

Learning Disability Network London

Piper House

Inspection report

2 St Marks Road
London
W11 1RQ

Tel: 07951472868

Date of inspection visit:

28 June 2021

07 July 2021

13 August 2021

09 September 2021

Date of publication:

11 October 2021

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Piper House is a purpose built, supported housing service comprising 12 self-contained studio flats. People may access a communal reception and seating area on the ground floor of the premises. Flats situated on upper floors are accessed by stairs and a lift. Ground floor flats open out onto a garden available to all tenants.

People living at Piper House have a range of complex needs including learning and physical disabilities, autistic spectrum conditions, epilepsy and behaviours that may challenge services. The service is staffed 24 hours a day and is registered to provide support to people with personal care needs. At the time of this inspection the service was supporting nine people.

People's experience of using this service

The provider had systems in place to monitor the quality of people's care and support. Although the monitoring systems now better enabled the provider to identify and address areas for improvement in recent months, we could not yet be confident these improvements were firmly embedded within daily practice and sustainable.

Safe recruitment processes were being adhered to in order to make sure staff were suitable for their roles and responsibilities. Some relatives thought the staffing levels were insufficient at night-time and were concerned that not enough senior staff were available at the premises at the weekends.

Risks to people's health, safety and welfare were identified and addressed. Staff understood policies and procedures to keep people safe. Medicines were safely managed.

People and their relatives were involved in the care planning process. Care plans were detailed and person-centred and were kept under review. They reflected people's healthcare needs and people were supported to meet their healthcare needs.

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

People were supported to eat a balanced and appealing diet.

The provider had suitable safeguarding and whistleblowing policies and procedures in place and staff were advised about how to identify and promptly report any concerns they may have.

People were supported to engage in community activities and take part in their hobbies and interests. People were encouraged to give their views and be as independent as possible.

Staff completed a range of training which included training to meet the healthcare needs of people who used the service.

We have made a recommendation about the provider reviewing staffing levels and skill mix for night-time and weekend shifts.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This was a focused inspection that considered whether people were provided with a service that was safe, effective and well-led. Based on our reviews of key questions Safe, Effective and Well-led the service was able to demonstrate how they were meeting the underpinning principles of Right Support, right care and right culture. People were encouraged to make meaningful choices, develop their independence and lead fulfilling lives. People's care and support plans were produced in a person-centred way which considered their individual needs, wishes and views. Staff were familiar with people's unique personalities and favoured routines.

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

Rating at last inspection

The last rating for this service was requires improvement (report published 7 December 2019).

Why we inspected

We carried out an unannounced inspection of this service on 10, 14, 15 and 16 October 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions of Safe, Effective and Well-Led which contain those requirements.

This inspection was prompted in part due to concerns received from an anonymous source in relation to the safety and quality of the care and support provided to people living at Piper House. These concerns included the safety of night-time care, the standard of cleanliness in the premises, weekend and night-time cover by management staff and the choice of social activities for people who use the service. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe, effective and well-led sections of this full report.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Is the service effective?

Good ●

The service was effective

Is the service well-led?

Requires Improvement ●

The service was not always well-led

Piper House

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by two inspectors.

Service and service type

Piper House provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support whilst taking into account any wider social care provided.

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

Notice of inspection

Inspection activity commenced on 28 June 2021 and completed on 9 September 2021. We visited the service on 28 June and 7 July 2021. The first day of the inspection was unannounced.

What we did before the inspection

We reviewed information we held about the service, which included feedback from an anonymous source and the last inspection report. We spoke with the quality assurance officer from the local authority and reviewed the quality monitoring reports they sent to us. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We also reviewed notifications from the provider, which is information about important events which they are required by law to send us. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and two relatives about their experience of the care and support provided. We spent time with people who were not able to speak with us due to their disability and observed their interactions with staff. We reviewed a range of records, which included two people's care plans, medicine administration records for five people and records relating to the management of the service, including policies and procedures. We spoke with four support workers, two team leaders, the operations manager and a member of the human resources team.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed two people's care plans and the risk assessments for seven people. We looked at further documents including the complaints log, compliments, staff recruitment, training and supervision records, the minutes for meetings and the provider's quality assurance audits and checks. We spoke by telephone with the relatives of four people. We contacted four health and social care professionals with knowledge and experience of the service and received comments from one professional. We conducted a remote meeting with the provider's assistant director of services (the registered manager), operations manager and assistant director of health.

Is the service safe?

Our findings

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

At the last inspection this key question was rated requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely

At the last inspection the provider did not ensure people's safety. Some staff were not clear about the provider's emergency evacuation procedures and 'stay put' policy, and call alarm systems were not always in full operation. Medicines were not always being managed safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people's safety and welfare were identified, addressed and kept under review. Care plans contained detailed risk assessments and written guidance to assist staff to mitigate these risks and deliver safer care. Risk management guidance covered a broad range of people's individual health and social care needs, for example promoting personal safety in the community, moving and handling, night-time support and behaviours which challenge.
- Environmental risk assessments were carried out to recognise and address risks to people's safety in relation to their home environment and any equipment used to aid their mobility or the delivery of personal care. For example, bed rails, wheelchairs and hoists. Staff demonstrated a clear understanding of the provider's fire safety policy, including how to support people in the event of a fire or other emergency at the premises.
- The provider monitored the functioning of the call alarm system so that any faults could be reported for repair and contingency arrangements could be implemented to enable people to safely contact staff for support. At the last inspection we experienced difficulties gaining entry to the premises as the reception area was not always staffed. At this inspection we observed a staff member was usually located in the office or in the adjacent lobby area with people who used the service and was able to promptly respond to any callers at the main entrance. The provider informed us they were actively seeking to recruit a receptionist.
- People were safely supported with their prescribed medicines. Staff received medicine training which was refreshed each year and their competency was assessed. The importance of safe medicine management was discussed in team meetings and individual staff supervision sessions. Medicines were securely stored in locked cabinets within people's flats and senior staff checked medicine administration charts were properly completed.
- The operations manager and team leaders carried out checks to ensure people received their medicines in accordance with the instructions on their medicine administration records. The monthly medicine audits identified any concerns and areas for improvement. Any errors or discrepancies were analysed to detect the root cause and where necessary staff were provided with guidance and support to improve their practice.

Staffing and recruitment

- Some people and their relatives expressed mixed views about whether enough staff were available to safely meet their needs. People were allocated staffing hours in line with their individual assessments by health and social care professionals. Some relatives reported they were pleased there had been recent increases in the staffing hours for their family member. However, there were some concerns about staffing levels at night-time and the lack of senior staff at weekends.
- The provider had carried out monitoring visits at night-time and at weekends to identify concerns and make improvements. The operations manager conducted monthly meetings with night staff and offered staff guidance and advice about how to plan their work and meet the provider's expected standards for the quality of people's care and support.
- Relatives told us the service relied on a significant number of agency staff and they were concerned about how this could impact on the consistency and quality of care and support for their family members. Following the site visit to the service we discussed this with the provider, who confirmed this was an issue they were actively addressing. The provider informed us they had observed the competencies and approach of longer-term agency staff and had successfully recruited several of these staff into permanent positions.
- People were protected from the risk of receiving their care and support from staff who did not have suitable experience and backgrounds to work at the service. The provider conducted detailed pre-employment checks which included two satisfactory references, proof of identity and right to work in UK and a Disclosure and Barring Service check (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable applicants from working with people who use the service.
- A staff member told us they liked how their recruitment process included an interview with a person who uses the service as this demonstrated the provider's commitment to involving people in the planning of their care and support.

We recommend the provider reviews the current staffing and skill mix for weekends and night-time shifts, considering recognised good practice for supporting people with a learning disability and the views of people who use the service and their relatives.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and harm as the provider had clear safeguarding systems in place. Staff received safeguarding training, which was regularly refreshed. Staff described to us the various types of abuse that people could be at risk of and explained the measures they would take to promote people's safety and wellbeing. For example, immediately reporting any concerns to their line manager and providing emotional reassurance if a person revealed they were abused.
- People told us they felt safe and at ease with staff. One person told us, "Staff are like family to me, no bad reports, I love them." Relatives spoke about staff members who had developed positive relationships with their family members and understood their needs. However, one relative told us they observed a specific practice by an individual staff member which did not demonstrate a respectful and caring approach towards their family member. The provider investigated this concern and took appropriate action. Other relatives commented they occasionally encountered staff who did not always act with empathy.
- The registered manager and the management team reported safeguarding concerns to the appropriate authorities and notified the Care Quality Commission. Staff informed us that the provider gave them information about how to whistle blow within the organisation, and to external bodies if necessary. A whistle blower is an employee who reports certain types of wrongdoings at their place of work.

Preventing and controlling infection

- People, staff and visitors were protected from the risks of cross infection as the provider had implemented robust infection prevention and control practices (IPC). Staff supported people to maintain their flats in a

clean, hygienic and tidy condition. Where applicable, people were provided with pictorial information about COVID-19 as well as staff encouragement and support to understand the importance of following IPC practices to promote their own safety.

- Staff received IPC training and told us they were supplied with sufficient personal protective equipment (PPE) such as disposable aprons, gloves and anti-bacterial hand gel to prevent the spread of infections. PPE stations were situated throughout the premises to ensure satisfactory access to vital items.
- The provider's infection prevention and control policy was up to date and arrangements were in place for people, staff and visitors to be tested for COVID-19.

Learning lessons when things go wrong

- The management team analysed incidents, accidents and other events to determine if there were any notable patterns of concern. The operations manager spoke with staff about the importance of establishing a culture where mistakes were acknowledged, reflected on and used to achieve improvements.
- The provider showed us how they improved their risk assessments for people who were prescribed emollient creams following information they learnt during a CQC inspection at another service they managed.

Is the service effective?

Our findings

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

At the last inspection this key question was rated requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

At the last inspection the provider did not ensure the care plans and other records for people's healthcare needs and appointments were always accurately maintained, to demonstrate they received the healthcare support they required in a timely manner. This was a breach of regulation of regulation 17 (Good governance) of the Health and Social Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Care plans and the accompanying risk assessments contained detailed information about people's individual health care needs, including specific symptoms and changes in people's wellbeing and behaviour that staff should observe for as an indication that a person was unwell. Records showed people were referred to relevant health care professionals and local health services where required and were supported by staff to adhere to any instructions from these professionals.
- The provider worked closely with health care professionals where necessary to develop in-depth plans to safely support people with their health care needs. For example, guidelines for staff to follow to meet the needs of a person with a specific health care condition were produced with two community healthcare professionals.
- People were asked by staff about how they would like to be assisted to meet their health care needs as part of their care planning and review meetings, which their relatives and other supporters were invited to attend. Health action plans were in the process of being reviewed and updated by the operations manager and provided satisfactorily presented information about people's healthcare needs and wishes in a person-centred way. A health action plan is a document that identifies a person's healthcare needs, what needs to happen, who will help and when their healthcare needs will be reviewed again.

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

- People's needs were assessed before they moved into the service, to ensure the provider could effectively meet their needs and wishes. People's needs were kept under review and where necessary the provider sought new assessments to identify and address changes in people's health, mobility or other circumstances. This involved liaison with appropriate professionals including social workers, community nurses, psychologists and physiotherapists.
- People's diverse and unique needs were discussed as part of the assessment and subsequent care

planning process. For example, people's assessments included information about their family background, religious and cultural needs, interests and social needs. One person told us they loved singing and staff encouraged them to sing ballads and attend a musical performance group because they understood how fulfilling this creative activity was for the person's wellbeing.

Staff support: induction, training, skills and experience

- People were supported by staff who were provided with appropriate training to effectively carry out their roles and responsibilities. Staff told us the training was useful for meeting the needs of people who used the service and included how to support people with epilepsy and autism, safe moving and handling and how to meet the needs of people with behaviours that challenged. Staff informed us the training programme was a combination of face to face learning and online training and offered opportunities to undertake national qualifications in health and social care.
- The provider supported relatives to take part in training sessions for staff about how to meet their family member's individual needs. This practice recognised that relatives contributed exceptional knowledge and experience to support staff to provide person-centred care.
- Staff told us they felt suitably supported by the management team to meet people's needs and carry out their duties. There were regular supervisions and team meetings. Staff informed us the operations manager played a key role in advising and supporting staff to improve the quality of care and support for people. A staff member told us, "[Operations manager] is great, we know what she wants through one to one supervision, before people (staff) weren't being shown the right standards."

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

- People were supported with their nutritional and hydration needs. People's individual dietary needs and preferences were recorded in their care plans and reflected in their individual menu plans. Where necessary staff followed guidance issued by health care professionals including dietitians and speech and language therapists. For example, if people needed to follow a diet for health reasons or needed regular monitoring of their weight.
- People told us they were supported by staff to participate in menu planning and preparing their meals. One person said they enjoyed being able to return to their daily visits to the local supermarket, which ceased during the pandemic. Relatives were encouraged to be involved if they wished to be, for example some relatives told us they devised menu plans, ordered supermarket food deliveries, informed staff how to prepare meals that reflected a person's cultural preferences or brought in people's favourite dishes.
- Staff supported people to enable them to eat an enjoyable and balanced diet. We observed how a person was supported by staff to prepare the ingredients for an evening meal and noted how the staff member encouraged the person to be as independent as possible with tasks they could safely carry out. We saw how this approach promoted the person's confidence and self-esteem.

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

- At the last inspection we noted the home environment presented particular challenges to the way in which the service operated and care and support was delivered. The provider was aware of these issues and an extensive improvement action plan was in place to make significant improvements in relation to the design, maintenance and repair, layout and decoration of internal and external spaces.
- At this inspection new flooring was being installed in the communal lobby area and a flat was being converted into an activity room. There was building material in the garden which needed to be removed by contractors. In these circumstances it was difficult for us to visualise how the premises would look upon completion of these works.
- People's flats were personalised to provide a homely and relaxing environment. One person told us they were asked about colour schemes for the redecoration of their flat.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's human rights and legal rights were understood and protected. People's capacity was assessed to ascertain if they could make decisions about their care and treatment. People's care records confirmed that a best interest decision making process was employed when people needed complex medical care and treatment.
- Staff received relevant training about MCA and understood their responsibilities to make sure people's rights were protected. Staff supported people to be as independent as possible and respected their entitlement to make their own choices.
- The provider liaised with health and social care professionals to determine if any person was being deprived of their liberty so that appropriate action could be taken. The operations manager described how the service worked closely with people's social workers in situations where it was not clear as to whether a person had capacity to make specific decisions and a detailed assessment was required by a health and social care professional.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated requires improvement. At this inspection this key question has remained requires improvement. While the service was consistently managed and well-led, and leaders and the culture they created promoted person-centred care, the provider will need to demonstrate these improvements are sustainable over time before this key question can be rated 'good'.

At the last inspection the provider did not demonstrate systems were either in place or robust enough to ensure effective monitoring of the quality of the service took place. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- The provider had systems in place to monitor the quality of the service. A noticeable level of work had been carried out since the last inspection to make improvements. Relatives and staff commented favourably about the positive leadership style of the operations manager and commented they were concerned about the long term management of the service.
- We spoke with the provider about these views expressed by different parties at the service and the specific concerns of relatives that managerial changes could take place and result in a deterioration of standards. The provider assured us they planned to keep the operations manager at the service in a role that enabled her to have daily oversight of how the service was managed.
- In addition to carrying out audits and spot checks, the operations manager spent considerable time supporting staff to improve their practice through individual and group supervisions, team meetings and by demonstrating through her own practice how to support people in a person-centred way. Comments from people, relatives and staff included, "[Operations manager] is very supportive", "[Operations manager] needs to be around for a much longer period" and "[Operations manager] is at the helm, giving people pride."
- The operations manager was supported by two team leaders. Both were being given support to develop their managerial knowledge and skills, for example they were enrolled on nationally recognised leadership qualifications. The operations manager demonstrated she provided other mentorship and coaching support for the team leaders as part of their ongoing professional development.
- The provider introduced changes since the last inspection to promote a culture of continuous learning and development. For example, the operations manager chaired a monthly meeting with staff which included detailed discussions about the needs of individual people who used the service. Strategies for improving care and support for people were discussed and the management team followed up recommended actions with the support staff assigned to key work individuals.

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

- There were a range of ways for people, relatives, staff and visitors to give their feedback about the service, for example small group meetings, surveys and individual care planning review meetings.
- Relatives told us they were informed about developments at the service and invited to attend meetings and care reviews.
- Staff were updated about people's needs and developments at the service. Daily staff handover meetings were conducted to ensure important information about people's needs was shared and other meetings were held to aid positive communication.
- Staff worked with external health and social care professionals in order to provide people with a cohesive and smoothly delivered service. This included working with GPs, social workers and nurses. We saw positive examples of where the provider had advocated on people's behalf and liaised with professionals and other organisations to ensure people were referred to services and assessed for equipment they needed.

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

- The provider worked in an open way with people, their relatives and staff. The management team invited relatives to a meeting with night-time staff as some relatives had expressed concerns about how their family member was supported overnight. The meeting enabled relatives to clarify their expectations about the required quality of care and support for their family members and get to know a staff group who ordinarily worked unsociable hours.
- People and relatives expressed mixed views about how the service empowered people, for example how people were supported to take part in community activities. Two people told us they went out regularly for shopping trips to a major retail centre, the cinema and restaurants which they greatly enjoyed. One person thought the community activities had improved since the operations manager had commenced at the service.
- However, another person told us they felt bored at times and would like more opportunities for activities both within the service and in the wider community. Staff arranged communal pizza evenings during the 2021 European Football Championship and we received positive feedback from people who wished to have more of these social events.
- The registered manager was aware of the need to inform the Commission of any notifiable events at the service, in line with legislation.
- The registered manager understood the necessity to act with a duty of candour, which is a legal duty for providers to act with integrity and in an open way. Complaints were investigated in a professional and transparent way. For example, the provider arranged a spot check visit at night-time when they received a specific complaint and sought guidance from external health care professionals to ensure the person received safe and appropriate care.