

London Borough of Waltham Forest

Trumpington Road

Inspection report

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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 ●

Summary of findings

Overall summary

Trumpington Road is a residential care home providing accommodation and support with personal care for adults with learning disabilities. The service also provides respite care and support. All ten bedrooms are single occupancy. At the time of our inspection there were five people using the service and two people using the respite service.

At the previous inspection in September 2016 the service was rated as Requires Improvement and we found one breach of the legal requirements. This was because the service did not always record actions specified in risk assessments. Also we made recommendations that the service followed best practise on providing information to people with learning disabilities and supporting people who identified as lesbian, gay, bisexual and transgender. This unannounced inspection took place on 5 September 2017 and we found significant improvements had been made.

There was a registered manager in post. 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.

The experiences of people who lived at the service were positive. People and their relatives told us they felt the service was safe, staff were kind and the care they received was good. We found staff had a good understanding of their responsibility with regard to safeguarding adults.

Risk assessments were in place which provided guidance on how to support people safely. There was enough staff to meet people's needs. Medicines were managed in a safe manner. There were sufficient numbers of suitable staff employed by the service. Staff had been recruited safely with appropriate checks on their backgrounds completed.

Staff undertook training and received regular supervision to help support them to provide effective care. Staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA and DoLS is law protecting people who are unable to make decisions for themselves or whom the state has decided their liberty needs to be deprived in their own best interests. We saw people were able to choose what they ate and drank.

Person centred support plans were in place and people and their relatives were involved in planning the care and support they received.

People's cultural and religious needs were respected when planning and delivering care. Discussions with staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people could feel accepted and welcomed in the service.

People had access to a wide variety of activities within the community. The provider had a complaint procedure in place. People and their relatives knew how to make a complaint.

Staff told us the registered manager was approachable and open. The service had various quality assurance and monitoring mechanisms in place. These included surveys, audits and staff and resident meetings.

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. Staff were able to explain to us what constituted abuse and the action they would take to escalate concerns.

Risk assessments were in place which set out how to manage and reduce the risks people faced

Medicines were stored and administered safely.

Staff were recruited appropriately and adequate numbers were on duty to meet people's needs.

Is the service effective?

Good ●

The service was effective. Staff undertook regular training and had one to one supervision meetings. Staff told us they felt supported.

The provider met the requirements of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards to help ensure people's rights were protected.

People were supported to eat and drink sufficient amounts and eat nutritious meals that met their individual dietary needs.

People's health and support needs were assessed and appropriately reflected in care records. People were supported to maintain good health and to access health care services and professionals when they needed them.

Is the service caring?

Good ●

The service was caring. Care was provided with kindness and compassion. People could make choices about how they wanted to be supported and staff listened to what they had to say.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

Staff members showed that they respected people's sexual

orientation so that lesbian, gay, bisexual, and transgender people could feel accepted and welcomed in the service.

Is the service responsive?

Good ●

The service was responsive. People's needs were assessed and care plans to meet their needs were developed and reviewed with their involvement. Staff demonstrated a good understanding of people's individual needs and preferences.

People had opportunities to engage in a range of social events and activities.

People knew how to make a complaint if they were unhappy about the home and felt confident their concerns would be dealt with appropriately.

Is the service well-led?

Good ●

The service was well-led. The service had a registered manager in place and a clear management structure. Staff told us they found the registered manager to be approachable.

The service had various quality assurance and monitoring systems in place. These included seeking the views of people that used the service.

Trumpington 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 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 inspection took place on 5 September 2017 and was unannounced. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we checked the information we held about the service. This included any notifications and safeguarding alerts. We also contacted the local borough contracts and commissioning teams that had placements at the home, the local Healthwatch and the local borough safeguarding team. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we observed how the staff interacted with people who used the service and also looked at people's bedrooms and bathrooms with their permission. We spoke with five people who used the service and three relatives during the inspection. We also spoke with the interim head of service provision and independence manager, the registered manager, the deputy manager and two support workers.

We looked at three care files, staff duty rosters, six staff files which included supervision and appraisal records, a range of audits, minutes for various meetings, three medicines records, three finances records, training information, safeguarding information, health and safety folder, and maintenance records.

Is the service safe?

Our findings

During our previous inspection in September 2016, we found that the service did not always monitor actions specified in risk assessments. During this inspection we checked to determine whether the required improvements had been made. We found the service was now meeting the regulation.

Individual risk assessments were completed for people who used the service and were reviewed regularly. Staff were provided with information on how to manage these risks and ensure people were protected. Records showed some of the risks considered were personal care, shaving, community living skills, domestic skills, communication, personal relationships, fire evacuation, challenging behaviour, mobility, epilepsy and travelling in the community. For example, one person was diagnosed with epilepsy. Their risk assessment gave clear guidelines how staff were to manage this risk. For example, the risk assessment stated, "I have an epilepsy monitoring sensor to alert staff if I am having a seizure in bed. Staff to attend to me without delay and follow the epilepsy guidelines. Staff to monitor me every 30 minutes by entering my room." Records showed epilepsy guidelines in the person's care file. Also records showed staff were recording the monitoring of the person as stated on the risk assessments. Observations and discussions with staff showed staff were aware of risks for this person. Risk assessment processes were effective at keeping people safe from avoidable harm.

People who used the service and relatives told us they felt the service was safe. One person told us, "Yes I feel safe here." A relative said, "Yes I feel that [relative] is safe here." Another relative told us, "I feel my [relative] is safe there."

The provider took appropriate steps to protect people from abuse, neglect or harm. The service had safeguarding policies and procedures in place to guide practice. The service had available an easy to read format of the safeguarding procedure available for people who used the service. Staff were able to explain to us what constituted abuse and the action they would take to escalate concerns. Staff said they felt they were able to raise any concerns and would be provided with support from the manager. One staff member told us, "I would have to report to the manager." Another staff member said, "I would report concerns to the manager and social worker. I send alerts when I see abuse and work with multi-disciplinary teams." The service had a whistleblowing procedure in place and staff were aware of their rights and responsibilities with regard to whistleblowing. One staff member said, "Whistleblowing is when you contact CQC anonymously."

Accidents and incidents were managed by the service. Records showed incidents that had taken place over the last year involving people who used the service and noted actions taken. The provider carried out analysis of accidents and incidents and the outcomes. Where risk assessments were reviewed following an incident this was clearly recorded. Staff we spoke with knew the procedure for reporting accidents and incidents.

Financial records showed no discrepancies and the service kept accurate records of any money that was given to people and kept receipts of items that were bought. Financial records were signed by two members of staff and checked by management at least three times a week. Records confirmed this. This minimised

the chances of financial abuse occurring.

There were effective recruitment and selection processes in place as staff records showed they had been subject to appropriate and necessary checks prior to being employed by the service. Records showed copies of proof of identity and application forms which included people's employment history. Criminal record checks were carried out to confirm that newly recruited staff were suitable to work with people. Records showed that criminal checks were completed every three years for all staff. At least two references had been obtained to ensure people were of good character and fit for work. Records also showed that staff's visa status where relevant had been monitored to ensure they were eligible to work. This meant the provider had taken appropriate steps to make sure people were safe and their welfare needs were met by staff who were suitably qualified, skilled and experienced.

People received the support they required with their medicines. Medicines administration records were completed accurately each time a person received their medicine. One staff member told us, "There is two staff [who administer medicines]. We both sign." The medicines policy was regularly reviewed and updated to reflect current practice. Staff followed the medicines procedure in relation to obtaining, recording and handling and disposal of people's medicines. Medicines were kept securely and safely in a locked cabinet in each person's bedroom. Staff recorded and monitored room and fridge temperatures and ensured medicines were stored within recommended guidelines.

Staff carried out regular audits to ensure safe management and disposal of medicines. Records confirmed staff were trained and assessed as competent to support people with their medicines. Medicines taken as needed or as required are known as 'PRN' medicines. The service had PRN protocols for people which included administration guidance to inform staff about when these medicines should and should not be given were in place. This meant there was information to enable staff to make decisions as to when to give these medicines to ensure people were given their medicines when they needed them and in a way that was both safe and consistent.

At the last inspection we were concerned that staffing levels during periods when the service offered emergency or unplanned respite were not being met. Also staff felt sometimes there was not enough staff on duty at times. At this inspection we found this had improved. One staff member told us, "There has been quite a few changes. Staffing has improved. Always enough staff on duty." Another staff member said, "We use agency and bank staff when required. There are enough staff." Any vacancies, sickness and holiday leave was covered by long term agency staff. Staff rotas showed there were sufficient staff on duty.

The premises were well maintained and the service had completed a range of safety checks and audits. These included all relevant health and safety checks including fridge temperature checks, first aid, fire system and equipment tests, gas safety, portable appliance testing, electrical checks, water regulations and emergency lighting. The systems were robust, thorough and effective. However records showed that people did not have personal emergency evacuation plan (PEEP) in place. For example, a PEEP would enable staff to assist people to leave the building in the event of an emergency evacuation. We spoke to the registered manager who advised people's risk assessments addressed risks and actions for evacuating the service in the event of a fire. Records confirmed this. However this information was not available for quick access in case of an emergency. After the inspection the registered manager sent us copies of PEEPs for all the people who used the service.

Is the service effective?

Our findings

People and their relatives told us the staff were very good and supported them well. One person said, "The staff are friendly." One relative told us, "They [staff] seem all very efficient." Another relative said, "The quality and the staff are all good."

At our last inspection we made a recommendation that the service provided development and performance monitoring for agency staff. At this inspection we found agency staff were now receiving regular supervision sessions.

Staff files showed training that had been completed for each member of staff. The training included medicines, health and safety, fire safety, safeguarding adults, infection control, epilepsy, dignity in care, manual handling, food hygiene, autism awareness, person centred care, dementia, diabetes, mental health awareness, communication, and Mental Capacity Act 2005 (MCA) & Deprivation of Liberty Safeguards (DoLS). The staff files showed us that all of the staff had completed the induction programme, which showed they had received training and support before starting work in the service. Records showed staff had completed the Care Certificate. The Care Certificate is a set of standards that social care and health workers use in their daily working life. Staff told us they received regular training to support them to do their job. One staff member told us, "It's quite good. We did dementia training recently." Another staff member said, "The training is useful and provides us with the skills we need."

Staff received regular formal supervision and we saw records to confirm this. Topics discussed included care plans, key working duties, well-being of people, activities, training, and general discussion. One staff member said, "Supervision is every six to eight weeks. It is very useful and we discuss training, safeguarding, any issues or concerns. We can get advice if needed." Another staff member told us, "Talk about different things and if anything I want to discuss." Records showed staff received annual appraisals.

The 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.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the DoLS.

Staff understood the importance of assessing whether a person had capacity to make a specific decision and the process they would follow if the person lacked capacity. The registered manager had a good understanding of the requirements of MCA and associated DoLS. Applications had been made to the local authority when a DoLS was needed. The service informed the Care Quality Commission (CQC) of the outcome of the applications in a timely manner. This meant the home was meeting the requirements relating to MCA and DoLS.

Consent was recorded in people's care files and reviewed as a part of the regular care plan review process. We heard staff offering people choices and gaining consent from them throughout the day. The registered manager asked people if we could read their care files during the inspection. We overheard the registered manager ask one person, "Can [inspector] look at your care file?" We saw that people could access all shared areas of the service when they wanted to. Observations showed people going back and forth to their bedrooms, the communal lounge, courtyard and office. People could go visit the local community with support from the staff. This meant that people could have the independence and freedom to choose what they did and where they went, in safety with as little restriction on their liberty as possible.

People told us they enjoyed the food provided by the service and were able to choose meals they liked. We saw people had access to fruit and drinks throughout our inspection. Staff told us and we saw records that people planned the food menu, however they could decide on the day if they wanted a meal of their own choice. People's food choices were recorded in their care files and these were known by staff. Information also included likes and dislikes. For example one care plan stated, "I love my food and enjoy a variety of meals especially my [culturally specific] food. My shopping should include a lot of vegetables, fruits, wholemeal cereal and bread." One relative told us, "[Relative] is fed well."

People's health needs were identified through needs assessments and care planning. Records showed that all of the people using the service were registered with local GP's. Records showed health appointments were being recorded which included health care professionals such as GPs, dentist, chiropodist, optician and psychiatrist. Records of appointments showed the outcomes and actions to be taken with health professional visits. People were supported to attend annual health checks with their GP and records of these visits were seen in people's files. People had a 'Hospital Passport', which was a document in their care file that gave essential medical and care information, and was sent with the person if they required admission or treatment in hospital. This meant that people were supported to maintain their health.

Is the service caring?

Our findings

People and their relatives told us the staff were very good and supported them well. One person said, "The staff are friendly." Another person told us, "The staff here are very nice to me." One relative told us, "[Relative] always appears happy." Another relative said, "All the staff are very helpful and kind."

People were supported to maintain the relationships that were important to them. The support people required to maintain relationships beyond the service were stated in care records. For example, one person's care record stated, "My [relatives] visit every Thursday which I really appreciate and want it continued." Another care record stated, "I share my accommodation with my best friend. I would like to spend the rest of my life with him." A member of staff told us, "We get to know people and their families very well as we work with them. We share information." A relative told us, "I feel very welcome."

Observations showed people were comfortable with staff and were happy to be around them. Staff were friendly and kind in their support and responses to people, their attitude was respectful and they showed that they understood people's individual characters and needs. Throughout our visit we saw positive, caring interactions between staff and people using the service. For example, one person who used the service was talking with a staff member with their hand on their shoulder and laughing together. One staff member told us, "We treat people with kindness and understanding."

Staff knew the people they were caring for and supporting. Each person using the service had an assigned key worker. A keyworker is a staff member who is responsible for overseeing the care a person received and liaised with professionals or representatives involved in the person's life. Staff we spoke with were able to tell us about people's life histories, their interests and their preferences. One staff member said about key working, "It involves making sure care plans and risk assessments are up to date and things she needs for her bedroom."

People and their relatives told us their privacy was respected by all staff. Staff described how they ensured that people's privacy and dignity was maintained. One staff member told us, "We always knock on the door. Ask if ready to wake up." Another staff member said, "We respect their privacy."

Our observations showed that staff asked people about their individual choices and were responsive to that choice. For example, one staff member was overheard saying to a person, "You want a drink [person who used the service]?" Another example, a staff member said to a person, "Will we go shopping?" One staff member told us, "We try to engage with people and understand their choices. We help them choose what they want to wear, for example by showing them their clothes and then they choose."

Care plans included information about people's likes and dislikes, for example in relation to food, personal care and social activities. Care plans included information about how to support people with communication. For example, for one person it was recorded, "I need staff to communicate with me slowly, clearly and listen to me carefully."

People's independence was encouraged. Staff gave examples how they involved people with cooking, domestic tasks and doing certain aspects of their personal care to help become more independent. This was reflected in the care plans for people. For example, one care plan stated, "I need staff to support me to pour body lotion in my hand so that I can put it on my face." Another care plan stated, "I am quite capable of making drinks like tea. Staff to supervise me when making to protect me from burns." One staff member told us, "[People who used the service] are able to do things for themselves. We promote independence and get them involved in their care. They play an active role in chores like cooking and cleaning. We support them to do this. They help staff in the kitchen so improve their daily skills." Another staff member said, "We respect people's independence and choice."

At our last inspection we made a recommendation that the service seeks and follows best practice guidance on supporting people who identify as lesbian, gay bisexual and transgender (LGBT). At this inspection we found the service had explored LGBT issues with staff and people who used the service. The registered manager told us they held staff meetings with the topic of LGBT. Also a resident's meeting was held with the theme of LGBT. Records confirmed this. One staff member said, "We would treat people equally and avoid any discrimination. We take people as they are and treat them all the same, including people who are lesbian or gay. We discuss it in our meetings." Another staff member told us, "Welcome them as anyone else. Support them with their needs. [Registered manager] shared information about LGBT."

Is the service responsive?

Our findings

People and their relatives were involved in the care planning. On the day of our inspection a relative told us they were looking at the care plan and were regularly invited for meetings and feedback.

Care records contained detailed guidance for staff about how to meet people's needs. Care files also included a section called 'my profile' which had the life history of the person. There was a wide variety of guidelines regarding how people wished to receive care and support including physical health, mental health, emotional health, medicines, mobility, dietary needs, personal care, community living skills, communication, personal relationships, educational needs, hobbies and interests, spiritual and cultural needs, complex care needs, road safety, and end of life.

The care plans were written in a person centred way that reflected people's individual preferences. For example, one care plan stated, "When I am relaxing in my flat I like to listen to music. The station I listen to is [radio station]. I like all 70's and 80's music." Another care plan stated, "I will prefer [staff member names] to give me a haircut but in their absence, to be taken by staff to the barbers." Staff told us they read people's care plans and they demonstrated a good knowledge of the contents of these plans. Care plans were written and reviewed with the input of the person, their relatives, their keyworker and the registered manager. Records confirmed this. Staff and relatives told us care plans were reviewed regularly. Detailed care plans enabled staff to have a good understanding of each person's needs and how they wanted to receive their care.

People participated in activities which promoted their health and mental well-being. One person told us, "I like to go for a walk quite often and I like to go to the pub. It's nice." The same person told us, "I do yoga at a local place." On the day of the inspection two people went out for music therapy. We asked one person when they returned about the music therapy session. They told us, "It was fun. I played the drum." People's care files contained a weekly activities planner. People were supported to engage in activities outside the home to ensure they were part of the local community. Activities recorded included going out for going for lunch, visiting the pub, cinema, bowling, music sessions, supermarket shopping and visiting place of worship. We also saw people could engage with activities within in the home which included household chores, cooking, arts and crafts, food shop planning, and karaoke. One relative told us, "[Relative] likes to go out walking and they take him."

Resident meetings were held every month and we saw records of these meetings. The minutes of the meetings included topics on holidays, activities, LGBT (lesbian, gay, bisexual and transgender), summer BBQ, and shopping. At our last inspection we noted that the meetings for the resident's meeting was not in an easy read format. We made a recommendation for the service to seek and follow best practice guidance on providing information for people with learning disabilities. At this inspection we found the service was now providing the resident meetings in a pictorial format for people. The service also held relatives meetings every quarter. Topics in these meetings included recruitment, CQC inspection, complaints, activities, accidents and incidents and internet facilities for the service.

There was a complaints process available and this was available in an easy to read version for people. The complaints process was available in the communal area so people using the service were aware of it. Staff we spoke with knew how to respond to complaints and understood the complaints procedure. The complaints policy had a clear procedure for staff to follow should a concern be raised. Records showed the service had three complaints since the last inspection. We found the complaints were investigated appropriately and the service provided resolutions in a timely manner. One relative told us, "We have no complaints."

Is the service well-led?

Our findings

People and their relatives told us that they liked the service and they thought that it was well led. A relative said, "The manager cannot be faulted. She is excellent."

There was a registered manager in post and a clear management structure. At the last inspection we noted staff had a mixed views about the leadership of the service. At this inspection we found staff had seen changes in the service and management style that was positive. One staff member said, "I think the service has improved definitely. There were some recommendations in the last inspection and we have taken action." Another staff member told us, "The manager is very good. We work well together as a team." A third staff member said, "[Registered manager] has more communication and better listening."

The registered manager understood their responsibilities in line with their registration with the Care Quality Commission (CQC). They had made notifications to the CQC and safeguarding referrals where appropriate in a timely way.

Staff told us that the service had regular staff meetings where they were able to raise issues of importance to them. Records showed topics on training, medicines, key working, staff rota, night staff, quality assurance, activities, bank staff, care plan review and updates on people who used the service. One staff member told us, "We discuss any concerns. Agency staff come as well." Another staff member said, "We have team meetings every two weeks chaired by the managers."

The management team regularly carried out checks and conducted audits to identify areas of improvement to help improve the standards of care provided. They had completed audits of the management of medicines, finances, infection control and health and safety. The registered manager completed a monthly report for senior management which gave an oversight of the audits and checks carried out for the service, staffing levels, complaints, supervision, appraisals, training, and updates of the people who used the service. This ensured the management team effectively monitored and reviewed the service provided to people.

The quality of the service was also monitored through the use of annual surveys to people who used the service and their family members. Surveys included questions about cleanliness of the service, staff, activities, food, if the service was caring and any improvements and suggestions. We saw that overall it was positive for all the surveys.

Records relating to the management of the service were well maintained. Care records were accurate and up to date. Staff maintained daily records for each person and provided information about the care they received and the medicines given. The registered manager checked and reviewed care records to ensure that the quality of recording keeping was appropriate and that people received good standards of care.

The service worked in partnership with other healthcare professionals to improve the quality of care people received. One healthcare professional said, "Staff usually appear caring and supportive of [people who used the service]. [Person] feels safe at the home and staff have worked very well with [person], to the point that

we've been able to decrease and stop some of [person's] medication."