

Mr Alan Philp

Old Registry

Inspection report

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Date of inspection visit:
02 October 2017

Date of publication:
18 October 2017

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

This inspection took place on 2 October 2017 and was announced. At our last inspection in January 2015, we found the provider was meeting the regulations we inspected and the service was rated "Good". At this inspection we found that the service continued to be rated "Good".

Old Registry provides personal care and accommodation to nine adults with a learning disability. At the time of our visit, nine people were using the service.

There was a registered manager in place. 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.

People told us they felt safe using the service. The provider had safeguarding policies and procedures in relation to safeguarding people.

People received individualised care and support that met their needs. There was guidance for staff on how to manage risks to people and how to keep them safe.

Staffing levels were sufficient to meet people's needs and recruitment processes were safe. Staff received training, supervision and support to give them the necessary skills and knowledge to help them care and support people effectively.

People were supported to have their medicines safely. They were treated with dignity and respect and were able to make choices. They were also involved in making decisions about their care and support needs.

Staff understood and protected people's legal rights. The provider had suitable arrangements for obtaining consent, assessing mental capacity and recording decisions made in people's best interests.

People were able to attend activities and social engagements of their choice. Visitors were always welcomed at the service.

The provider had a range of effective audit and quality assurance procedures in place. These were used as a means of identifying areas for improvement and also where good practice had been established.

People and their relatives told us they found the staff and management approachable and knew how to raise complaints and concerns.

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 remains good.

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.

Old Registry

Detailed findings

Background to this inspection

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

This inspection took place on 2 October 2017 and was announced. It was carried out by one inspector. The provider was given one hour notice because the service is a care home for younger adults who are often out during the day. We needed to be sure that members of the management team were available to assist us with the inspection.

Before the inspection, we reviewed the information we held about the registered provider, including previous notifications and information about any complaints and safeguarding concerns received. A notification is information about important events which the registered provider is required to send to us by law. We also spoke with the local authority commissioners about the service and reviewed previous inspection reports.

During the inspection, we reviewed people's records and a variety of documents. These included three people's support plans and risk assessments, three staff recruitment files, staff training and medicine administration record (MAR) sheets. We spoke with the registered manager, the deputy manager, two people who use the service and two members of the staff team.

Three days after the inspection we spoke with three relatives on the telephone to obtain their views of the service. They all commented positively about the service.

Is the service safe?

Our findings

People told us they felt safe at the service. One person said, "Yes it is safe here." A relative told us, "It is a safe place." We found there were effective systems in place to protect people from the risk of harm. Staff had completed training in safeguarding people. They were able to tell us how they would recognise signs of abuse and poor practice and how to report them. The provider had a whistle blowing policy which staff were aware of. They knew they could approach other organisations with their concerns. This showed the provider had the measures in place to help ensure people were kept as safe as possible.

We noted risks assessments were individual to each person and detailed the risks associated with their daily living, such as their mobility or their behaviours. Generic health and safety risk assessments were also in place to make sure staff worked in as safe a way as possible which included a fire risk assessment. Records of all accidents and incidents were kept and were reviewed by the registered manager to look for any trends and identify actions to reduce the risk of similar events happening again.

The provider had an effective recruitment and selection processes in place. We saw appropriate checks were carried out before staff began work which included a Disclosure and Barring Service check (DBS). A DBS check is an employer's check to ensure that prospective staff are not barred from working with people or have a criminal conviction that would make them unsuitable for their job.

People were kept safe as staffing levels were sufficient to meet people's needs. Staff and relatives felt there were enough staff on duty at any time to meet the needs of people. We looked at the staff duty rotas and saw staffing levels indicated on the record matched the number of staff who were working during our inspection. At the time of our visit two staff working at the service were from an agency however they had been working at the service for a long time and knew the people well. We saw that people's needs were attended to promptly.

We looked at the administration of medicines and found they were managed safely and people received the medicines prescribed to them at the right time. We found any medicines not taken were returned to the pharmacy. This reduced the risk of stock piling medicines in the service. People were happy with the way staff administered their medicines to them.

Is the service effective?

Our findings

People and their relatives felt the staff were trained and had the skills to do their job. One person said, "The staff are good." The provider ensured people were supported by staff who had the knowledge and skills necessary to carry out their roles and responsibilities. Staff received appropriate training. Training records showed us that staff had received training in a number of areas such as moving and handling, first aid, safeguarding and infection control. Staff had regular training updates and were supported to undertake further training if they wished. The provider had systems in place to support staff, including regular supervision and annual appraisal.

Before people received any care or support they were asked for their consent and staff acted in accordance with their wishes. Staff had received training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This legislation sets out how to proceed when people do not have capacity and what guidelines must be followed to ensure people's freedoms are not restricted. Where the staff identified limitations in people's ability to make specific decisions they worked with them, their relatives and relevant advocates in making decisions for them in their 'best interest' in line with the Mental Capacity Act 2005. Some people had DoLS in place, for one person this had expired. The registered manager had already applied for it to be renewed.

People were supported to eat and drink sufficient amounts to meet their needs and were provided with a choice of suitable and nutritious food and drink. People told us that food was provided was good. People's weights were recorded monthly. Staff regularly consulted with people either individually or as a group to ensure that they were enjoying the food which was being provided.

People maintained good physical and mental health because the staff team worked closely with other health and social care professionals. Records showed health professionals had been consulted without delay when people were not well. The action taken and what the outcome was were noted in people's support plan folders. This meant people received appropriate access to health professionals to maintain their health and well-being.

Is the service caring?

Our findings

Comments from people and relatives were positive, indicating that staff were kind and helpful when providing care and support. One person told us, "The staff are fine."

Staff had a good understanding of the principles of privacy and dignity. For example one staff member told us, "I make sure the door is closed when assisting service users [people] with personal care." Throughout our visit we saw staff treated people with respect and compassion. Staff called people by their preferred name and were aware of their care needs and how they preferred to be supported.

People were involved in decisions about their care and support. Staff encouraged them and those that mattered to them to make their views known and these were taken account of and respected. Staff were aware of people's likes, dislikes, and preferences such as what they liked to eat or what they liked to do during the weekends.

Records confirmed people's preferences, interests, aspirations and diverse needs had been recorded and care and support had been provided in accordance with people's wishes. Due to their needs some people had an advocate to speak on their behalf. The provider had a key worker system which meant people had a named staff who had the responsibility to ensure all their care and support needs were met.

Relatives told us they were always made welcome when they visited the service. They also said staff kept them informed of changes in the well-being of their loved ones. People were encouraged to keep in touch with their family and friends.

Staff also encouraged people to be as independent as possible with their daily routines. For example, where people were able to, they had a bath by themselves with minimal assistance from staff.

We saw information about people was stored securely and kept confidential.

Is the service responsive?

Our findings

People said they were happy with the care and support they received. One person said, "I like it here." Relatives were satisfied with the care and support being provided by the staff at the service.

We found people's support plans gave sufficient instructions to staff on how to deliver care and support to people. Before a person moved into the service, an assessment of their abilities and needs was undertaken. Information was gathered from a variety of sources such as social workers, health professionals, and family members. This helped to ensure staff were able to safely meet the person's needs. Staff undertook regular reviews with people using the service to ensure they continued to meet their needs.

Each person had a completed hospital passport. The aim of the hospital passport is to assist people with learning disabilities to provide hospital staff with important information about them and their health when they are admitted to hospital.

People were supported to choose and undertake a wide range of activities, and to find new things to do. They were engaged in activities such as art and craft, bowling and cookery lessons. We saw each person's had a 'weekly activity planner' which set out the different types of activities they liked to do and records were kept of activities they had undertaken.

People and their representatives told us they knew how to raise a complaint if they needed to. One person told us, "I will speak to the staff if I am not happy." The provider had a complaints procedure which set out how complaints would be managed and the timescales within which complainants could expect a response. The procedure was also available in picture format for people who were unable to read. Informal concerns raised by people were addressed through discussion with staff on a day to day basis. Relatives were confident they would be listened to and action would be taken to address any concerns they may have.

Is the service well-led?

Our findings

People, staff and relatives felt the service was run well. They commented the registered manager and the deputy manager were approachable. One person said, "The manager is good."

The service was managed by a registered manager and supported by an area manager. The registered manager had attended various workshops within the company or externally to keep themselves updated with the latest practices. They were aware of their responsibilities and had notified the commission of any notifiable incidents in line with the current regulations.

Staff felt supported by the registered manager and said they worked well together as a team. They said they could raise any concerns or issues with the registered manager and these would be dealt with promptly. There were regular staff meetings held where a number of topics were discussed such as people's care needs and any upcoming training courses. Staff were clear about their roles and responsibilities and said they felt valued by the management team. They told us they were happy working at the service. Meetings were also held on monthly with people who used the service.

The provider had effective systems in place to regularly assess and monitor the quality of the service. Satisfaction surveys were completed by people, relatives, staff and other health professionals on a yearly basis to provide feedback about the service. We sampled some of the completed surveys and found the responses were positive. The provider welcomed suggestions on how they could develop the services and make improvements.

The registered manager had a number of systems to assess and monitor the delivery of care and support. This included audits of support plans and risk assessments. Where any issues were identified, these were addressed.