

L&Q Living Limited

Helena Road (2c-2d)

Inspection report

2c-d Helena Road
Plaistow
London
E13 0DU

Tel: 02084701382
Website: www.east-thames.co.uk

Date of inspection visit:
04 December 2017

Date of publication:
15 January 2018

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

The inspection took place on 4 December 2017 and was unannounced. At our last inspection in February 2016 we found a breach of the legal requirements. This was because the provider had not sent us any statutory notifications for people authorised for Deprivation of Liberty Safeguards (DoLS) prior to November 2015. At this inspection we found improvements had been made and that they now met the previous legal breaches.

The service provides residential care for up to ten adults who have learning or physical disabilities, some of whom have sensory impairment, mental ill health or dementia. At the time of our inspection there were eight people using the service. The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was safe and had practices in place to protect people from harm. Staff had training in safeguarding and knew what to do if they had any concerns and how to report them. People who used the service told us they felt safe and protected from harm.

Risk assessments were personalised and detailed. Staff had the information they needed to mitigate risks.

Staffing levels were meeting the needs of people who used the service.

Recruitment practices were safe and relevant checks were completed prior to staff commencing employment.

Medicines were managed and stored safely. Support workers were only permitted to administer medicines to people after they had undertaken training and were assessed as competent by the registered manager to do so. Medication audits were completed monthly.

The service was clean and free of malodour. People were protected from the spread of infection due to a robust cleaning schedule.

The service documented and learned from incidents and put procedures in place for prevention or reoccurrences.

Training for care staff was provided on a regular basis and updated regularly. Staff spoke positively about the training they received.

Care workers demonstrated a good understanding of the Mental Capacity Act (2005) and how they obtained consent on a daily basis.

The service was supporting people who were subject to Deprivation of Liberty Safeguards (DoLS) in an effective way.

People were supported with maintaining a balanced diet and had a choice of food and beverages.

People were supported to have access to healthcare services and receive on-going support. The service made referrals to healthcare professionals when necessary and advice from healthcare professionals was followed.

Staff demonstrated a caring and supportive approach towards people who used the service and we observed positive interactions and rapport between them.

The service promoted the independence of the people who used the service and people felt respected and treated with dignity.

Care plans were reviewed every six months and any changes were documented accordingly.

Concerns and complaints were encouraged and listened to and records confirmed this. Relatives of people who used the service told us they knew how to make a complaint.

The registered manager had a good relationship with staff, people who used the service and their relatives. People spoke positively about the registered manager and their management style.

The service had robust quality assurance methods in place and carried out regular audits.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities using the service can live as ordinary a life as any citizen.

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 remains Good.

Is the service effective?

Good ●

The service was effective. People's needs and choices were assessed and care was delivered in a personalised way.

Staff had the relevant skills and knowledge to deliver care and support. Training was provided regularly.

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

People were supported access healthcare support.

People's individual needs were met by the adaptations made at and the design of the service .

Consent to care and treatment was sought in line with legislation.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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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.

The inspection took place on 4 December 2017 and was unannounced. The inspection was carried out by one inspector. Before the inspection we reviewed the information we already held about this service. This included details of its registration and any notifications they had sent us. 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.

During our inspection we spoke with the registered manager, one support worker, one senior support worker, three people who used the service and two relatives. We looked at three care plans and four staff records. We also looked at medicine records, policies, procedures and risk assessments.

Is the service safe?

Our findings

People who used the service and their relatives told us they felt safe. One person who used the service told us, "Yes, I'm alright. I am [safe]." A relative told us, "I think [relative] is safe there." Another relative said, "Oh yes, it's safe. It puts my mind at rest. My [relative] is very happy and content."

Staff had received training in safeguarding adults and records confirmed this. Staff we spoke with were able to identify the different types of abuse and were aware of their responsibility for reporting any allegations of abuse. The registered manager told us, "We all have safeguarding training annually. The local authority provides us with training and we also discuss safeguarding in team meetings and one to ones." One support worker said, "I would report any [safeguarding] concerns to the manager or local authority." A senior support worker told us, "There are various kinds of abuse; physical, financial, emotional, sexual. If I come on shift and I am alerted to something I'd check the person to make sure they're ok and then do an incident report and tell the manager. I'd also inform CQC."

Policies and procedures were in place for whistleblowing and safeguarding, as well as policies in relation to emergencies, fire safety, medicines, bullying and harassment. Staff told us they felt protected to whistleblow. One support worker said, "I've never had to do it but I feel safe to do it."

Risk assessments were in place which provided guidance about how to support people in a safe manner and mitigate any risks they faced. The registered manager told us, "Staff get training on doing risk assessments. We identify risks from history and current things or health conditions. It's about being real and personal, capturing risks individually." Risk assessments we looked at balanced safety with supporting people to be independent. Risk assessments were person centred and based around the individual risks people faced.

Records confirmed that people using the service either had a Court of Protection order in relation to their finances, Local Authority appointeeship or family support for the management of their money. The senior support worker showed us cash records and receipts for all transactions that they supported people with and all transactions linked correctly with corresponding receipts. The service carried out a daily audit of all financial transactions during staff handover as well as a monthly audit and records confirmed this.

Support workers told us they thought staffing levels were adequate for the needs of the people using the service. The registered manager told us, "Needs are being met, we have regular bank and agency staff if necessary." One support worker said, "There are enough staff here and we've always got cover. We never do a shift alone." During the course of our inspection we observed staff had time to support people in a relaxed and unhurried way.

The service had a robust staff recruitment system. All staff had references and DBS checks were carried out. The service carried out risk assessments where appropriate for any contentious DBS findings. DBS stands for Disclosure and Barring Service and is a check to see if prospective staff have any criminal convictions or are on any list that bars them from working with vulnerable adults. This process assured the provider that

employees were of good character and had the qualifications, skills and experience to support people living at the service.

Support workers told us they were only permitted to administer medicines to people after they had undertaken training and were assessed as competent by the registered manager to do so. Medicine audits were completed monthly and records confirmed this. The registered manager showed us the daily checks completed for medicines which included the process of counting medicines and recording quantities after each administration. People's medicines were stored in their rooms in a safe and secure way with locks, and their medicine records were correctly used to show that administration had occurred and documented any issues. This meant that medicines were stored and administered safely. Each person had a medicines folder which documented all of the medicines they were currently taking, what each medicine was for, the dosage and any potential side effects. There was also guidance for support workers about medicines that were given on an as and when basis. This meant that medicines were managed safely.

The premises were well maintained. The home environment was clean and free of malodour. The registered manager told us, "We have a cleaning schedule and we carry out infection control audits. We have a cleaner who comes once a week on a Thursday and staff clean every day." One support worker told us, "We all do cleaning, we use aprons, disposable ones when cleaning toilets and doing personal care. We don't use the same aprons or gloves for doing all different things." The senior support worker showed us the cleaning records for the kitchen which demonstrated that the kitchen was cleaned five times a day. Tasks included cleaning surfaces with anti-bacterial spray, washing down work tops and tiles and wiping under the toaster. In addition, the kitchen had a separate sink exclusively for hand washing. Records confirmed that daily cleaning was taking place to support the infection control practices at the service.

Accident and incident policies were in place. Accidents and incidents were documented and recorded and we saw instances of this. We saw that incidents were responded to by updating people's risk assessments and any serious incidents were escalated to other organisations such as safeguarding teams and CQC. For example, we saw an incident report where one person who used the service had had a fall whilst out in the community. An action plan was created, their risk assessment updated and a referral was to be made to a physiotherapist. This meant the service learned from incidents and put procedures in place for prevention.

Is the service effective?

Our findings

At our last inspection in February 2016 we found a breach of the legal requirements. This was because the provider had not sent us any statutory notifications for people authorised for Deprivation of Liberty Safeguards (DoLS) prior to November 2015. At this inspection we found improvements had been made and that they now met the previous legal breaches.

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 homes are called the Deprivation of Liberty Safeguards (DoLS).

We found the service had up to date policies and procedures in relation to the MCA so that staff were provided with information on how to apply the principles when providing care to people using the service and we were made aware of people subject to DoLS authorisations.

At the time of inspection people who used the service had authorised DoLS in place because they needed a level of supervision that may have amounted to a deprivation of liberty. The service had completed appropriate assessments in partnership with the local authority and any restriction on people's liberty was within the legal framework. We found that the service had submitted notifications to the CQC about the decisions of applications submitted for DoLS for people who used the service.

Care plans set out that people were supported to make their own decisions. We saw that mental capacity assessments had been carried out in line with the principles of the MCA, for example about managing people's finances and the administration of medicines. Where appropriate best interests meetings had been held with the involvement of the person, their relatives, staff from the service and representatives from the local authority were also appropriately involved. The registered manager told us, "It's really important we recognise that people have the right to say yes or no." One support worker told us, "We still offer choice to people even if they are non-verbal. Giving someone choice makes them feel good about themselves. People feel empowered."

People's needs were assessed to enable staff to provide person centred care. The provider carried out an initial assessment prior to a person being placed at the home that included information about their health and social needs as well as their history, family support if relevant and their likes and dislikes. This information supported the provider in ascertaining whether a person's needs could be met at the service.

Records confirmed that all staff had up to date training which included topics such as medicines, health and safety, food hygiene, first aid, fire safety and moving and handling. Staff also completed the Care Certificate. The Care Certificate is a staff induction training programme specifically designed for staff that are new to the

care sector. Staff told us about their induction upon commencing work at the service. One support worker said, "I had training and induction when I first started, and also shadowing after the induction. I learnt about the residents and their needs." Another support worker told us, "We always do refresher training. Last week I did risk assessment training. The training provided is very good and they send you an email reminder when training is due."

Records showed that support workers received supervision on a monthly basis and an annual appraisal. Supervision topics included learning outcomes, concerns, team working, networking and the people who used the service. In addition, every member of staff received a specific supervision session relating to the MCA and DoLS. The registered manager told us this was to ensure that all staff had an understanding of the principles and knew how to put them into practice. A support worker told us, "The MCA and DoLS supervision was useful. It gives us more of an understanding." This meant the service was dedicated to supporting staff to deliver a consistent level of care to people who used the service.

People were supported to eat and drink enough to maintain a balanced diet and people were able to choose what they wanted to eat on a daily basis. One person told us, "We get a choice. I have my breakfast, cornflakes, rice krispies, all kinds." Another person who used the service told us they liked the food and said, "Pie and mash is my favourite." Records showed that this meal was included in the menu and that there was a weekly residents meeting to discuss what meals people would like. A senior support worker told us, "Every week we go shopping but before we go we have a one to one with each resident and draw up the menu. For those who are non-verbal we show them pictures of foods and they will choose. We do all of our cooking in house and for those who have a pureed diet we separate each food and then puree it." Guidance from health professionals around dietary needs was put up around the kitchen to support staff preparing food. Outside of the kitchen there was a poster that said if a person had changed their mind about what they wanted to eat, this was okay and that something else could be made for them. This meant the service was responsive to people's needs and supported people to maintain a diet in accordance with their preferences.

During our inspection we checked the fridge and freezer and found there to be adequate amounts of fresh fruit, vegetables and frozen foods. The majority of frozen foods had been labelled on the day of freezing, however there were a number of items that had not been labelled. The senior support worker told us they were from the most recent shopping delivery from last week and that they would be labelled immediately. We recommend the service follows best practice guidance on food safety standards.

Records showed that people had access to health care professionals. Records were maintained of medical appointments and of any follow up action that was required. They showed people saw various health care professionals including speech and language therapists, GP's, chiropodists and dentists. We saw examples of recommendations from speech and language therapists in relation to the textures of food and drink for people with any swallowing difficulties and there were pictorial examples of how thickened fluids should appear in consistency. This provided clear guidelines for staff to ensure that guidelines were followed correctly.

Hospital passports were in place which included information about the person for use by hospital staff in the event that the person was admitted to hospital. This included information about their communication, medical history and any medicines they were prescribed. Health action plans were also in place which provided information about how to support people to maintain a healthy lifestyle. For example, they included guidance about diet and exercise and details of relevant health care professionals for the people. In addition, staff supported people to attend healthcare appointments. One support worker told us, "We do support with things like hospital appointments. Most of our clients may not understand their appointments so us attending helps them to have better health. And it also helps us understand their needs further as

well."

We looked at people's bedrooms with their permission and they were homely, cosy and personalised to the tastes of the individual. One person told us they liked their room and were happy with the way it was decorated. Rooms contained personal possessions such as family photographs and religious objects. This was in line with information about the person's spiritual needs contained within their care plan. The registered manager told us, "Each bedroom is a different colour and it's an individual choice. If they wanted a different colour, they can have it." A senior support worker told us, "This is a lovely scheme. It's spacious and wheelchair accessible. There's storage for everything. Everyone has their own room, there are two lounges, two kitchens, people can choose." This meant that people's individual needs were being met by the adaptation, design and decoration of the service.

Is the service caring?

Our findings

People who used the service and their relatives spoke positively about the service and the support workers. One person told us they liked living at the service. They said, "Yes" when we asked them if they were happy and treated kindly. Another person said, "Yes" about whether staff were kind." A relative told us, "Everyone here is nice." Another relative said, "Carers are absolutely brilliant. When you go there, they're always very pleasant."

A relative of a person who used the service told us, "My [relative] has a very good carer. [Support worker] would ring me if I needed to know anything. He's so caring. He's an angel. I feel confident in him. He knows [relative] well. He's worth his weight in gold." Another relative said, "When I go and see [relative] they're very happy. The staff are pleasant."

During our inspection we observed kind and caring interaction between support workers and people who used the service. For example, one person who used the service liked to be complimented on their appearance and clothing. Support workers ensured that they engaged in conversation with this person and complimented them on their clothing, which made the person happy and laugh.

A senior support worker told us, "I always stop and chat with the residents, one to one friendliness is important. It can make their day."

During our inspection we also observed people's independence being promoted. For example, one person liked to help out in the kitchen with meal preparation. The senior care worker told us, "Risk taking is not always a bad thing; [person] likes to take part in the kitchen and we supervise [person] and help them. During the inspection this person wore an apron and helped out in the kitchen with supervision. The person told us they enjoyed helping out."

A support worker told us about one person who did their own personal care independently. "[Person] washes and does it well. This gives them some independence and we respect that." This meant that people's independence was respected and promoted.

The registered manager told us people's privacy and dignity needs were understood and always respected, "We always make sure people are covered up going from the bathroom to the bedroom. We always close doors to protect privacy and we always give people a choice in what they do. For example [person] doesn't always want a shower straight away [when they wake up]. There are no set times for anything." A support worker told us about a person who preferred to spend a lot of time alone, "One resident likes private time in their room. We respect that. We check on [person] to make sure they are fine." This meant that people were treated with dignity and were given freedom and flexibility in their everyday lives.

Staff recognised the importance of treating people as individuals in line with equality and diversity principles. A support worker told us, "I would treat person just like everybody else and support their needs." They also told us, "I take three of our residents to church every Sunday. They look forward to it."

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs and this was recorded in people's care plans. For example, people's care plans contained a one page profile that documented things that were important to them. One person's care plan stated, "I do love a nice cup of tea each morning once I wake up." Another person's care plan stated, "I like to dress smartly, especially on special occasions such as when I go to church on Sundays." One support worker told us, "The care plans tell you what you need to know about the person. They're useful. I know the residents well, what they like and don't like." The one page profile within care plans was easily accessible by staff so that they were able to refer to it to ensure personalised care was being provided.

Care plans included information about supporting people to access the community and we saw that people were able to do this during the course of our inspection. Care plans were reviewed six monthly which meant they were able to reflect people's needs as they changed over time. A monthly summary was produced by keyworker's which monitored how people were getting on with elements of their care plan including in relation to health, activities and daily living skills.

During our inspection we observed people engaging in various activities including looking through magazines and drawing. Care plans contained activity schedules that included in- house music therapy, baking and activities of their choice. We saw that these activities matched with individual care plans which meant that care plans were being adhered to and people's needs were being met in a responsive way. The registered manager told us, "We encourage people to take part in activities but we don't force it."

Relatives told us they were able to visit the service without restriction. One relative said, "I do go and visit and I take [relative] things. They're always welcoming."

The registered manager told us, "We had a Christmas event at the weekend. They had a Christmas sing-song and we invited family and friends and residents from other schemes. It was great and we had food afterwards."

The service had a complaints procedure in place. This included timescales for responding to any complaints received and details of who people could complain to if they were not satisfied with the response from the service. Each person's care plan contained a pictorial version of the complaints procedure which was also on display within the home. This helped to make it more accessible to people who were unable to read. We saw that complaints had been recorded and investigated in line with the complaints procedure. A relative of a person who used the service told us, "I'd know how to make a complaint." Another relative said, "Oh yes, I'd know how to make a complaint. It's always been dealt with I must say."

Care plans contained information about people's wishes and preferences around end of life and death. For example, information consisted of whether the person wanted to be buried or cremated and who they wanted to be invited to their funeral.

Is the service well-led?

Our findings

Relatives of people who used the service spoke positively of the registered manager and the service. One relative said, "I'm happy [with the service]. I've met the registered manager once. She's ok; she seems a very pleasant person." Another relative told us, "Since the new manager has come along it's been quite smooth. It's been fine." Support workers also spoke positively of the registered manager. One support worker told us, "She's good, very supportive. We can speak to her at any time."

The registered manager told us about their management style and the culture of the service. They stated, "We have an open door policy here. Communication for me is a big deal." They also told us about the support they received and stated, "I have a line manager. They're very available. I have regular supervision and we have managers meetings."

The registered manager told us about quality assurance practices that were carried out to ensure high quality care was being consistently provided, "We do a number of audits. I have two monthly audits where we look at support plans. It's an opportunity for me to check and keep on top of things. Alongside the audits we have an action plan so that any issues can be addressed."

The registered manager also told us, "I also do quarterly audits that include catering checks, health and safety and infection control. The audits are really good at picking things up. In addition I get six monthly visits internally from corporate which is someone coming with a fresh pair of eyes and they also offer fresh ideas and I am absolutely open to that. You've got to be open to improvements." Records confirmed that these audits were taking place and that action plans for issues were being completed and learned from.

Team meetings took place on a monthly basis and records confirmed this. Discussions included support plans, daily logs, health and safety, staffing and activities. One support worker told us they found team meetings, "Useful" and that it was a good opportunity to meet with the entire team.

The registered manager told us how they encouraged staff to participate in developing the service, "I like to throw it out to the team for suggestions. I work with colleagues and we share ideas. We have something called an 'ideas den' within the organisation and we all meet up and communicate our ideas. We also have a good relationship with the local authority."

Records showed that residents meetings were taking place on a monthly basis. At the most recent meeting discussions took place around health and safety, menu and food choices, complaints and compliments, activities, holidays and themed months. The provider completed an action plan after each meeting to enable them to record people's views and experiences in order to act upon and improve the service.