

Support for Living Limited

Princes Road Residential Care Home

Inspection report

46 Princes Road
Teddington
Middlesex
TW11 0RU

Tel: 02086148090

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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

About the service

Princes Road is a care home providing care and support for up to six people with learning disabilities. The home is managed by Certitude Support for Living Limited and is situated in the Hampton area within the London Borough of Richmond Upon Thames. There were no vacancies.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

The home was a safe place for people to live and work in. People enjoyed living at Princes Road. Any risks to them were assessed, enabling them to live safely and enjoy their lives, whilst taking acceptable risks. The home reported, investigated and recorded accidents and incidents and safeguarding concerns. There were suitable numbers of appropriately recruited staff. Medicine was safely administered.

People were not discriminated against and their equality and diversity needs met. People were spoken to in a clear way by staff, who were well-trained, supervised, and appraised. Staff encouraged people to discuss their health needs and people had access to community-based health care professionals. People were protected, by staff, from nutrition and hydration risks and they were encouraged to choose healthy and balanced diets that also met their likes, dislikes and preferences. The premises were adapted to people's needs. Transition between services was based on people's needs and best interests.

The home's atmosphere was warm, friendly and welcoming with people enjoying the way staff provided them with care and support. The staff we met were caring and compassionate. There were positive interactions between people, staff and each-other during our visit. Staff observed people's privacy, dignity and confidentiality. People were encouraged and supported to be independent and had access to advocates.

People received person centred care having had their needs assessed and reviewed. They had choices, followed their interests and hobbies and did not suffer social isolation. People were given information to make decisions and end of life wishes were identified. Complaints were recorded and investigated.

The home's culture was open, positive and honest with transparent management and leadership. There was a clear organisational vision and values. Areas of responsibility and accountability were identified, and service quality frequently reviewed. Audits were carried out and records kept up to date. Good community links and working partnerships were established. Registration requirements were met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at the last inspection

The last rating for this service was good (published 13 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Princes Road Residential Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection, the provider completed a Provider Information Return (PIR). This 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. We also checked notifications made to us by the provider, safeguarding alerts raised regarding people living at the home and information we held on our database about the service and provider.

During the inspection

We spoke with four people, three relatives, three care workers, and the registered manager. We looked at the personal care and support plans for two people and two staff files. We contacted five health care professionals to get their views.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection

We requested additional evidence to be sent to us after our inspection. This included training matrix, audits and activities. We received the information which was used as part of our inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- People's positive and relaxed body language demonstrated that they felt safe. They did not directly comment on their safety. A relative told us, "A safe place to live."
- Staff's training enabled them to identify abuse, and what action to take if encountered. People were safeguarded by staff who knew how to raise a safeguarding alert. There was no current safeguarding activity. A safeguarding procedure was also included in the provider's policies and procedures.
- Staff advised people how to keep safe and areas of individual concern about people were recorded in their files.

Assessing risk, safety monitoring and management

- People were able to take acceptable risks and enjoy their lives safely. This was because people had risk assessments that included all aspects of their health, daily living and social activities. The risk assessments were regularly reviewed and updated as people's needs, and interests changed.
- Staff were familiar with people's routines, preferences and identified situations where people may be at risk and acted to minimise those risks. A relative said, "They [staff] know what [person] likes to do."
- The home's general risk assessments were regularly reviewed and updated. This included equipment used to support people, that was serviced and maintained.

Staffing and recruitment

- There was a thorough staff recruitment process and records demonstrated that it was followed. The process contained scenario-based interview questions to identify prospective staffs' skills and knowledge of learning disabilities. References were taken up and Disclosure and Barring service (DBS) security checks carried out, prior to starting in post. There was also a six-month probationary period with a review.
- The home employed enough staff to provide care flexibly to meet people's needs. Staffing levels during our visit, matched the rota and enabled people's needs to be met and for them to follow activities safely.

Using medicines safely

- Medicine was safely administered, regularly audited and appropriately stored and disposed of. People's medicine records were fully completed and up to date. Staff were trained to administer medicine and this training was regularly updated. If appropriate, people would be encouraged and supported to self-medicate. Currently people have been assessed as unable to self-medicate.

Preventing and controlling infection

- Staff had infection control and food hygiene training that was reflected in their appropriate work practices.
- Staff used personal protective equipment (PPE), as required, such as gloves.

Learning lessons when things go wrong

- The service kept accident and incident records and there was a whistle-blowing procedure that staff said they would use. The incidents were analysed to look at ways of preventing them from happening again. This was shared and discussed with staff during team meetings and handovers.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's physical, mental and social needs were holistically assessed and their care, treatment and support delivered in line with legislation, standards and evidence-based guidance, including NICE and other expert professional bodies, to achieve effective outcomes.
- Before a new person moved in, the commissioning local authority provided assessment information and further information was also requested from any previous placements. The home, person and relatives then carried out a pre-admission needs assessment. The speed of the pre-admission assessment and transition, took place at a pace that suited the person's needs.
- People could visit the home as frequently as they needed to, before deciding if they wanted to move in. They could stay overnight and share meals, to help them decide. During these visits' assessment information was added to, including the views of people already living at the home.
- The home provided easy to understand written information for people and their families.

Staff support: induction, training, skills and experience

- The staff induction and mandatory training enabled people to be supported in a way that met their needs effectively. A staff member told us, "I completed the induction, it was challenging as I had not done this type of work before. I feel it has equipped me to do the job."
- More experienced staff were shadowed by new team members, as part of their induction. This increased their knowledge of people living at the home, their routines and preferences.
- The induction was based on the Skills for Care 'Common induction standards'. These form part of the Care Certificate which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social sectors.
- The training matrix identified when mandatory training required updating. There was specialist training specific to the home and people's individual needs, with detailed guidance and plans. This included epilepsy, choking and resuscitation.
- Staff were trained in de-escalation techniques to appropriately deal with situations where people may display behaviour that others could interpret as challenging. People had personal behavioural plans if required.
- Staff received supervision four to six weekly, yearly performance review and there were monthly staff meetings.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough and maintain a balanced diet.

- People's care plans included health, nutrition and diet information with health care action plans. These included nutritional assessments that were regularly updated and there were fluid charts, as required. A relative said, "They [staff] look after [person] health which is number one."
- Staff observed and recorded the type of meals people received and encouraged a healthy diet to ensure people were eating properly. Meals accommodated people's activities, their preferences and they chose if they wished to eat with each other or on their own.
- Whilst encouraging healthy eating, staff made sure people still ate meals they enjoyed.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported to maintain their health as staff had good working relationships with external healthcare services and received ongoing healthcare support.
- Staff maintained good working relationships with external health care professionals such as district nurses, speech and language and physio therapists.
- The home provided written information such as hospital passports and staff accompanied people on health and hospital visits when required.

Adapting service, design, decoration to meet people's needs

- The home had appropriate adaptations and equipment, to meet people's needs, that was regularly checked and serviced. People chose the home's decoration and colour schemes, particularly their bedrooms.

Supporting people to live healthier lives, access healthcare services and support

- People received yearly health checks and referrals were made to relevant health services, when required.
- Everyone was registered with a GP and a dentist. People had access to community-based health care professionals, such as district nurses and speech and language therapists as needed.
- Health care professionals did not raise any concerns about the quality of the service provided.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff we spoke with understood their responsibilities regarding the MCA and DoLS.
- Four people, who required them, had up to date DoLS authorisations in place.
- Mental capacity assessments and reviews took place as required.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People enjoyed staffs' company and were relaxed. They were also looked very comfortable and knew each other well. This was reflected in their positive body language. People laughed and smiled a lot, during our visit. A relative said, "Very nice, caring staff."
- People did as they wished with staff support.
- Staff received equality and diversity training that enabled them to treat people equally and fairly whilst recognizing and respecting their differences. This was reflected in inclusive staff care practices that made sure no one was left out. Staff treated people as adults, did not talk down to people and people were treated respectfully and equally.

People felt respected and relatives said staff treated people with kindness, dignity and respect.

- Staff were very committed and passionate about people and the care they received, which was delivered in an empowering way.
- Staff were trained to respect people's rights to be treated with dignity and respect. They provided support accordingly, in an enjoyable environment. This was reflected by staff practices throughout our visit with caring, patient and friendly support provided that respected people's privacy. A relative said, "Staff are all lovely, very caring and couldn't do more."

Supporting people to express their views and be involved in making decisions about their care

- During our visit people came and went, as they pleased, attending various activities they had chosen including going to the bank and attending a hospital appointment. A relative said, "They [people] have enough to do."

Respecting and promoting people's privacy, dignity and independence

- Staff knowledge of people promoted dignity and independence. It enabled staff to understand what words and gestures meant and people could understand them. If people were showing distress or frustration, staff gave them alternatives to calm situations. One person who had a doctor's appointment was getting agitated and wanted to leave, but it was too early. Staff explained this and suggested a drink before they left. The person agreed and calmed down.
- Staff were aware this was someone's home and they must act accordingly.
- The home had a confidentiality policy and procedure that staff understood and followed. Confidentiality was included in induction and on-going training and contained in the staff handbook.
- There was a visitor's policy that visitors were welcome at any time with the agreement of people. Relatives

said they were made welcome and treated with courtesy. This was what we found when we visited.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People made decisions about their care, how it was delivered and activities, with staff support. Staff ensured people understood what they were saying, the choices they had and that they understood people's responses. They asked what people wanted to do, where they wanted to go and who with. People did not directly comment about their care.
- People's needs and wishes were met by staff, in a timely fashion and in a manner that people were comfortable with and enjoyed.
- People's care plans were individualised, recorded their interests, hobbies and health and life skill needs. This was as well as their wishes and aspirations and the support required to achieve them.
- People had their care and support needs regularly reviewed with them and their relatives and updated to meet their changing needs with objectives set. People were supported to take ownership of their care plans and contributed to them as much or as little as they wished.
- Staff were available to discuss any wishes or concerns people and their relatives might have. People's positive responses reflected the appropriateness of the support they received. A relative told us, "They [staff] do a hard job, wonderfully well." Another relative said, "No problems at all, if I have any queries I go and have a chat with them [staff]."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The AIS was being followed by the organisation, home and staff with pictorial information available to make it easier for people to understand. Staff communicated clearly with people which enabled them to understand what they meant and were saying. People were also given the opportunity to respond at their own speed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had activities that were individual to them and as a group. They took place at home and in the community. They included, meals out, aromatherapy, music therapy, hydro-therapy pool sessions, train rides, Gateway club, and film nights. The Gateway club was a club for people with learning disabilities where activities took place. One person visited the Natural History Museum, during the inspection. People also attended college doing courses such as cooking, music and dance, counting and numbers and information

technology (IT). One person told us, "I've been to college today, on the computer."

- People were encouraged to keep in contact with friends and relatives, with visits to other homes and to and from relatives. They also attended activities organised by other providers, so they could catch up with friends.
- People were well known in the local community and made good use of local shops and restaurants. One person went out to the pub during our visit, which was their routine. There had been some previous behavioural issues that had been resolved, and the home always made sure it was alright for them to visit, by phoning before hand. On their birthday the chef made them a surprise cheesecake. One person told us, "We are going to Gateway tonight, I've got lots of friends there."

Improving care quality in response to complaints or concerns

- People did not comment on the complaint's procedure. Relatives said they were aware of the complaints procedure and how to use it. The complaints procedure was provided in pictorial form for people to make it easier to understand. There was a robust system for logging, recording and investigating complaints, that was followed.

End of life care and support

- Whilst the service did not provide end of life care, people were supported to stay in their own home for as long as their needs could be met with assistance from community based palliative care services, as required. People had end of life care plans, in place.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The home had an open, positive, inclusive and empowering culture. Within the home this was due to the attitude and contribution made by the registered manager and staff. They listened to people and acted upon their wishes. One relative told us, "The [registered] manager is a lovely person, very approachable."
- Relatives said the registered manager was good and the home very well-run. A relative told us, "The [registered] manager always makes themselves available." A staff member said, "A good staff team with everybody getting along. The [registered] manager is also very supportive."
- The organisation had a clearly set out vision and values that staff understood. These were explained during induction training and revisited at staff meetings.
- Staff reflected the organisation's stated vision and values as they went about their duties. There were clear lines of communication and specific areas of responsibility regarding record keeping and medicine.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements Continuous learning and improving care

- The quality assurance systems were robust, contained performance indicators that identified how the service was performing, any areas that required improvement and areas where the service was achieving or exceeding targets.
- Audits were carried out by the registered manager, staff, registered managers from other homes and the internal quality team. They were up to date. There was also an audit action plan. This meant people received an efficiently run service.
- The records kept demonstrated that safeguarding alerts and accidents and incidents were fully investigated, documented and procedures followed correctly including hospital admissions. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.
- The home's previous rating was displayed and available on the organisation's website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics Working in partnership with others

- The home had close links with services, such as speech and language therapists and district nurses. This was underpinned by a policy of relevant information being shared with appropriate services within the community or elsewhere.

- Other homes within the organisation and externally were communicated with to share activity resources available within the community. This also prolonged people's friendships, which had been built up over several years.
- Staff made sure that people had access to local resources that provided advocacy and advice.
- The home had group meetings for people, to decide upcoming activities and weekly meal planning. They also had regular personal reviews. Relatives said they were in frequent contact with the home, who kept them informed and adjustments were made from feedback received. A relative told us, "We are kept up to date, they [staff] are very good like that." The organisation sent out surveys to people, their relatives and staff. Suggestions made were acted upon.