager and staff team assessed any risks that might affect people using the service and discussed these with them. People confirmed they had seen information written about them and that they had been able to give their views. People were supported to be as independent as possible and where risks were identified, such as risk of falls and setting fire to things, staff took action to mitigate these. We saw that people's care records recorded what they were able to do for themselves, such as accessing the community and areas where they needed support to minimise any risks to the person and/or others. Therefore the staff had the information they needed to help people to stay safe.

People lived in a safely maintained and clean environment. The staff undertook regular checks on the health and safety aspects of the building. There was evidence of regular checks on all equipment, water temperatures, window restrictors and fire safety equipment. In addition to the checks by staff, there was evidence of checks by external organisations on fire safety, gas and electricity. We noted that there had been no fire drill practices held since the service started operating. This was noted to action on the registered manager's improvement plan but the registered manager confirmed they had not yet carried one out. This was rectified the day after the inspection and the registered manager emailed us the evidence that the fire drill had taken place. They confirmed these would now be held on an ongoing basis to ensure both people using the service and staff knew how to respond if there was a fire.

People told us there were enough staff to support them. One person commented, "Staff are available if I need to talk with them." There was always one staff member working on shift, with the deputy manager working during the day mainly at Alvina Lodge and occasionally at the other nearby service also run by the provider. There was one vacancy at the time of the inspection which the registered manager was actively recruiting to fill and this had meant that agency staff were used to cover some of the shifts. As there were times staff worked alone in the service only agency staff, who had shadowed existing staff and had become

familiar with the people using the service, were booked to work in the service. Only one person required staff to support them out in the community and this was possible with the two staff working. During the inspection we saw that people using the service did not have to wait for support and staff responded promptly when they needed to.

The provider carried out checks on staff to make sure they were suitable to work with people using the service. On the files we viewed there was no evidence of the interview and the person's responses. The registered manager said they would ensure this information was kept on any new staff members files. We also saw on one staff file there was an unexplained gap in their employment and on the second file there was no proof of address. Staff were contacted during the inspection and the registered manager confirmed these shortfalls were addressed the day after the inspection. Staff files included evidence of other checks on their suitability such as references from employers or character references if they had not previously been employed and from the Disclosure and Barring Service regarding any criminal records.

People told us they received the medicines they needed safely. People told us, "I know what I have to take, its ok," "Medicines work for me" and "Staff look after my medicines, I don't like the side effects but I am on medicines for those." The staff responsible for administering medicines had been trained to do so. The registered and/or deputy manager observed medicines administration and checked staff competency in this area. The medicine administration records (MARS) were completed accurately and clearly. We carried out a check and count of two people's medicines and the amount tallied with the amount administered and recorded on the MARS. The staff undertook daily tablet counts of boxed tablets and there were monthly audits of all medicines. An external pharmacist had also visited the service in October 2017 with no concerns found. Where medicine errors had occurred we saw these had been identified soon after the incidents and the issues were clearly recorded along with the action taken. Currently no-one was looking after their own medicines but the registered manager confirmed if people were ready to administer their own medicines this would be assessed to ensure the potential risks were identified and steps taken to minimise risks occurring.

Is the service effective?

Our findings

People were cared for by staff who were trained, supported and supervised. People spoke positively about the staff and one person commented, "Staff know what they are doing."

New staff joining the organisation received training in a range of areas which the provider considered mandatory and in line with the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. New staff shadowed existing staff before working alone in the service.

Staff received a range of training and a senior support worker told us, "We get training sessions to cover what we do." Training included, mental health awareness, equality and diversity and professional conduct and accountability all of which were relevant to the staff team and helped them meet people's different needs. Staff also had the opportunity to study for a national recognised qualification in health and social care. The senior staff had undertaken leadership qualifications. This encouraged staff to develop their existing skills and to gain more information about supporting people in a person centred way.

A senior support worker confirmed they received both one to one and group support through supervision meetings and team meetings. They told us targets were set for them to achieve and they also received positive feedback on their work. The staff used different methods of communication with each other including verbal handovers and communication books. This ensured important information about people using the service and the service in general was handed over when there was a change in staff working on shift.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care services and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

The provider had assessed people's capacity to consent and there were clear records of this. The registered manager had applied for a DoLS assessment where needed and had been in contact with the relevant professionals as a person who required staff to safely support them when going out into the community had not yet been assessed. The registered manager was aware that there had been a significant delay in this assessment from the local authority and we saw evidence that they had requested for this to be prioritised. In the meantime, the registered manager had asked for a meeting to be held with the person using the service and those relevant in representing the persons' best interests so that the registered manager could ensure they were following best practice.

The other people using the service told us that they went out whenever they wanted to and that there were no restrictions in the service. People said, "I go out and see friends, I just let staff know I'm off out" and "I can access the communal areas of the service no-one stops me doing that."

The staff had received training regarding the MCA and were able to tell us about their responsibilities in respect of this. A senior support worker spoke about supporting people to make daily decisions for themselves.

People lived in a suitable environment. People had their own bedrooms with en-suite facilities. We saw they had personalised their bedrooms and these reflected their personalities and interests. One person showed us the music they had in their bedrooms and said, "I like my bedroom as I can have all my stuff and play music." Another person had a cat and they described how having a pet helped them stay well and gave them something to be responsible for. There were communal rooms for people to spend time together or alone. We saw that the light fittings in the hallways had no lampshade and were bare light bulbs which did not look welcoming or homely. We spoke with the registered manager about this and they confirmed this would be addressed.

People using the service told us they enjoyed the food they ate. One person explained, "I like cooking and I cook my own food as I enjoy doing that." Some of the people preferred to buy their own food shopping and cook for themselves or they ate out in the community, whilst other people needed help with purchasing food to cook meals. The senior support worker knew each person's needs and who required assistance in the kitchen. The meals people ate in the service were recorded by staff so that they could monitor what type of food people were eating and encouraged people to eat fresh and nutritious food. The provider also kept a monthly record of people's weight so that any changes staff could seek advice from the GP or relevant professionals.

People's healthcare needs were met and they were supported to access healthcare professionals as needed. Some people told us they went to health appointments alone as they did not need staff supporting them, whilst other people either needed or asked for staff to accompany them. If they attended this helped the staff team contribute their views and encouraged people to ask questions they might have about their health. We saw evidence of the health appointments so that staff could monitor if there was any action to take or if there were any health problems needing further investigation. A senior support worker described how they had encouraged a person to visit the dentist, which they had been reluctant to do. They had arranged the appointment for the person and spent time reassuring them and gaining their trust so that they would feel confident to get their dental problem sorted. A social care professional told us, "Staff provide the support and encouragement with residents to reach their potential." This demonstrated that staff recognised people had the right to make their own decisions about their healthcare, but that some people required information and support to be able to receive the treatment they needed.

Is the service caring?

Our findings

People using the service told us the staff who supported them were kind and caring. Their comments included, "Staff are good to me, when I was ill they looked after me" and "Its ok here, I can chat with staff when I need to and they are respectful."

During the inspection we saw staff interacted well with the people using the service. They responded to people wanting assistance and engaged with people in a positive manner. The atmosphere was relaxed and calm.

People's individual needs, routines and preferences were known and staff understood every person living in the service had different needs and interests. Some people engaged with each other, whilst others preferred to spend time alone. People could lock their bedrooms as and when they wanted privacy and staff did not pressure people into spending time in the communal areas if they did not want to do this.

People were encouraged to maintain social relationships and one person told us they visited family using public transport. Another person had a partner who they visited whenever they wanted to.

People had a keyworker, which was a named member of staff who supported them. People were offered the opportunity to meet with their keyworker, or any staff member, on a regular basis. These meetings were to give the person the chance to discuss anything they wanted to and to consider if there were any issues they felt able to talk about.

People using the service had capacity to make decisions about their care and support. People looked after their own personal care and did not require staff to assist them with this task. They told us, "I have seen my care plan and I am asked for my views on how I want to be helped."

Staff supported people to make every day decisions, such as how they spent their day and what household tasks they took part in. Staff respected people's choices if wanted to spend time in the service or in the local community. People confirmed they chose what time to go to bed at night and get up in the morning, what they did each day and what they wanted to eat and drink.

The registered manager confirmed they had sought an independent advocate to support one person and that the contact details of advocacy services would be put onto the notice board where people could see who they could contact if they wanted support from an objective person.

Is the service responsive?

Our findings

People's care plans covered their social and health care needs, including their medicines, personal care, nutrition, mental and physical health and cultural needs. The plans covered all areas of people's needs and focused on promoting choice and independence. One person's file contained information that they preferred to have one large meal a day and liked 'West Indian food'. Another person's care records noted that they 'disliked exercise and enjoyed watching TV'. The information was reviewed on a regular basis and people confirmed they had seen and agreed to the contents of their care plan. The information we saw was relevant to the individual and was person centred, highlighting where people needed help and what their preferred routines were, such as waking and sleeping patterns. The staff recorded daily logs to explain what people had done each day and noted any issues.

There was guidance for staff on how to meet the care and support needs they had agreed with the person using the service. This included advising the person on lifestyle choices they made, for example smoking. One person using the service told us about how they had a certain amount of cigarettes a day to help them monitor their health and well-being along with saving their money. They confirmed they had agreed to this plan.

The registered and deputy manager had a number of years' experience in working with people living with a mental health diagnosis and worked closely with community professionals to ensure people received the right type of support to live in the service. One social care professional told us, "I find him [the registered manager] competent with sound judgement. He takes some quite challenging clients."

People took part in different activities to occupy their time. One person described how they enjoyed going out on the buses to familiar areas and seeing their family. Another person said they enjoyed listening to music. The staff organised in house activities and we saw a staff member encouraging people to carve out faces on pumpkins as it was Halloween. Some people told us they did not want to take part in more organised activities in the service. We saw staff recognised people's different abilities and if people needed space or wanted to go out into the community staff supported people, to feel able to do what they felt comfortable doing.

The provider had a clear policy and procedure for responding to complaints by people using the service and others. People told us, "If I was unhappy about something I would talk with staff" and "Staff are alright and I feel I can talk with them and they listen to me and my comments." The registered manager confirmed there had been no complaints since people moved into the service.

Is the service well-led?

Our findings

Feedback on the running of the service and the registered manager, from people using the service, was complimentary. People said the service was in a good location as it was quiet and that they had everything they needed. A senior support worker said, "It is easy to approach the manager" and "If I need any help they are a phone call away."

A social care professional commented positively about the registered manager and how the service was run. They told us, "I have also found him [registered manager] to 'go the extra mile' at times in order to meet a client's needs or wishes" and "I find him competent with sound judgement." They also confirmed the registered manager was "Approachable and open to new ideas and feedback."

Flying Angel Limited is a small privately run organisation based in the London Borough of Hillingdon. The registered manager was also the company director for Alvina Lodge and another registered service and they spent their time working at both services. They kept up to date with current good practice by attending the local authority's manager's meetings where managers shared their knowledge and ideas with one another. They also received updates from Skills for Care, which is an organisation offering guidance and advice for social care providers and staff, and from the local community mental health trust.

The senior support worker we spoke with confirmed they only worked at Alvina Lodge so that they were familiar with people's needs and the running of the service. They told us they had a "Good working relationship with the staff and people using the service." They confirmed they "liked their job." There were clear guidelines in place for staff to know what their duties were as part of the smooth running of the service. This included carrying out cleaning tasks so that people lived in a hygienic environment and bedroom checks so that staff and people using the service could identify if there were any problems with people's personal space.

The registered manager confirmed that satisfaction surveys were to be given to people in December 2017 as the service would have been operating for a year. The results would then be analysed to ensure any areas for improvement were actioned. The staff team sought the views of people through the keyworker meetings, house meetings and general discussions with people so that anything people wanted to feedback on was then passed to the registered manager to address.

The provider had systems in place to monitor quality in the service and make improvements. The provider and staff team carried out regular audits of health and safety, medicines management, fire safety and care records. There was an improvement and development plan in place so that the registered manager and staff team could identify areas needing to be addressed. We saw audits were recorded which needed to be completed and had been on areas such as nutrition to encourage people to continue to eat healthy meals and checking key worker meetings continued to be held for people to share their views.

The provider stored all records relating to the service and people using the service securely to maintain confidentiality. The registered and deputy manager regularly reviewed and updated records.

