

LD Care

# LD Care - Moreton Avenue

## 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 

### Overall summary

The inspection took place on 4 November 2014 and was unannounced.

LD Care - Moreton Avenue supports up to two people with a learning disability. The service is registered to provide accommodation and personal care. 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.

We found that people were well cared for and their needs were met. The service was safe and there were appropriate safeguards in place to help protect the people who lived there. People were able to make choices about the way in which they were cared for and the staff listened to them and knew their needs well. The staff had the training and support they needed. Relatives

# Summary of findings

of people living at the home and other professionals were happy with the service. There was evidence that the staff and managers at the home had been involved in reviewing and monitoring the quality of the service to make sure it improved.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People were protected from avoidable harm and risks to individuals had been managed so they were supported and their freedom respected.

The premises were safe and equipment was appropriately maintained. Sufficient numbers of staff were employed to keep people safe and meet their needs. People's medicines were managed so they received them safely.

Good



### Is the service effective?

The service was effective.

The staff had the knowledge and skills they needed to carry out their roles and responsibilities.

People's capacity to make decisions had been assessed and they had been referred for assessment under the Deprivation of Liberty safeguards in respect of individual decisions about their care and treatment. Therefore, the provider had taken account of the Mental Capacity Act 2008 and Deprivation of Liberty Safeguards to ensure people's rights were upheld

People were supported to have sufficient food and drink and to maintain a balanced diet. They had access to a range of health care services to meet their individual needs.

Good



### Is the service caring?

The service was caring.

People living at the home and staff had developed positive relationships. The staff were kind, supportive and caring towards people.

People were involved in planning their care and were given choices about their lives. Their privacy was respected and promoted.

Good



### Is the service responsive?

The service was responsive.

People received personalised care and support which met their individual needs.

Changes in needs had been identified and met. People were able to contribute their ideas and complaints were listened to and acted upon. Therefore people could feel confident their individual needs would be listened to and taken into account.

Good



### Is the service well-led?

The service was well-led.

People living at the home, their representatives and staff were supported to contribute their views.

There was an open and positive culture which reflected the opinions of people living at the home. There was good leadership and the staff were given the support they needed to care for people.

Good



# Summary of findings

There were good systems for monitoring the quality of the service and for promoting continuous improvement. This ensured people received a high quality of care and support.

# LD Care - Moreton Avenue

## Detailed findings

### Background to this inspection

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

The inspection took place on the 4 November 2014 and was unannounced.

The inspection visit was carried out by one inspector.

Before the visit we looked at all the information we had about the provider including notifications of events that had taken place at the service. We last inspected the

service on 24 October 2013. At this inspection the provider was meeting people's needs, sufficient staff were employed, people were cared for in a safe environment and their medicines were managed effectively.

We met and spoke with both people who used the service and four members of staff, including the registered manager. We also spoke with the relatives of both people who used the service and two health care professionals – a dietician and a speech and language therapist. We looked at care records for both people, including their care plans, daily records and risk assessments. We also looked at four staff records, including recruitment checks and records about the health and safety of the environment. We saw how medicines were stored and the records relating to these.

# Is the service safe?

## Our findings

People were protected from the risk of abuse and avoidable harm because there were clear procedures for the staff to be able to recognise and report abuse. The staff were aware of these and knew what to do if they felt someone was at risk of being abused. The staff had all received training in this area and had discussed keeping people safe during team and individual meetings with their manager. In 2013 an anonymous whistle blower raised concerns about the service. The provider made sure the local authority safeguarding team were aware of these and worked with them to investigate these concerns. The manager told us that improvements had been made to the way information was recorded and communicated between staff as a result of this investigation. One relative we spoke with said they had previously had concerns about the lack of information shared with them, but they felt communication had improved, they were confident concerns were shared with them and the service worked in the best interests of people to keep them safe.

One person said they felt their relative was safe and well cared for at the home. They told us the staff contacted them if anything was wrong or their relative was unwell. They said their relative "couldn't be looked after better than they are at Moreton Avenue".

Individual risks had been assessed and recorded. These assessments stated how risks to people's wellbeing could be minimised and care had been planned so that people's freedom was not restricted. For example, people were encouraged to be independent where possible and equipment to keep them safe was in place rather than restrictions to their freedom of movement and mobility.

There were detailed emergency plans instructing staff on how to respond to a number of different emergency events.

The staff had received fire safety and fire warden training. Equipment at the home had been appropriately tested, including fire safety equipment, electrical equipment and hoists. We saw evidence that this and other equipment, had been regularly serviced and checked.

There were day and night records to show that people's health and wellbeing had been monitored and all accidents and incidents had been recorded.

There were enough staff on duty to meet people's needs and sufficient time for the staff to handover information to each other. One member of staff was an allocated house leader and they provided support to the other staff. We saw evidence that each member of staff had received a comprehensive induction which included competency assessments. Recruitment records for staff showed that they had completed a formal face to face interview with the manager. References from previous employers and criminal record checks had been obtained for all staff before they started work at the home. The staff we spoke with had a good knowledge of people's needs and how to support them. Therefore people received care and treatment which was responsive to their needs.

Medicines were stored, administered and recorded appropriately. All the staff had undertaken training in the safe handling of medicines and had been observed administering these before they were able to do this alone. Healthcare professionals had provided additional training for the administration of some invasive medicines which people required in an emergency. There was evidence that the trainer had agreed individual staff competency to administer this. Medicine records were accurate and included information on people's health conditions, allergies and medicine needs. There were regular recorded audits of medicine storage and record keeping. This meant people received their medicines in a safe way.

# Is the service effective?

## Our findings

One person at the home was very positive about the staff and said they were kind and caring. The relatives told us the staff were attentive and met people's needs. They felt they had the skills and knowledge to care for people. One of the health care professionals who we spoke with said the staff were, "helpful, polite and willing to follow the advice I provided".

One of the people who lived at the home told us they enjoyed the food there. People were involved in shopping for their food and planning their menus. The staff told us that they encouraged people to participate in preparing and cooking the food. One person had special dietary needs and these were catered for. We spoke with the relative of this person who said they had seen evidence that these dietary needs were being met. Another relative said that the food was always freshly cooked and prepared and that people ate well. The food and drink people consumed each day was recorded and monitored. We spoke with a dietician who told us they had worked with the staff at the home to help manage one person's weight. They said the staff followed their guidance and the person had achieved a steady weight loss which they felt was a positive reflection of the support they had received.

The staff told us they had received an induction and training when they started work at the home and we saw evidence of this. They told us they felt supported and had opportunities to meet with their manager as a team and individually. We saw records of these meetings, where individual staff skills and knowledge had been discussed and the staff had been provided with information and individual support. The training records for staff showed

that they had undertaken a range of different training and their skills and knowledge had been assessed and tested as part of this. Training had been renewed as needed and the staff told us they felt they had the information they needed to care for people.

Care plans included details that the person themselves or their next of kin had consented to different aspects of their care and treatment. The law requires the Care Quality Commission (CQC) to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). The manager told us people had been referred to the local authority for assessments of their mental capacity and to make sure care was being provided in their best interest. The relatives of people living at the home told us they were always consulted regarding all aspects of their care and medical interventions and we also saw evidence of this. The staff had a good awareness of their responsibilities under the Mental Capacity Act 2005 and had received training in this area. There were no restrictions placed on people in relation to Deprivation of Liberty Safeguards.

People's healthcare needs were monitored daily. Health care plans were detailed and recorded specific needs. There was evidence of regular consultation with other professionals where needed, such as dentists, doctors and specialists. Concerns about people's health had been followed up immediately and there was evidence of this. Both healthcare professionals we spoke with told us the staff listened to and acted on their advice. They felt people's health had improved at the service. Relatives also confirmed this and told us the staff were very attentive in making sure people stayed healthy. Therefore the service was effective at meeting the needs of people who lived at the home.

# Is the service caring?

## Our findings

People told us they were happy with the service and felt well cared for. They said the staff were kind. One relative told us, " [My relative] is very lucky to end up at the home...the staff are kind, caring and sweet." We saw that people felt relaxed and comfortable with the staff. There was a positive atmosphere. One person named a particular member of staff saying how good they were. We saw the staff knew people's needs and were able to anticipate and respond to non-verbal communication. They supported people to feel calm and to relax when they became anxious.

People's preferences were recorded in their care plans. They had personalised the home and in particular their bedrooms. The staff had discussed people's likes and dislikes with relatives so they could make sure they provided care which met individual needs. One relative told people's birthdays were always celebrated with a party and were able to take part in social activities which they liked and chose. People were supported to use the community and on the day of the inspection they were joining friends for lunch and bowling.

Relatives were consulted on a regular basis and people were encouraged to contact their friends and relatives. One person spoke about a party they had hosted at the home and some relatives told us they had weekly face to face contact via the internet with their relative and the staff. The manager told us people had been referred to the local advocacy service for additional support and were on a waiting list to be assigned individual advocates.

People were given information in a way which they understood and the staff used photographs, symbols and objects of reference to support communication. They had been given training in this area and we saw they followed guidelines which had been developed by a speech and language therapist.

The staff cared for people in a way which respected their privacy and dignity. Each person had their own en-suite bathroom. We observed the staff demonstrated a good understanding of the importance of privacy and attended to personal care needs discreetly and appropriately.



## Is the service responsive?

### Our findings

People were happy with the home and the way in which they were being cared for. Care records showed that people had been consulted each day about the care they received, the social activities they took part in and the food they ate. Their enjoyment had been recorded and the staff had used these records to review and improve personalised care for each person. People's relatives told us they were consulted and involved in planning care.

People had participated in a range of different social activities and were supported to use the local community. They participated in shopping for the home and their own needs.

Care plans and risk assessments had been regularly reviewed. There was detailed information about each person's needs and how the staff should meet these. There was also detailed information about the care each person had received each day and night.

There was a clear complaints procedure and everyone we spoke to told us they knew what to do if they were unhappy about anything. They said they felt listened to and the relatives told us concerns were addressed quickly and appropriately. We looked at the record of complaints and saw that these had been investigated and staff had learnt from mistakes so that the service could improve. The manager had also made staff aware of compliments from other stakeholders so that they were aware when things had been done well.

Therefore the service was responsive to changes in people's needs, feedback from the people living at the home and other stakeholders. The care people received reflected their individual wishes and was personalised.

## Is the service well-led?

### Our findings

The registered manager oversaw three of the provider's locations. In addition the provider employed another manager and a house leader. The house leader provided daily support for people living at the home and staff. We saw that the staff were given clear information and direction and they confirmed this. One person living at the home told us they were confident speaking to the house leader and felt the service was well managed.

The manager told us that over the past year the communication within the staff team had improved and this had led to improvements in the service. They said that the staff worked together to develop care plans and plans for the home. They talked about people's individual needs and challenged each other's practice. This was confirmed by the staff who told us they felt part of the development and review of the service. They said they had improved their links with other professionals and families so that everyone worked in the best interest of the people who lived at the home.

The staff told us they felt able to contribute their ideas and help improve the service. There were only two people using the service and the staff said that they knew people's needs

well and therefore could personalise the service for them. We saw evidence of this and that menus and planned activities were flexible and reflected the individual wishes and needs of people each day.

Other stakeholders, including professionals and relatives were encouraged to provide feedback about the service. They had been asked to complete surveys about their experiences but in addition we saw they had been consulted and invited to feedback their views with regards to many different areas of the service. For example, they were consulted about the changing health needs of people and how these were being met. Healthcare professionals told us the staff listened to and acted on their views.

There was evidence that managers had liaised with the local authority, placing authorities and CQC regarding significant events at the home and had taken appropriate action to keep people safe. There were comprehensive systems for monitoring the quality of the service, including checks on health and safety, records, people's wellbeing and staff support. These were recorded and there were action plans to address any areas where improvements were needed.

Therefore the service was well-led and quality monitoring systems were thorough and led to the development of the service. People living at the home were supported in an environment that flexible to reflect their needs and changes in good practice guidance.