The Westminster Society For People With Learning Disabilities

Flat C 291 Harrow Road

Inspection report

291 Harrow Road
London
W9 3NR
Tel: 02032663072
Website: www.wspld.org.uk

Date of inspection visit: 28, 29 May and 1 June 2015
Date of publication: 27/07/2015

Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Requires improvement
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 28, 29 May and 1 June 2015. The visit was announced. Flat C, 291 Harrow Road consists of five separate bedrooms, a communal lounge and a kitchen area. The service provides accommodation for people with learning disabilities. There were five people living in the flat at the time of our visit.

During this visit we identified shortfalls in the provision of care and support in relation to medicines management.

We observed low levels of interaction and engagement between staff and people using the service and feedback from relatives indicated that contact between staff and family members was inconsistent.

The service had a manager in post who was in the process of registering 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.

Summary of findings

The service received referrals from social workers based in Westminster. Initial assessments were carried out by senior staff members to ensure that the service was able to identify and meet people's support needs before they moved into the service on a permanent basis.

Care plans were developed in consultation with people and their family members. Where people were unable to contribute to the care planning process, staff worked with people's representatives and sought the advice of health and social care professionals to assess the care needed.

People's risk assessments were completed and these covered a range of issues including guidance around accessing the community and personal safety.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and DoLS, and to report upon our findings. DoLS are in place to protect people where they do not have the capacity to make decisions and where it is regarded as necessary to restrict their freedom in some way, to protect themselves or others.

Staff had received training in mental health legislation which had covered aspects of the MCA and DoLS. Senior staff understood when a DoLS application should be made and how to submit one.

Staff were familiar with the provider's safeguarding policies and procedures and able to describe the actions they would take to keep people safe.

Staff supported people to attend health appointments and had received training in first aid awareness. There were protocols in place to respond to any medical emergencies or significant changes in a person's well-being. These included contacting people's GPs, social workers and family members for additional advice and assistance.

People's independence was promoted and staff actively encouraged people to participate in activities. People were supported to attend museums and musical performances. People were also able to take trips out and go away on holidays.

Staff were aware of people's specific dietary needs and preferences and offered people choices at mealtimes. Where people were not able to communicate their likes and/or dislikes, staff sought advice and guidance from appropriate healthcare professionals and family members.

There were arrangements in place to assess and monitor the quality and effectiveness of the service. This included house meetings, family meetings, telephone reviews and medicines administration auditing. Most family members expressed positive views about the service, the manager and the staff.

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?

Aspects of the service were not safe. People were not always protected against the risks associated with the unsafe use and management of medicines.

Staff had completed training in adult safeguarding prior to working with people who used the service.

Care plans contained up to date risk assessments that identified risks to people's safety and/or that of others.

Requires improvement

Is the service effective?

The service was effective. People were supported at mealtimes to access the food and drink of their choice.

Staff had received training during their probation period which covered aspects of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were supported to maintain their health and independence and to access appropriate healthcare services.

Good

Is the service caring?

Aspects of the service were not caring. Staff did not always engage on a one to one basis with people using the service.

Staff were able to explain and give examples of how they would maintain and promote people's dignity, privacy and independence.

People and their relatives were encouraged to make decisions about the care and support they wished to be provided with.

Requires improvement

Is the service responsive?

The service was responsive. Staff accompanied people to annual health reviews with their GPs and made appropriate appointments to other healthcare professionals as and when needed.

People were supported to attend day centres, leisure facilities, parks and places of interest.

The service had a complaints policy which was available in an easy read format for people using the service and their family members.

Good

Is the service well-led?

The service was well-led. The service monitored the quality of care through contact with people and their family members. Some relatives wanted to receive more regular updates about their family members.

Good

Summary of findings

Staff received regular supervision sessions and expressed positive views about the manager's approach to managing the service.

Staff meetings were held on a monthly basis which gave opportunities for staff to feedback ideas and make suggestions about the running of the service.

Flat C 291 Harrow Road

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 28, 29 May and 1 June 2015 and was announced. The provider was given 24 hours' notice because we needed to be sure that someone would be in. The inspection was carried out by a single inspector.

Before the inspection took place, we looked at the information the Care Quality Commission (CQC) holds about the service. This included notifications of significant incidents and complaints reported to CQC since the last inspection in May 2014.

During the inspection we spoke with one person using the service and two support workers. We also spoke with the operations manager and the service manager. Following the inspection we spoke with four relatives of people using the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Records we looked at included care plans for all of the people using the service, four staff records and records relating to the management of the service. We sought feedback form two health and social care professionals with knowledge about the service and the people using it.

Requires improvement

Is the service safe?

Our findings

People were not always protected against the risk of unsafe administration of medicines. We noted that one person's supply of emergency medicine for use when out in the community had passed its expiry date. We informed the manager of this who rectified the situation and replaced the out of date medicine. People's current medicines were recorded on medicines administration records (MAR). We saw that these were completed correctly when medicines were administered to people using the service.

Appropriate arrangements were in place to protect people from the risk of abuse. Staff had completed training in adult safeguarding prior to working with people who used the service and were able to tell us what they would do if they felt someone they were supporting was being abused. There had been a number of safeguarding alerts in the last 12 months, and records showed that the service had involved the relevant professionals and other agencies when taking action to keep people safe.

Care plans we looked at contained up to date risk assessments that identified risks to people's safety or that of others. Risk assessments were both generic and specific and covered areas such as accessing the community, road safety and personal care. For example, people using the service needed support when going out into the local community and the risks relating to this had been assessed and plans were in place to minimise the risks. Risk assessments were reviewed annually or before if required and all of the risk assessments we looked at were up to date.

We saw evidence in people's care records that easy read fact sheets had been completed. These fact sheets were designed to provide healthcare professionals with up to date information on how best to communicate with people and contained details relating to people's medical needs, medicines and allergies. Where people had complex healthcare needs or staff were unfamiliar with a specific procedure such as the management of diabetes, the manager told us they sought relevant guidance from people's GPs and nurses with specialist training. Staff we spoke with confirmed that they would consult people's care plans for any specific guidance relating to support needs or speak with their manager to ask for advice if they were unsure about anything.

The service employed a mix of permanent, temporary, agency and bank staff and was in the process of recruiting new permanent staff members. New applicants were shortlisted and invited to attend a group assessment and interview. Before staff were employed they were required to undergo criminal record checks and provide satisfactory references from previous employers, photographic proof of identity and proof of eligibility to work in the UK. We reviewed information which confirmed that people using the service were being cared for by staff who had satisfactorily completed these pre-employment checks. On the days we visited there were enough staff to care for and support people using the service though some relatives expressed concerns around staffing levels.

Relatives we spoke with felt their family members were safe. One relative told us, "[My family member] is safe. I can walk away happy because I know [they] are taken care of." Another relative told us, [My family member] is safe, [they've] been there a long time and the staff do a very good job and it's not an easy job."

Good

Is the service effective?

Our findings

People were supported by staff who had the skills to meet their needs. One relative said, “Staff know what my [family member] wants, they know [their] personality and they understand [them].” Staff told us they received regular supervision and training that helped them to meet people's needs effectively. Staff had completed an induction which included time spent getting to know the needs of people who used the service and how these should be met.

Each person living in the flat had a separate health care file which included information relating to health care needs and a health action plan. Staff made appropriate appointments for people to see their GPs as and when needed and accompanied them to all healthcare appointments. We saw evidence of people being seen by a wide range of healthcare professionals in the care plans we looked at. These included mental health specialists, occupational therapists, dietitians and district nurses.

Staff were aware of the protocols in place to respond to any medical emergencies or significant changes in a person’s health and wellbeing. Staff told us that if someone they were supporting became unwell they would contact staff based in the office and/or contact emergency services. Some relatives told us they would like staff to contact them more often with updates about their family members.

The manager told us that staff received training during their probation period which covered aspects of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. Senior staff had completed internal service checklists to identify whether people supported by the service were subject to restrictions relating to issues such as one to one 24 hour support and supervision, locked doors, cupboards and secured appliances. People using the service had been listed as being subject to these restrictions and were awaiting assessment by the relevant agencies.

Where appropriate, people were supported with menu planning, food shopping and meal preparation. People were supported at mealtimes to access the food and drink of their choice. Where people had been assessed by speech and language therapists and dietitians, appropriate weight and food charts were in place and we saw that these were completed and up to date.

Records showed that staff had completed mandatory training in areas such as person-centred planning, safeguarding and health and safety. Staff were also responsible for completing further training courses in areas such as autism awareness and non-physical approaches to managing behaviour that challenges. Healthcare professionals we spoke with told us they were very involved with staff training and that clinicians devised specific training for staff when and where indicated.

Requires improvement

Is the service caring?

Our findings

Relatives told us they were happy with the care their family members were receiving. Comments included, "Staff do a good job" and "Staff are wonderful." Relatives told us that staff encouraged people using the service to maintain relationships with their family members. One relative said, "Each time we visit, [the staff] say welcome and they actually mean it. Staff go the extra mile." People's relatives and those that mattered to them could visit them or go out into the community with them whenever they wished.

The manager told us that staff were working to meet people's communication needs. Staff told us they used a range of communication methods such as Makaton (Makaton is a language programme using signs and symbols to help people to communicate), picture charts and objects of reference to engage with people using the service. We did not observe staff using any of the above methods to communicate with people and noted that interaction between staff and people using the service was minimal. A health and social care professional we spoke with told us, "There needs to be more active social communication between staff and residents."

Staff supported people to make choices in their daily lives in areas such as personal care and grooming, activities and meals. Care plans contained detailed information about people's preferences and staff were well informed about people's lives, their family members and favourite past times. We asked a member of staff to tell us something about one of the people they supported; "[They] have their own personality, [they] love going out, to the park and down by the canal. [They] like to drink tea and love music." Relatives told us that staff understood the needs of their family members.

We observed staff encouraging people to make choices in the way they dressed by showing people various different items of clothing and allowing people the time to indicate their preferences. Where people were unable to communicate their choices and preferences using the above approaches, staff consulted family members and understood the importance of observing and interpreting people's body language, facial expressions and other verbal and non-verbal cues.

Staff told us that respecting people's privacy and dignity was an important part of their work and they always made sure they observed good practice such as asking people's permission, drawing curtains and making sure doors were shut whilst people attended to or were being supported with their personal care.

Staff told us they entered daily information in people's daily logs. Information included a brief overview of the support given, activities participated in and details regarding well-being and behaviour. Relatives told us they were kept updated about any changes in the health and welfare of their family members. One family member told us, "The smallest thing we need to know they phone and sometimes they phone just to say hello." However, another relative told us that they would like to hear from the service more often with updates on the welfare of their family member.

Good

Is the service responsive?

Our findings

Before moving into the service people's care needs were assessed by senior staff. People's relatives told us they had been involved in the assessment process. The manager told us they visited people in their homes or in the service they were currently living in and sought advice and guidance from family members, providers and professionals involved in people's care.

People and their family members were encouraged to visit the service before arrangements were put in place for an overnight stay prior to moving in on an initial trial basis. Regular review meetings were held to monitor people's progress and welfare in order to ensure that people were happy and settling in well.

Assessments covered all aspects of people's physical and mental health needs, their background and social relationships and included details about the ways in which people preferred to communicate and strategies for supporting positive behaviour. Support plans were produced in an easy to read format and had been completed in full.

A range of risk assessments were completed in relation to the environment, personal care and fire safety. Records showed that care plans and risk assessments were reviewed annually or more frequently if required. People and their relatives confirmed that they had received copies of the care and support plans or would request copies if required.

The manager told us that they contacted people and their relatives on a regular basis to review the care and support they were providing. The manager told us that people's care was reviewed annually and more regularly if required. Relatives expressed different views about communication and feedback from staff. One relative told us, "They don't call us, I would like [staff] to ring me every two weeks or so. Another relative told us that communication with family members needed to be improved whilst another relative was happy with the level of contact and said, "[Staff] always phone us and keep us involved."

Relatives told us they knew how to make a complaint and to whom. One relative told us, "I would know who to speak to and how to raise a concern but I've never had any concerns." The service had a complaints policy which was available in an easy read format for people using the service and their family members. The manager told us that complaints were managed as soon as they were received and that formal complaints were investigated in line with the provider's policies.

Staff supported people to engage in a range of activities that reflected their interests. These included walks, visiting family and attending local day centres. Daily records showed that people were supported to take part in these activities. The manager told us that the service had its own minibus and that people often went out on day trips and outings. We heard that people had attended theatres and musical events and saw photographs documenting these events within people's care and support files.

We asked the manager whether any of the people using the service were supported by or had access to independent advocates. An advocate works in partnership with people with learning disabilities and their families to make sure they are supported with dignity and respect and have the right support to make choices and decisions about their own lives. The manager told us that one person using the service attended a group run by an advocacy project, where they were able to meet others to discuss their rights in the community and other issues of interest.

Good

Is the service well-led?

Our findings

The manager was new in post and was in the process of applying to become the registered manager of the service. He was supported in his role by an operations manager and a deputy manager. Health and social care professionals we spoke with told us that there had been improvements in the service and that the manager had "made a difference to what is a very complex service to run."

Relatives of people using the service told us, "The manager is new, he's made himself known to us, he's absolutely wonderful" and "[The manager] is a very nice guy and doing a good job." Staff told us they felt supported by their manager and able to talk to him about any issues or concerns they may have.

The manager told us he monitored the quality of care by contacting people's relatives either by phone, email or in person. Some relatives felt that communication between family members and staff needed to be improved. One relative told us, "Meetings don't seem to be happening as often as before." Another relative said, "I normally go to the meetings, everyone's there, we discuss everything and openly voice any concerns and we get to hear about bits and pieces about [our family member's] daily life."

The manager was available and spent time with people who used the service. Staff told us the manager was open to any suggestions they made and ensured they were meeting people's needs. Staff had regular team meetings during which they discussed how care could be improved. We read the minutes for staff meetings held in May 2015 and saw that issues such as activities, holiday planning, menu planning and staffing had been discussed.

Training records showed that staff were encouraged to complete professional qualifications and ongoing training so that they developed the skills to implement the values of the service. Staff were supported through regular supervision and an annual appraisal to identify areas for further training and development.

Staff confirmed they received regular supervision sessions and appraisals. One member of staff told us, "Supervision can be helpful, you can talk about things and when you need to, get things off your chest" and "[The manager] helps me, he's supportive and easy to approach." We saw evidence in staff records that supervision was conducted on a regular basis and in various different formats.

Staff were aware of the reporting procedures for any accidents or incidents that occurred and told us they would record any incidents in people's daily communication records and report the matter to senior staff and family members. A health and social care professional told us, "We work quite closely with [the provider] and we have very clear pathways and procedures around incident reporting. We meet regularly. This is one of the more responsive services in the area."