

Mission Care

Love Walk







Inspection report

10 Love Walk
Denmark Hill
London
SE5 8AE

Tel: 020 7703 3020
Website: www.missioncare.org.uk

Date of inspection visit: 10/09/2015
Date of publication: 16/12/2015

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

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. Staff knew how to recognise abuse and neglect and what action to take if they suspected someone was at risk of harm. Risks to people were assessed and managed.

People's human rights were promoted and respected. There were enough staff to meet people's needs. People received their medicines safely as prescribed.

Good



Is the service effective?

The service was effective. Staff received training and support to effectively meet people's needs. People consented to the care and supported they received.

Staff complied with the law in relation to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

People received sufficient meals, drinks and fruit. People accessed suitable healthcare services they needed.

Good



Is the service caring?

The service was caring. People told us staff were polite and compassionate. People maintained relationships with their family and friends. People were treated with respect and their views were respected.

Staff knew people well and understood how to communicate with them about their preferences and choices.

Good



Is the service responsive?

The service was responsive. People's individual's needs were assessed Staff planned people's care and support to meet their needs effectively.

People followed their hobbies and took part in activities they enjoyed. Complaints were investigated and addressed.

Good



Is the service well-led?

The service was well led. People and their relatives found the registered manager approachable. They said the service was well run.

Regular checks and audits were carried out to improve the service.

Good



Love Walk

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 unannounced inspection took place on 12 October 2015. One inspector and an expert by experience undertook the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection, we checked the information we held about the service. This included notifications sent to us by the registered manager about incidents and events that had occurred in the last 12 months.

We undertook general observations of how staff treated people and how they received their care and support

throughout the service. We used the Short Observational Framework for Inspection (SOFI) and observed how people were supported during activities and whilst they had lunch. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection, we spoke with 13 people and four relatives. We also spoke with 10 members of staff including care workers, the registered manager, a deputy manager, an activities coordinator and the chief executive officer of Mission Care. We also spoke with seven healthcare professionals who were visiting the service, including a dental hygienist, dentist, optician, social workers and district nurses. After the inspection, we spoke with a local authority commissioner.

We looked at seven people's care records and five medicines administration records. We looked at five staff records, and management records including staff training plans and duty rotas, records of complaints and safeguarding records. We reviewed feedback the service had received from people and their relatives and monitoring reports on the quality of the service.

Is the service safe?

Our findings

People told us they felt safe in the service. One person told us, “I feel safer than anything living at Love Walk”. Another person said, “I have no worries at all about my safety here. I would tell staff if I felt unsafe”.

People were protected from the risk of harm as staff knew and understood the types of abuse that could happen and how to report if they had any concerns. A member of staff told us, “We have been trained to report any concerns to the manager or local authority when necessary”. Staff were confident they would be listened to and action taken if they reported any abuse. Staff understood how and when to ‘whistle-blow’ to ensure those who needed to know about abuse could take action to protect people.

People’s human rights were upheld by staff. One person told us, “Staff help me get information on services I wish to access”. Another person told us, “Staff have supported me to apply for a job”. People felt they were not discriminated against because of their disability and enjoyed equal opportunities as everyone else. They were confident any allegation of discrimination they raised would be properly investigated by the registered manager. Staff told us they understood their responsibilities in respecting people’s rights. The registered manager raised staff awareness about people’s rights.

People were supported to receive their medicines as prescribed. One person told us, “Staff help me to take my medicines”. We observed people receive their lunch time medicines. Staff had followed safe procedures in supporting people to receive their medicines. Medicine administration charts were accurately recorded, were up to date and signed for which showed people had consistently received the right dosages at the prescribed times. Medicine trolleys were stored securely in lockable trolleys to reduce the risk of misuse. Records showed medicines disposal procedures were accurately followed and were done safely.

The registered manager had ensured people were safe by using robust staff recruitment procedures. Recruitment files had interview records and showed criminal records checks, and reference checks were in place. New staff and records confirmed they only started to work in the service when all the checks were completed.

People told us there were always enough staff to meet their needs. One person told us, “There is someone around all the time to help”. Staff rotas showed the registered manager made sure management and staffing arrangements were sufficient to meet people’s needs. On the day of inspection, we saw enough staff on duty throughout the day and during lunch time. A relative told us, “There is always someone at hand to talk to [relative] and help as asked”. The registered manager told us people’s needs were used to decide the staffing levels. Staff told us absences and sickness were adequately covered and records we saw confirmed this.

Risks to people were assessed and managed in a proportionate way. This ensured they were safe and lived their lives as independently as possible. Risk assessments were in place for concerns such as falls, swallowing and self-neglect. For example, a person’s records stated they were at risk of falls if they got up quickly. We observed staff support the person to gain their balance before they walked away in line with the support recorded in their care plan.

People were protected from the risk of fires as staff knew the service’s fire emergency plan and where the emergency exits were. Records showed the service had robust and well-kept procedures to avoid fires starting and to keep escape routes usable. During our inspection, two people showed us around the service. They explained to us the fire procedures they were showed to follow in the event of a fire. They also explained how to use a fire exit door and demonstrated to us how they would open these in case of emergency.

People told us they were able to make decisions for themselves and about what they do on a day to day basis. One person told us, “I decide what I want to do and can always change my mind”. People were provided equal access to facilities which allowed them to enjoy life like any other citizen. Records showed the service organised suitable transport for people and made available staff to support them outside the service as they required.

People were protected from the risk of infection as we saw the service was kept clean, hygienic and was free from offensive odours. A person told us, “The staff keep the place spotless”. Records showed the registered manager had systems in place to control the spread of infection, in line with relevant regulations. Domestic staff and schedules confirmed a routine cleaning rota which was used to

Is the service safe?

ensure the service was cleaned and signed off by the registered manager. Staff told us they understood how to minimise infections in the service. Staff had access to protective equipment which we saw them use appropriately.

Is the service effective?

Our findings

People were supported by staff who had up-to-date knowledge and relevant skills to support and care for them effectively. A person told us, “Staff know how to look after us properly”. Another told us, “Staff are very good at what they do for us”.

The registered manager ensured staff went through an induction where their skills and knowledge of people and the service were matched to ensure they could do their work effectively. A member of staff told us, “The induction process was good in that it touched all aspects of personal care, support and protecting people using the service”. Records showed new staff had mentors during induction and ‘shadowed’ experienced staff as part of their learning. Staff told us this had supported them to understand the aspects of their job such as why they needed to promote people’s independence and their rights. Records showed staff were only confirmed in post after their competence to support and care for people had been confirmed.

Staff had received relevant training and support to carry out their responsibilities. A member of staff told us, “We have opportunities to attend lots of training and to request specific training if there is need”. Staff told us they discussed their training needs and best practice to support and care for people. Records showed staff had undertaken relevant training and had discussions in their meetings to understand how to put these into practice. For example, staff received training in health and safety, safeguarding of vulnerable adults and moving and handling which they said enabled them undertake their roles effectively and safely. The service had a staff development strategy and an effective yearly training plan for its entire staff. Records confirmed regular one to one supervisions and annual appraisal of staff took place with the registered manager. Areas covered in the annual appraisal included staff learning and development and planning to achieve this. A deputy manager worked with staff and ensured they received timely advice and guidance on supporting people.

The registered manager regularly assessed and reviewed people’s communication needs to ensure staff understood how people wished to be supported. One person told us, “Staff help me prepare for hospital appointments and allow me to communicate my feelings by writing them down”. For example, records showed a Speech and Language

Therapist was involved and had given staff advice on how best to communicate with the person. We saw staff supported the person according to the advice when communicating with them.

People were supported by staff to keep in contact with relatives and friends. One person told us they had come back from seeing their family and were happy that the service had supported them to arrange the trip. Another person told us, “I get staff to speak with my family about my health and anything else I only ask them to share”.

People were supported by staff who understood and acted in line with the principles of the Mental Capacity Act (MCA) 2005. People told us they gave consent to staff for the care and support they received. We observed a member of staff ask a person if they wanted support with their eating and proceeded after the person had consented to the support. The registered manager and staff understood the need to have mental capacity assessments for people who might lack capacity to make particular decisions and to have decisions made in the person’s ‘best interests’.

People enjoyed their freedom as the registered manager ensured staff understood and worked within the requirements of the Deprivation of Liberty Safeguards (DoLS) and did not deprive people of their freedom without authorisation. The registered manager and records confirmed applications were made to the local authority to consider whether DoLS would be appropriate for people and was awaiting the outcome.

People’s meals were varied and nutritious and reflected their preferences and choices. One person told us, “The chef prepares delicious meals and the food is tasty”. Another person told us, “Every day I have a choice of a cooked breakfast”. People told us fresh fruit, juices and vegetables were always available. On the day of inspection, we saw food was well prepared and attractively presented. We saw staff provide unhurried support to people during lunch with their eating and drinking. Staff discreetly offered support to people who had taken a long time to eat.

A person’s care records showed their special dietary needs were met. For example, their food was soft as advised by the Speech and Language Therapist (SALT). Staff told us they had arranged further advice from the GP and a dietician and a Speech and Language Therapist (SALT) because of a person’s swallowing difficulties. The registered manager was aware of the person’s nutritional

Is the service effective?

requirements and had ensured these were regularly assessed and reviewed. The kitchen staff told us they used the information they had on people's food choices in relation to their ethnic, cultural preferences and special diets to plan and prepare their meals.

Staff worked with healthcare professionals to meet people's needs. We spoke with a visiting social worker who told us, "Staff here know and fully understand the needs of people and get them the appropriate healthcare services". We saw staff kept records of all assessments and reviews of

people's healthcare needs. People's health needs were monitored and the relevant advice and support was sought from the healthcare professionals. One person told us, "I visit my GP if I am unwell". Another person told us, "Staff arrange my hospital appointments as I have to go to the hospital regularly for checks". One person's records showed they had missed two hospital appointments because of miscommunication with the hospital but these had been rearranged. The registered manager had put plans in place to ensure people attended scheduled appointments.

Is the service caring?

Our findings

People had positive comments about their care and support. One person told us, “Staff are kind and polite”. Another told us, “Love Walk is loving and caring for all and we look after each other, especially those who are not able”. We observed a happy and caring environment and a good atmosphere between people and staff as well.

A relative we told us, “I am satisfied with the care [relative] is receiving. I am invited to take part in reviews and often attend”. Another person gave an example of their relative, who had recently visited but were concerned about travelling a long way home late that evening. Staff told us they ensured the relative was offered overnight accommodation.

People told us staff were polite and respected their dignity. For example, one person told us, “Staff support me to do the things I like”. People told us staff called them by their preferred names and titles they wished at all times. Care records showed the names used were the ones people wanted. People told us if they needed any support, staff dealt with the request politely and as soon as possible. We observed a person ask staff for a cup of tea and this was done promptly.

People had established meaningful relationships between themselves and staff. One person told us, “I have made friends here. People and staff are caring and supportive when I feel low”. Another told us, “Staff care for me as best they can and know the things I can’t do for myself”.

People were supported to live as independent a life as possible and with a sense of personal fulfilment. One person told us, “I am happy staff help me to do things that give meaning to my life”. For example, a person prepared their own meals in the service. Another said, “My health has improved and I am content with the way I am living”.

People told us staff respected their privacy. One person told us, “Staff only check on me when they is need and I do not have unnecessary visits”. Another person told us, “Staff come into my room when invited. I can lock my door but know staff can come in when there is an emergency”. People told us they made and received phone calls in private and received mail, including e-mails, in private. One person told us, “I received my mail unopened but get help from staff in dealing with it if I ask”.

We observed staff knock on people’s rooms, toilet and bathroom doors and waited to be told to enter. People had lockable cabinets for their belongings in their rooms. People who had relatives and friends told us they could entertain them in private. They told us they were offered refreshments and sometimes shared meals with people provided by the service.

People told us they were supported if they wished to say what they wanted to happen at the end of their lives. Their wishes about who should be informed about their physical, personal and spiritual care and funeral arrangements were recorded. One person told us, “I am sure my wishes will be carried out”. People were confident staff would support them with dignity and compassion at the end of their lives. Care records showed people’s wishes had been recorded.

Is the service responsive?

Our findings

People were confident the service met their support and care needs and personal preferences as these had been discussed prior to them moving into the service. One person told us, “I prefer to wake up late and staff know and respect my decision”. Their care records took account of this, and described the way they received the individual support and care they needed. A member of staff told us, “[Person] is comfortable and relaxed when seated in their adapted chair”. The person’s care records showed they had received the reclining chair for support which the person told us they liked. We saw people’s care records were reviewed and updated as their needs for support changed.

People told us staff supported them make decisions and choices about their life and the support and care they received. One person told us, “I have time to think about my choices without having to decide straightaway”. Another told us, “I manage my money and personal belongings”. Another told us, “I invite my family for my reviews and other meetings when I wish to have them”. During our inspection, we saw a person involved in planning and buying their personal shopping.

People were supported with their social, cultural and religious beliefs and their faith was respected. One person told us, “I continue to attend church services as I have always done when growing up”. People told us they were able to live their lives in keeping with their beliefs. A person’s care records had information on their preference of attending religious events outside the service. Another person told us, “I attend my church and keep in touch with my faith community across the road”. The activity rota and people confirmed there was a weekly church service and bible studies for those who wished to participate. The activities programme showed sessions for different faiths and other religions.

People were supported to maintain important relationships. Relatives and friends told us staff encouraged them to visit regularly and invited them to functions. People said staff recognised their holy days and festivals, birthdays and personal anniversaries and found ways to make sure they marked and celebrated these as they chose. Photographs displayed in the services and

people confirmed the various events celebrated by people and their relatives. The activities coordinator confirmed they organised social events, entertainment and activities and ensured people joined in if they wanted to.

People were offered opportunities to participate in activities which promoted their health and mental well-being. One person told us, “Going sailing has been a dream come true”. There was a choice of activities available to people each day. People were supported to attend specific activities they requested such as sailing and tennis. Another told us, “There is so much to do. I never get bored with life”. Records and people confirmed outings which included visits to Herne Hill Velodrome for cycling and a horse riding farm. We saw there were regular in house activities which included discussion of topical issues, book group, art, quizzes and hoy bingo (a visual form of bingo) and gardening. Staff provided one-to-one support to people with specific needs and had included them in activity opportunities.

The activities co coordinator told us they discussed future activity ideas with people at the beginning of each week and ran many themes. For example, we saw in a Dignity and Diversity week the service had celebrated and hosted birthday parties. Weekly activities were displayed on the notice board. We also looked albums documenting all these activities. People’s art work was displayed throughout the premises. People had made a large wall hanging with their initials displayed in Braille using buttons and were proud of it. We saw people went out on trips on public transport. There was photographic evidence of such trips displayed throughout the premises.

People were encouraged to express their views on any aspects of their care and support and action was taken to address issues. One person told us, “I freely discuss any concerns I have with my support worker, other residents and the manager”. People and their relatives knew how to raise a complaint as they said staff had made them aware of the complaints procedure. The registered manager took concerns and complaints about the quality of the service and people’s experience seriously and ensured they contributed to how care and support was delivered. Records we saw showed concerns and complaints were dealt with quickly and sympathetically. During our inspection, we saw a member of staff explain to people the purpose of our visit. People felt free and spoke to about us their likes and dislikes about the service.

Is the service well-led?

Our findings

People, their relatives and staff were confident the home was managed properly. They told us the registered manager showed an interest in people's lives and was easy to talk to. One person told us, "I can speak with the manager at any time about concerns I might have". A relative said, "This place is good and staff are always cheerful".

Staff told us there was an open and honest culture which was based on care and support received by people at the service. Staff felt confident to say what they meant without fear and felt comfortable about raising concerns with their colleagues or managers. A member of staff told us, "The manager encourages us to ask questions and challenge the way we do things".

The service had a registered manager who the staff said was supportive and encouraged them to improve their work. One member of staff told us, "The manager will listen and discuss with me whatever is bothering me and help me find solutions to the problem". A deputy manager had been recruited to support staff and review the quality of care people received. Staff told us the deputy manager monitored their work and shared good practice to improve the quality of care in the service.

Staff meetings were held regularly to discuss concerns and the care and support received by people. We saw decisions and actions were recorded and followed through. A member of staff told us, "The manager values our contributions and considers what we have to say about the service". Records showed staff were provided with information regarding changes and developments within the service. For example, they had been told of changes on door key pad codes to improve security. We saw from records that staff were kept updated regarding changes to policies and procedures and legislation. Records showed the service monitored health and safety matters and the on-going refurbishment of rooms in the service had been discussed.

The registered manager organised and attended monthly residents' forum meetings which gave people and their relatives an opportunity to air their views about the care and support they received and put forward their suggestions. For example, some people chose to join a

sailing club and the registered manager arranged the activity as they had requested. We saw relatives were treated as essential members of the service and were involved in decision making.

People were asked for their views through questionnaires and quality surveys and action was taken to address the concerns. One person told us, "I completed a form to let my views known about the service and the manager acted on what I had said". The provider ensured the results were analysed and people given the information to see. For example, the service was renovating a wing section of the building as part of the improvements identified in the feedback.

The registered manager ensured the audit systems in place were used effectively to monitor and make improvements to the service. One relative said in the 2014 relatives' survey, "Certain things generally taken for granted in the wider world are not available for example there is no Wi-Fi throughout the home". The registered manager told us Wi-Fi was now available in the service. The chief executive officer and senior management conducted oversight visits and ensured the registered manager complied with legislation and the service's procedures.

We saw record keeping was organised and information filed appropriately. Records showed medicine management audits were used to identify concerns and the action taken. The registered manager had an action plan to improve and develop the service which was regularly updated and reviewed with senior management.

The registered manager told us the service valued the partnerships and close links people had and maintained with the local community. For example, there was an arrangement with Connect to provide on-going support to people which enhanced their wellbeing and self-worth. Connect provides befriending schemes, counselling service, drop-ins and other specialist groups are 'peer-led' by people who are living with stroke or other long term conditions. We saw records of outside groups who visited the service regularly including a gospel choir from a local church and young people from National Citizenship. National Citizenship is a programme which enables young people to create social action projects in their local communities.