

London Borough of Richmond upon Thames

# London Borough of Richmond upon Thames - Princes Road Residential Care Home

## Inspection report

46 Princes Road  
Teddington  
Middlesex  
TW11 0RU  
Tel: 020 8614 8090  
Website:

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## Ratings

### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

## Overall summary

This was an unannounced inspection and took place on  
13 November 2015.

# Summary of findings

The home provides care and accommodation for up to six people with learning disabilities. It is located in the Fulwell area of Twickenham.

At the time of our inspection the home had a registered manager. 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 and associated Regulations about how the service is run.

In May 2014, our inspection found that the service met the regulations we inspected against. At this inspection the home met the regulations.

People said they liked living at the home and the way that staff provided them with care and support. They chose their own activities and when they wished them to be provided. People told us they felt safe living at Princes Road and doing activities within the local community. During our visit there was a friendly, warm and welcoming atmosphere with people coming from and going to activities as they wished. The interaction between people who use the service and staff was very positive throughout our visit. There were a variety of activities that took place at home and in the community.

The records were easy to access, kept up to date and covered all aspects of the care and support people received, their choices, activities and safety. People's care

plans were completed and the information contained was regularly reviewed. This enabled staff to perform their duties efficiently and professionally. People were encouraged to discuss their health needs with staff and had access to GP's and other community based health professionals, when required. People were supported to choose nutritious, balanced meals to promote a healthy diet that also met their likes, dislikes and preferences. This enabled them to be protected from nutrition and hydration associated risks. They said they liked the choice and quality of meals they ate.

People knew who the staff that supported them were, said they liked them and the staff also knew people who use the service and their likes and dislikes. People were well supported and they enjoyed how staff delivered their care. During our visit people were provided with information about any activities taking place so they could decide if they wanted to participate. Staff provided care and support in a professional, friendly and supportive way that was focussed on people using the service as individuals. Staff had appropriate skills to do so, were well trained and accessible to people using the service. Staff said they liked working at the home and had received good training and support from the manager.

People said the manager and staff were approachable, responsive and listened to them. The quality of the service provided was consistently monitored and assessed.

# 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.

Good



People told us that they felt safe and were treated with respect and dignity. There were effective safeguarding procedures that staff understood, used, and assessments of risks to people were in place.

There was evidence the home had improved its practice by learning from incidents that had previously occurred and there were enough staff to meet people's needs.

People's medicine was safely administered and records were completed and up to date. Medicine was regularly audited, safely stored and disposed of.

### Is the service effective?

The service was effective.

Good



People's support needs were assessed and agreed with them. Staff were well trained.

People's food and fluid intake and diets were monitored within their care plans and people had access to community based health services.

The service had Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) policies and procedures. Staff who were suitably trained carried out mental capacity assessments for people. Staff arranged 'best interests' meetings for people as required.

### Is the service caring?

The service was caring.

Good



People said they felt valued, respected and were involved in planning and decision making about their care. People's preferences for the way in which they wished to be supported were clearly recorded.

Staff provided good support, care and encouragement to people. They listened to, acknowledged and acted upon people's opinions, preferences and choices. People's privacy and dignity was also respected and promoted by staff. Care was centred on people's individual needs. Staff knew people's background, interests and personal preferences well and understood their cultural needs.

### Is the service responsive?

The service was responsive.

Good



People decided to join in with a range of recreational and educational activities at home and within the local community during our visit. Their care plans identified the support they needed to be involved in their chosen activities and daily notes confirmed they had taken part.

# Summary of findings

The home had a complaints procedure and system and people said that any concerns raised were discussed and addressed as a matter of urgency.

## Is the service well-led?

The service was well-led.

The service had a positive and enabling staff culture. The manager encouraged people to make decisions and staff to take lead responsibility for specific areas of the running of the service.

Staff said they were well supported by the manager.

The quality assurance, feedback and recording systems covered all aspects of the service constantly monitoring standards and driving improvement.

**Good**



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## Detailed findings

### Background to this inspection

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

This was an unannounced inspection and took place on 13 November 2015.

The inspection was carried out by one inspector.

During the visit, we spoke with four people who use the service and three care staff. The registered manager was

not present during the inspection. There were five people living at the service and one person who was staying at the home on a week's trial basis before deciding if they wanted to move in.

Before the inspection, we checked notifications made to us by the provider, safeguarding alerts raised regarding people living at the home and information we held on our database about the service and provider.

During our visit we observed care and support, was shown around the home and checked records, policies and procedures and maintenance and quality assurance systems. We also looked at the three personal care and support plans for people using the service.

# Is the service safe?

## Our findings

People told us they thought the home was a safe place to live and that they had never felt bullied or under any pressure from the staff to do things they did not wish to do. One person said, "I don't want to live anywhere else."

Another person said, "I'm going to (a major store chain), then coming home."

Staff had knowledge of what constituted abuse and the course of action to follow if they encountered it. They had access to policies and procedures regarding abuse and received induction and refresher training. This enabled them to protect people from abuse and harm in a safe way. Their replies to questions about what they would do if they thought abuse was taking place followed the provider's policies and procedures.

Staff were aware of how to raise a safeguarding alert, when it was required and had received appropriate training. There was no current safeguarding activity. Previous safeguarding alerts had been suitably reported, investigated and recorded. People had access to information about keeping safe and staff advised and supported them to do so. Staff told us they received induction and mandatory refresher training in assessing people to take acceptable risks, at home and in the community.

The staff recruitment procedure was comprehensive and recorded all stages of the process. This included advertising the post, providing a job description and person specification. Prospective staff were short-listed for interview. The interview contained scenario based questions to identify people's skills and knowledge of learning disabilities. References were taken up and Disclosure and Barring Services (DBS) security checks carried out prior to starting in post. There was also a six month probationary period. If there were gaps in people's knowledge the organisation decided if they could be filled and the person employed. Staff received a handbook that

contained the local authority's disciplinary policies and procedures. The staff rota showed and staff confirmed that staffing levels were flexible to meet people's needs. The staffing levels during our visit enabled people's needs to be met and the activities they had chosen to be pursued safely.

There were assessments contained in people's care plans that enabled them to take acceptable risks and enjoy their lives safely. The risk assessments covered all aspects of people's lives that required them, including activities at home and within the community. They were regularly reviewed and adjusted if people's needs and interests changed. There were also general risk assessments for the home and equipment used that were reviewed and updated. Equipment was also regularly serviced and maintained. Staff received care plan information that enabled them to accurately risk assess people's chosen activities. They were able to evaluate and compare risks with and for people against the benefits they would gain. Examples of this were the way people were able to access facilities, college and work within the community.

The staff told us that the team shared information regarding individual risks to people. This included discussing any incidents or planned activities during shift handovers and at staff meetings. Accident and incident records were also kept up to date. Staff said they were very familiar with people living at the home, were able to identify situations where people may be at risk or feel uncomfortable and take action to minimise the risk and remove discomfort.

We checked the medicine records for all people using the service and found that all the records were fully completed and up to date. Medicine was safely administered, regularly audited, properly stored and disposed of, as required. Staff were trained to administer medicine and this training was regularly updated. No people were currently self-medicating.

# Is the service effective?

## Our findings

People told us that they made their own decisions regarding how and when they received care and support. They told us the care and support provided by staff was what they needed and delivered in an appropriate, friendly and enabling way that they liked. One person said, “I’ve had a really good day, except the last ten minutes of the weather.” Another person said, “I like it here, staff are nice and it’s all new to me.” This was a person who was considering moving in.

Staff were well trained and received induction and annual mandatory training. This was confirmed by the training matrix that identified when mandatory training was due. Training included safeguarding, infection control, behaviour that may challenge, first aid, food hygiene, equality and diversity and the person centred care approach. Staff meetings included situations that may identify further training needs. Supervision sessions were also used to identify any gaps in required training. There were staff training and development plans in place. Staff had achieved ‘Qualification and Credit’ framework awards. The home had access to specialist training either directly from the local authority or from specialist organisations, that the local authority had contracted with.

People’s care plans had health; nutrition and diet sections that included regularly updated and completed nutritional assessments. Weight charts were kept if required and staff monitored the types of meals and how much people had to eat to encourage a healthy diet. The care plans also contained information regarding the type of support people required at meal times. Staff said any health concerns were raised and discussed with the person and their GP as required. Nutritional advice and guidance was provided by staff and there was access to community based nutritional specialists who reviewed nutrition and hydration needs. The records showed that referrals were made to relevant health services as required and they were regularly liaised with. People also had annual health checks.

People were supported to choose the meals they wanted using pictures if needed, decided on a menu and

participated in food shopping. They chose meals during weekly menu planning meetings and took it in turns to choose meals. People could change their minds at any time and alternatives were available. One person told us, “I choose, when it’s my turn.” Meals were timed to coincide with people’s preferences and the activities they attended. The meals were monitored to ensure they were provided in portions people wanted whilst promoting a healthy diet and served at the correct temperature.

Staff received mandatory training in The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Mental capacity was part of the assessment process to help identify if needs could be met. The Mental Capacity Act and DoLS required the provider to submit applications to a ‘Supervisory body’ for authority. Applications under DoLS were submitted by the provider and were authorised. Best interests meetings were arranged and renewed annually or as required. Best interests meetings took place to determine the best course of action for people who did not have capacity to make decisions for themselves. People’s care plans recorded that capacity assessments were carried out. Staff who were appropriately trained to carry out the assessments. People’s consent to treatment was recorded in their care plans and regularly monitored by the service. Throughout our visit staff continually checked that people were happy with what they were doing and activities they had chosen. There were advocacy services available through the local authority and people were made aware of them. An advocacy service represents people and speaks on their behalf.

The organisation had a de-escalation policy and procedure should people demonstrate behaviour that may challenge, that staff had received been trained in. They were also aware of what constituted lawful and unlawful restraint. Any behavioural issues regarding people who use the service were discussed during shift handovers and staff meetings.

The service and local authority had contact with organisations that provided service specific guidance regarding providing care and support for people with learning disabilities so that best practice could be followed.

# Is the service caring?

## Our findings

People said that the staff, treated them with dignity, respect and in a kind way. They knew staff well and were provided with great support by them. This was reflected in the care practices we saw. Staff were warm, encouraging and approachable. They treated people equally, in the same caring way and gave them as much time as they required to have their needs met. Staff listened to what people said, valued their opinions and acted on them as required in a patient and friendly manner. The support they provided was caring and helpful. One person told us, "I like it here because of (staff)." Another person said, "I've been here a long time and love it." People's positive and relaxed body language throughout our visit also indicated that they were happy with the way staff supported them and delivered care.

During our visit staff demonstrated skill, patience and knew people, their needs and preferences very well. People's needs were met and they were encouraged to make decisions about their lives. Staff communicated with people at a pace that made it easy for people to understand and enabled them to make themselves understood. Where people had difficulty expressing themselves staff listened carefully and made sure they understood what the person was saying. They asked what

people wanted to do, where they wanted to go and who with. This included the type of activities they liked. People also discussed this with staff during keyworker sessions and during home meetings.

The home's care was focussed on the individual and we saw staff put training to promote a person centred approach into practice. People were consistently enabled to discuss their choices, and contribute to their care and their support plans.

One person returned from work and staff enquired about what they had been doing and if they had a good day. One person told a member of staff, "I go to Parkshot College and am always busy." The staff member asked what they had been doing and took a genuine interest. One person told us, "The (staff) are my friends." There was a visitor's policy which stated that visitors were welcome at any time with the agreement of the person they were visiting and other people using the service.

Staff had received training about acknowledging people's rights, dignity and treating them with respect. This was reflected in the caring, compassionate and respectful support staff provided. There was a relaxed, inclusive and pleasant atmosphere for people due to the approach of the staff. The home had a confidentiality policy and procedure that staff said they understood, were made aware of and followed. Confidentiality was included in induction and ongoing training and contained in the staff handbook.



# Is the service responsive?

## Our findings

People said that they were enabled to contribute to decisions about their care and the activities they wanted to pursue. Staff were aware of what people's needs and wishes were and enabled them to be met. People said their needs were met in a way that they enjoyed, were comfortable with and in a relaxed and homely manner. Throughout our visit people were encouraged to give their views and opinions, by staff who enabled them to decide things for themselves. Staff listened to them and took action as required. Staff were available to people to discuss any wishes or concerns they might have and needs met and support provided promptly and appropriately. The appropriateness of the support was reflected in the positive responses of people using the service. If people felt they had a problem, it was resolved quickly and in an appropriate way. Any concerns displayed by people using the service were resolved during our visit. One person told us, "I go to (Another care home) and we meet our friends."

Records showed that people were asked for their views, encouraged to attend meetings and sent questionnaires to get their opinions. There were minuted home meetings and people were supported to put their views forward including any complaints or concerns. The information was monitored and compared with that previously available to identify any changes in the home's performance positively or negatively.

Staff understood and explained the procedure for people to move to the home. Before people moved in, the local authority would forward assessment information to the home, which also carried out pre-admission assessments. They were invited to visit as many times as they wished before deciding if they wanted to live at Princes Road. Staff told us about the importance of recognising the views of people using the service as well as relatives so that care and support could be focussed on the individual. One person was staying on a week's trial before returning home to decide if they wished to move in. When we spoke with them, they were positive about the home, the staff, people they wished to live with, but also wanted to make their decision with relatives. Their pre-admission information assessment was in place. They told us, "I like the place, people and staff here." Placement agreements were based upon the home's ability to meet the needs of the individual, safety of other people staying at the home and the support

that could be provided. Information from any previous placements was also requested if available. People and their relatives were consulted and involved in the decision-making process before moving in. Staff said it was also important to get the views of people already living at the home. During the course of people visiting the manager and staff would add to the assessment information.

People were provided with written information about the home and organisation and regular reviews took place to check that the placement was working once people had moved in. If it was not working alternatives were discussed and information provided to prospective services where needs might be better met.

People's care plans were developed with them, they were encouraged to contribute to them and they had been signed by them or their representatives where practicable. The care plans were part pictorial to make them easier to understand. They recorded people's interests, hobbies, health and life skill needs and the support required for them to be fulfilled. They were focussed on the individual and contained people's 'social and life histories'. These were live documents that were added to by people using the service and staff when new information became available. The information gave the home, staff and people using the service the opportunity to identify activities they may wish to do. People's needs were regularly reviewed, re-assessed with them and their relatives and care plans re-structured with them to meet their changing needs. The plans were individualised, person focused and developed by identified lead staff. People were encouraged to take ownership of the plans and contribute to them as much or as little as they wished. They agreed goals with staff that were reviewed, underpinned by risk assessments and daily notes confirmed that identified activities had taken place.

Activities were a combination of home and community based. Each person had their own weekly activity planner. One person said, "I do the re-cycling." The home made use of local community based activities wherever possible and people chose if they wanted to do them individually or as a group. There were also group and individual holidays with people having visited Bognor Regis and Devon. Activities included college courses, work, walks, church and shopping. Other activities include, discos, cinema and meals out. One person told us, "Look, I'm always busy, we

## Is the service responsive?

do meeting friends and discos. Another person said, “I enjoy going out.” People were also encouraged to do tasks in the house to develop their life skills such as laundry, tidying their rooms and helping prepare meals.

People were aware of the complaints procedure and how to use it. The procedure was included in the information provided for them. There was a robust system for logging, recording and investigating complaints. Complaints made were acted upon and learnt from with care and support

being adjusted accordingly. There was a whistle-blowing procedure that staff said they would be comfortable using. They were also aware of their duty to enable people using the service to make complaints or raise concerns.

The home used different methods to provide information and listen and respond to people. There were regular house and weekly menu planning meetings where people could express their views and make their choices. Annual questionnaires were sent to people using the service and staff. There were also monthly keyworker and annual care reviews that people were invited to attend.

# Is the service well-led?

## Our findings

People told us that they were happy to speak with the manager and staff and discuss any concerns they may have. One person said, “I like being here.” During our visit, we found that the home had an open culture with staff listening to people’s views and acting upon them.

The organisation’s vision and values were clearly set out. Staff we spoke with understood them and said they were explained during induction training and revisited during staff meetings. The staff practices we saw reflected the organisation’s stated vision and values as staff went about their duties.

There were clear lines of communication within the local authority and specific areas of responsibility. Staff told us the support they received from the manager was good. They felt suggestions they made to improve the service were listened to and given serious consideration by the manager. Staff said they really enjoyed supporting people using the service and working at the home. One staff member said, “I’ve been here 15 years and know people inside out, I love them and would like to think they love me.”

There was a whistle-blowing procedure that staff knew how to access. There was currently a career development programme within the local authority that enabled staff to progress towards promotion in a way that was tailored to meet their individual needs.

Staff had regular minuted staff meetings that enabled them to voice their opinions. The records demonstrated that regular staff supervision and appraisals took place and this was confirmed by staff.

There was a policy and procedure in place to inform other services, such as district nurses, of relevant information should services within the community or elsewhere be required. The records showed that safeguarding alerts, accidents and incidents were fully investigated, documented and procedures followed correctly including hospital admissions. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.

There was a robust local authority quality assurance system that contained performance indicators which identified how the home was performing, any areas that required improvement and areas where the home was performing well. This enabled required improvements to be made. Areas of particular good practice were also recognised by the provider.

The home used a range of methods to identify service quality. These included daily, weekly and monthly manager and staff audits that included, files maintenance, care plans, night reports, risk assessments, infection control, the building, equipment and medicine. There were also comprehensive shift handovers that included information about each person.