

Mr Alan Philp

Old Registry

Inspection report

70 Aldborough Road South, Seven Kings, Ilford, IG3
8EX
Tel: 02085907076

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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

This inspection took place on 27 January 2015 and was unannounced.

At our last inspection on 10 April 2014 we found the service was meeting the regulations we looked at and did not identify any concerns about the care and support people who lived at Old Registry received.

Old Registry provides personal care and accommodation to eight adults with a learning disability.

There is 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 who used the service were protected from the risk of abuse because the provider had taken steps to identify the possibility of abuse and prevent abuse from happening. People were cared for in an environment that was safe. The equipment at the service had been well maintained and serviced regularly. The staff were trained

Summary of findings

in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). They were aware of how to support people who could not make decisions for themselves when required.

People were cared for by staff who were supported to deliver care safely and to an appropriate standard. The staff had received training to meet the needs of the people living in the service.

Care and treatment were planned and delivered in a way that was intended to ensure people's safety and welfare.

Staff spoke to people with respect and they had a good understanding of each person's personality and needs. They had a good understanding of the ethos of the service and quality assurance processes were in place.

People who used the service, their representatives and staff were asked for their views and they were acted on.

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. The service had policies and procedures in place for staff to follow and to report any abuse they may witness or become aware of. Staff also received training on how to keep people safe.

Risks to people and staff were assessed and were reviewed regularly. Emergency plans were in place to protect people from the risks associated with foreseeable adverse events. Accidents, incident and concerns were investigated and action taken so that people were cared for safely.

Before newly recruited staff started employment the provider undertook all necessary employment checks. This ensured people who used the service were not exposed to staff that were barred from caring for vulnerable people. People were safe as staffing levels were sufficient to meet people's needs.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Good



Is the service effective?

The service was effective. The service had a comprehensive programme of induction, training and supervision for staff so they were supported to provide effective care.

Documents we saw showed that mental capacity assessments and best interests meetings had taken place as required by the Mental Capacity Act (2005). Staff we spoke with demonstrated a good understanding of the requirements of the legislation and what they should do should a person lack the capacity to make a decision.

People were supported to eat and drink sufficient amounts to meet their needs.

We saw appointment records that showed people had regular access to health and social care professionals.

Good



Is the service caring?

The service was caring. People we spoke with were positive about the care and service provided.

People's preferences, interests and diverse needs had been recorded and care and support had been provided in accordance to their wishes. Staff demonstrated a good understanding of the needs of the people who used the service and could describe how to maintain people's dignity and how to ensure people's choices were respected.

People had been involved with their care plans and where needed, people had been supported to make informed decisions. People were encouraged to be part of the local community.

Good



Is the service responsive?

The service was responsive. Each person had a care plan outlining how they needed support and how they liked to be helped. These were personalised to reflect each person's preferences, choices and lifestyle.

Good



Summary of findings

The service had a complaints procedure which people could access and made aware of. People were assured that complaints would be investigated and action would be taken as necessary.

Is the service well-led?

The service was well led because there was a positive and open working atmosphere within staff teams. Staff said they felt able to approach the registered manager for advice, or if they had any concerns.

The registered manager consulted with people about how the service was run and took account of their views. Relevant persons who had an interest in the care and attention people received had also been consulted and their opinions taken into account about how the service was run.

From discussions with the registered manager and staff it was clear that they routinely reviewed practice to improve the care and support provided to people who used the service.

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection carried out on 27 January 2015. This inspection was done by one adult social care inspector.

During our inspection we observed how the staff interacted with people who used the service. We looked at how people who used the service were supported during the day of our inspection.

During our visit to the service, we looked at two care records, including people's risk assessments, staff training records and other records relating to the management of the service, such as staff duty rosters, policies and procedures and various audits.

We spoke with three people who used the service and four staff working at the service including the registered manager. After the inspection we spoke with two relatives of people who used the service on the telephone.

Is the service safe?

Our findings

The people we spoke with did not raise any concerns with us. They told us the staff were good to them. One relative told us that they were happy with the service and staff working there. Relatives we spoke with did not have concerns about the safety of people living at the service. We found that people spent time with staff in the lounge and were relaxed in their company.

People who used the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

The service had a safeguarding policy which supported staff in their decision making about the protection of people because they had guidelines to refer to. Information was also available in an easy to read format for people living at the service. We saw records that all staff, apart from one who had recently started working at the home, had up to date safeguarding training. Staff we spoke with confirmed they had received training and felt confident about their knowledge. Staff we spoke with were able to describe the local safeguarding protocols, and felt able to follow them.

From the care records we looked at we saw that each contained a set of risk assessments which identified potential difficulties for people in their daily lives and aimed to minimise the risk to them. One example we saw was one person at risk of injury from hot food and liquids when using kitchen appliances. There was clear guidance on what actions staff needed to take to minimise this risk. The risk assessments were reviewed every four months, however it could be sooner if there was any change or a new risk had been identified.

We saw equipment used in the service had been serviced and maintained. The gas equipment was checked in March 2014 and electrical installation certificates were also in place. Fire safety checks and fire drills were undertaken on a regular basis and the water system had been checked for Legionella. This indicated that the provider took the necessary action to ensure the premises were safe. There were arrangements in place to deal with foreseeable

emergencies. Each person had a personal evacuation plan in place. This would help staff support people appropriately and safely during an emergency. We saw records were kept of accidents and incidents. The staff learned from them and took action to reduce the risk of the same thing happening again.

Staff said they felt that there was enough staff on duty. The registered manager always ensured that the service was adequately staffed. We looked at the last two weeks staff duty rotas and saw staffing levels indicated on the record matched the number of staff who were working during our inspection.

The provider undertook appropriate checks before new staff began work. We looked at two staff files, one of which was a recently recruited staff member. The files contained an application form which covered previous experience, qualifications, training and any gaps in employment. There was evidence of checks being done with the Disclosure and Barring Service (DBS). This ensured people were not exposed to staff who had been barred from working with vulnerable people. The registered manager informed us and showed evidence that the provider was in the process of re-applying for the DBS checks for all staff as they had been working at the service for some time and those checks were done quite a while ago.

The service had appropriate arrangements in relation to management of medicine. The service used a monitored dosage system which identified the medicine to be taken by the person and the times to be given as prescribed by the person's GP. The medicine came in colour coded blister packs. Every person who required medicine had an individual Medication Administration Record chart (MAR sheet) which clearly stated the person's name, date of birth and allergy status and also identified what the name of the medicine was and how often it should be taken. We looked at the MAR records and found that the medicines had been recorded upon receipt and the records were dated. We also saw staff had signed the MARs when the medicine had been administered. Medicines were kept safely. All medicines were kept in a locked trolley secured to the wall within a designated room. The temperature of the room was monitored and recorded to ensure medicines were kept at the correct temperature.

Is the service effective?

Our findings

The people we spoke with told us that staff were “very kind,” and “very pleasant”. Staff told us they received training which was relevant to their roles to meet the needs of the people who used the service. They also told us they could gain further qualifications and they could suggest training they would like to attend during their supervision and appraisals. The service had a staff induction, which covered the aims, objectives and purpose of the service. New staff were given full information to clearly guide them about how people using the service like to live, be treated and communicated with.

Staff received appropriate professional development. We were able to see records of training that staff had attended, for example, moving and handling, safeguarding adults, fire safety and infection control. Staff were supported to enrol on a course for a nationally recognised qualification in care at an appropriate level. We saw the manager monitored staff training very closely to ensure that staff were up to date with their training.

Staff told us they received supervision, which was recorded. We saw a number supervision records and these showed that a range of issues were discussed, including staff training needs. This indicated that the manager regularly assessed and monitored the staffs’ ability to meet people’s needs.

The provider had suitable arrangements in place for obtaining consent, assessing mental capacity and recording decisions made in people’s best interests. Staff records showed all staff had completed training in the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005 (MCA). The MCA is legislation that provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

The registered manager and staff we spoke with understood the importance of assessing a person’s capacity to make a decision and of supporting them to make decisions independently. They knew what to do if a person was unable to make a decision due to a lack of mental capacity. Staff described decisions that had been made in people’s best interests and how these had been made, for example, regarding taking their medicines. Staff explained that some people could make simple decisions,

but were unable to understand more complex choices. They told us people’s relatives were consulted and knew advocates could be used to protect the person’s interests. The registered manager told us health and social care professionals were involved in significant decisions for people. When someone lacked capacity to make a decision, a decision was made in their best interests. These decisions were recorded and we saw some copies on the files we looked at. Staff were clear that people had the right to choose not to take their prescribed medicines. They said, if this situation arose, they would always contact a health care professional to seek advice about what action to take.

The registered manager had submitted applications to deprive some of the people who used the service of their liberty under the Deprivation of Liberty Safeguards (DoLS) as the front door was always kept locked for the safety of people who used the service. They had been agreed by the local authority and a review date had been noted. The DoLS provide a lawful way to deprive someone of their liberty, provided it is in their own best interests or is necessary to keep them from harm. The service had a DoLS and MCA policy in place.

People were supported to be able to eat and drink sufficient amounts to meet their needs and were provided with a choice of suitable and nutritious food and drink. Each day staff would let people know the main meal planned, and asked people if they would prefer an alternative. We saw daily records detailed what each individual had consumed. This showed people had their nutritional needs monitored and were supported to stay healthy. Individual weight records were kept to ensure weight changes were noticed quickly. People had access to sufficient fluids during the day to stay hydrated. One person who used the service told us “the food is good”. During our visit one person was making their drink independently and also chose to offer to make drinks for other people who used the service.

The manager worked closely with health and social care professionals to monitor the health of people. We saw that people were registered with local GPs and had access to other healthcare professionals, including dentists and opticians as required. There was a record kept of visits by health care professionals, for example, dentists and GPs. The records we saw showed the date of the appointment and the outcome of the visit. This showed staff monitored

Is the service effective?

peoples' health and care needs and, where required, made referrals to health professionals. Where people's health had deteriorated, we saw that appropriate action had been

taken, for example, we saw the GP had prescribed pain killers for one person as they were complaining of pain in their knees. All people living at the service had an annual health check with their local doctor.

Is the service caring?

Our findings

People were supported by kind and attentive staff. The staff we saw were caring and patient when supporting people. One person told us, "The staff are good." We observed the way people responded to staff and the interaction was positive. People who were able to speak were chatty with the staff while others smiled when staff spoke with them.

We saw evidence that people were able to participate in and make decisions about their own care, support or treatment. Each person's care plans detailed how they communicated and how they should be supported to make decisions. This ensured staff could help people be as involved as possible in decisions about their own support. One relative told us, "Staff are very helpful and they always contact me if there is anything."

People who used the service were given appropriate information and support regarding their care. Information such as the staff on duty was displayed in the hallway so people knew who was on duty.

People were supported in promoting their independence and community involvement. During our inspection we saw staff encouraging people to do as much as they could for themselves. This included making decisions, for example, what activities they would like to do for that afternoon. People who used the service were actively encouraged and supported as far as they were willing and capable of doing so to clean their own bedrooms, do their

laundry, make their own drinks, and help with household chores. On the day of our visit, we saw that people took part in activities in the community. This helped to reduce the possibility of isolation.

We saw evidence that there were regular meetings for people who used the service. This gave them an opportunity to discuss the way the service was run and anything that they might like to do or any issue they might have. Minutes were kept of what people had raised and discussed during those meetings. Some people found it difficult to communicate at these meetings so staff ensured their point of view was still heard and that they were involved in the discussion.

From the files we sampled we saw people who used the service had been consulted about the care they received. We saw people's ability to make an informed choice or decision had been assessed and support was provided where needed. Staff we spoke with were able to describe people's needs and were knowledgeable about people's preferences and respected their wishes. From our own observations, we saw staff treated people using the service with dignity and respect.

People's human rights, dignity and diversity were respected. We saw staff knocked on people's doors before entering and ensured dignity was maintained when providing support. Staff we spoke with provided us with examples of how they ensured people's dignity and privacy were maintained for example, closing the door when assisting people with personal care.

Is the service responsive?

Our findings

People who were able to communicate with us said they felt happy living at the service. One person said, "I like it here."

People's needs were assessed and care was planned and delivered in line with their individual support plan. Staff told us that before a person moved into the service, an assessment of their abilities and needs was always undertaken. Prospective new people were given the opportunity to spend time visiting the service prior to moving in, to meet the people who already lived there.

We looked at two care plans of people who used the service. They contained information about the person's next of kin, GP, medical needs and current medication they were taking. The records also contained information about the person's likes and dislikes and there was a description of the person and their preferences. There was information about how the person spent their day, for example, what time they preferred to get up and what activities they were interested in. Staff told us about people's needs and how they supported people, and we observed the staff supporting people in accordance with their care plans. This showed staff had the knowledge required to meet people's individual needs and people were protected against the risks of receiving unsafe care or treatment. We saw that the care plans focused on what the person could do themselves and also contained details of how they wanted to be supported by staff. People had an allocated member of staff known as a key-worker who coordinated their care.

There were records of when people's reviews had been held and saw evidence of people's needs assessment being updated on a regular basis or as and when their needs changed. This indicated staff were responsive to changes in people's needs, and people could be confident that their care and support was based on up to date information.

The service had a complaints procedure that was clearly written and easy to understand. The manager had a system to log complaints. There had not been any formal complaints since the last inspection. The manager told us they spoke with people and their relatives frequently and always tried to resolve any issues as soon as they arose. We spoke with people and their relatives who told us they were very happy with the services they received and had not had cause to complain, but would know how to do this if necessary.

The provider had a process in place to review complaints and comments to improve the service. We saw that the registered manager knew how to refer to the provider's complaint's policy when it was required. The policy included acknowledging and investigating complaints and producing a response to the complainant. People who used the service said they would talk to the registered manager or staff if they had any concerns they would like to raise. The service allowed people to express their views and concerns in a safe and understanding environment.

Is the service well-led?

Our findings

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

We saw the provider had sent surveys to people who used the service, their relatives, staff and visiting health care professionals in August 2014. People's feedback was recorded and analysed, and where required action was taken to improve quality in a prompt manner. This demonstrated that the manager and provider used feedback to assess, monitor and improve the service. We saw some of the satisfaction surveys that had been completed and people using the service and their representatives were happy with the care being provided. One relative commented, "I am happy with the service that is being provided."

We saw the registered manager operated an 'open door' policy with people using the service entering the office freely at any time. Relatives told us they were always made welcome and were contacted regularly. One relative said, "The manager is fantastic."

We saw staff meetings had been held and minutes had been recorded. Staff told us during those meetings they could discuss different aspects of the running of the service. This helped to ensure staff were kept suitably informed. They told us they could approach the manager with any comments or ideas and they were listened to. One staff told us the manager treated them with respect.

The manager undertook various audits which included care plans, medicines, infection control and health and safety. These ensured that issues were identified and addressed, and where actions had arisen from the checks we saw that progress was noted. This showed that the manager had an effective system in place to regularly assess and monitor the quality of the service.

Staff told us they were clear about their roles and responsibilities. Staff had a good understanding of the ethos of the service and knew there were quality assurance processes in place. They told us that they worked as a team. We found there were good systems in place for communication, both between staff, and between staff and the management of the service.