

Amelia's House Limited

58 Acton Lane

Inspection report

58 Acton Lane
London
NW10 8TU

Tel: 02036208147

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17 April 2019

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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

About the service: 58 Acton Lane is a supported living service for six people with learning disabilities. During the day of our inspection two people received personal care and lived at the supported living service. However, the supported living scheme was able to accommodate up to six people.

The service had been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensured that people who used the service were able to live as full a life as possible and achieve the best possible outcomes. The principles reflected the need for people with learning disabilities and/or autism to live meaningful lives that included control, choice, and independence. People using the service received planned and co-ordinated person-centred support that was appropriate and inclusive for them.

People's experience of using this service:

People told us they felt safe with the staff. People were at the centre of their care and support; care plans enabled people to maintain their independence. Care records were detailed and reflected people's preferences and needs. Staff knew what action to take to protect people from the risk of abuse.

People were supported to have maximum choice and control of their life and they were supported in the least restrictive way possible. Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided.

The staff spoken with respected and understood a person's right to privacy and promoted their independence. People and relatives told us the staff were kind and caring.

Staff demonstrated an interest in their role and the people they supported. It was evident by what people told us that the care provided was centred on the individual.

We observed people who used the service to be relaxed and appeared comfortable with the staff supporting them.

The people's nutritional needs were met, and people were assisted to prepare meals. Advice on diet choices to maintain their health and well-being was provided and staff knew when to refer people to other health professionals.

There was a complaints procedure which was made available to people. The provider's governance was effective in assessing, monitoring and driving improvements therefore, people received an effective and safe space.

Rating at last inspection: This was the first inspection since registering with the Care Quality Commission

(CQC) in May 2018.

Why we inspected: This was a planned scheduled inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

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

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

58 Acton Lane

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:

The inspection was carried out by one adult social care inspector.

Service and service type:

This service 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.

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:

We gave the service 48 hours' notice of the inspection visit because it is small, and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did:

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we held about the service such as previous inspection reports and statutory notifications. A statutory notification is information about important events, which the provider is required to send us by law. We asked the local authority for any information they had which would assist our inspection. We used this information as part of our planning.

During the inspection we spoke with one person who used the service, one relative, two support workers and the registered manager. We looked at two care plans and risk assessments. We looked at records relating to the management of medicine, staff training, complaints and quality assurance monitoring. Following the inspection, we contacted and spoke with one social worker.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- There was a safeguarding policy and procedure in place that staff told us they were familiar with.
- Staff had all undertaken safeguarding training and were able to explain to us their responsibility in relation to dealing with safeguarding allegations. One member of staff told us, "I would contact the manager, social services or you [Care Quality Commission]."
- People who were able to speak with us confirmed that they felt safe with the staff team and had no concerns about being supported by them.

Assessing risk, safety monitoring and management

- Risks faced by people in their own environment were identified and regularly reviewed to keep them safe.
- Safety checks of their home were carried out regularly.
- Risks to the health and safety of people and the staff that supported them had been assessed and mitigated.
- Risk assessments were detailed and were regularly reviewed, they included up-to-date information for staff to follow.
- There were clear business continuity plans in place to ensure continued support for people in the event of an emergency. Staff told us, that they could always contact a senior member of staff to ask for advice and support.

Staffing and recruitment

- Staffing rotas were in place indicating the level of support provided to people.
- Staff told us that there were enough staff available to meet people's needs. This was also confirmed by the relative and the social worker we spoke with.
- Observations made during this inspection confirmed that enough staff were available to support people.
- The registered provider was undertaking checks to ensure that the recruitment of staff was safe and only staff suitable to work with people who used the service were employed.
- Staff employed at 58 Acton Lane transferred from a children service run by the provider. This ensured that they knew people who used the service for a long time and had built a positive, trusting relationship with people. A relative spoken with highlighted this as one of the positive aspects of the service and told us that this had helped their relative to settle and transition positively from the children service to the adult service.
- Staff had their suitability to work with vulnerable people checked. This was done through obtaining references and conducting disclosure checks (known as DBS).

Using medicines safely

- Staff told us that they had received medicines administration training and training records viewed

confirmed this.

- We saw that the provider had clear and detailed medicines management policy/procedure in place. Staff were able to explain the procedure to us and we saw in medicines administration records examined that medicines were managed in an appropriate and safe way.
- Care records clearly detailed how people's medicines should be administered and what medicines people who used the service were prescribed for.

Preventing and controlling infection

- Staff had received training in infection control.
- Staff told us that they had access to personal protective equipment (PPE) such as disposable gloves and aprons.
- The provider had an infection control procedure and staff told us that they had received appropriate training to reduce the risk of spreading infections.

Learning lessons when things go wrong

- The registered manager advised us that the service had only been fully operational for the past three months. This was confirmed by the records we viewed during this inspection. The service had not experienced any untoward incidents since becoming operational.
- However, the registered manager told us that if accidents or incidents occurred he would contact and inform the Care Quality Commission (CQC) and discuss the events with the staff team to reduce the risk of similar incidents occurring in the future.

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

Good: 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

- Staff told us that assessments is an ongoing process. Records viewed demonstrated that people who used the service had been assessed prior to their transition to adult service.
- Relatives told us that they had been involved in the assessment process and confirmed that the person was encouraged to contribute to the assessments.
- People who used the service were well known to staff and the service. They previously resided in the registered provider's children service. We saw that the provider had taken extra time to facilitate the transition from their previous home to 58 Acton Lane.
- The transition consisted of numerous stays and visits prior to people who used the service and their relatives making the decision to move into their new placement.

Staff support: induction, training, skills and experience

- People were supported by staff who received training in a variety of topics to meet their needs.
- Staff were given opportunities to review their individual work and development needs with senior staff.
- Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their role.

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

- People were supported with their nutritional needs. Specific support required was recorded in people's care plans.
- Staff assisted people with making their breakfast and some snacks. People told us they had regular meals out.
- Due to the location of 58 Acton Lane, people's dietary needs, their cultural preferences were fully met. People had access to shops providing specific ingredients to cook meals appropriate for their cultural background and restaurants or take-aways were close by to eat out or deliver meals.

Staff working with other agencies to provide consistent, effective, timely care

- One social worker told us that the service had worked closely with the placing authority to enable "The transition for people to be as smooth as possible."
- Staff told us the service worked closely with external professionals such as the social workers, psychiatrist, psychologists and speech and language therapists to help ensure people received the right support.

Supporting people to live healthier lives, access healthcare services and support

- People living at 58 Acton Lane are in their late teens and early twenties and had minimal physical health

care problems.

- Staff told us that they would contact people's doctor if they became ill or would call for an ambulance in case there was an emergency.

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".

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.

- The registered manager told us that the social workers were currently in the process to facilitate and arrange for appropriate court of protection orders to ensure people who used the service were not deprived of their liberty. Social workers spoken with confirmed this.
- Information was provided in formats that suited people's needs, with family, friends and advocates involved where appropriate.
- Staff described how they always asked people and gave choices. One member of staff said, "People can always make decisions for themselves as long it is safe for them to do so."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People's diverse needs and requirements were documented and recorded in their care records.
- One relative told us, "The staff are very good and support my relative in every way and I know that he is very happy at Acton Lane."
- Staff spoken with were clear in how to meet people's diverse needs. They told us they were happy to support people no matter what their backgrounds or preferences were, and they would support people to do whatever they wanted to do within reason.

Supporting people to express their views and be involved in making decisions about their care

- Care records were person centred and included people's views about how they wished to be supported.
- One relative told us, "The staff and manager share everything with me and my relative, this ensures that we are fully involved."
- We observed that staff knew people very well and communicated with them effectively.

Respecting and promoting people's privacy, dignity and independence

- Staff made sure people's privacy and dignity were respected by knocking on doors and asking people for their permission before entering their rooms. One member of staff told us, "I always make sure that people have their privacy and spend time alone in their room."
- Staff promoted people's independence as much as possible by supporting them to manage as many aspects of their own care that they could. They told us that people managed their own personal care however where required, they prompted people to maintain good hygiene.
- One relative told us, "[Name] is very independent and staff encourage [name] to do the things he can do independently. For example, I know [name] can now make a cup of tea."
- Staff made sure information about people was always kept confidential and records about people was stored in a locked room.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had care plans that described their health care and support needs and included guidelines for staff on how to best support them. Staff understood people's needs and they were able to describe their care and support needs in detail. We noted that the care plans still related to the previous placement. We discussed this with the registered manager who advised us that he was in the process of changing the care records to the new placement but explained that information in care plans are still relevant to people who used the service.
- People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.
- Care plans reflected the principles and values of Registering the Right Support. They referred to promoting people's independence and inclusion within the local community. For example, there was information for staff for supporting people to learn new skills such as cooking, cleaning, looking after their hygiene needs. Care plans also referred to the support people required to access places of interest in the community.
- The service had worked closely with people who used the service and various colleges, which could support people and provide educational facilities for them. Because of this work all people had now enrolled for various college courses and attended college regularly.
- People lived an active life and accessed local sports and leisure facilities.
- The registered manager understood the Accessible Information Standard. They told us information could also be provided in different formats [if required] to meet people's needs for example different written languages or in large print.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. One relative told us, "If I had any issues I would talk to [managers name], but I have never needed to."
- The registered manager told us they had not received any complaints. However, if they did, they would write to the person making a complaint to explain what actions they planned to take and keep them fully informed throughout.
- Staff told us that complaints were encouraged and that they were a good way to improve the service and learn lessons.

End of life care and support

- None of the people using the service required support with end of life care.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People's needs were assessed and monitored, and their rights protected.
- Information about people was written in a respectful and personalised way. Staff were aware of the rules on protecting and keeping people's information safe.
- The registered manager and registered provider understood their responsibility under the duty of candour. This is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager demonstrated good knowledge of people's needs and the needs of the staffing team.
- There was an organisational structure in place and staff understood their individual responsibilities and contributions to the service delivery. Staff knew of the provider's values and we saw they upheld these values when supporting people.
- Staff told us they were well supported by the registered manager and management support was available for them during out of hours when they needed it. One member of staff said, "[Registered Manager's Name] is very supportive. We can talk to him about anything, he listens and will always sort it out for the benefit of the people and staff."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We discussed with the registered manager the aim of the service. The registered manager told us, "The aim of the service is to promote people's independence. We want to grow as a service, but this has to be done slowly to ensure new people match and we are able to meet their needs." We saw that staff met regularly with people who used the service to discuss and plan activities and relatives told us that they were contacted regularly by staff and the manager to inform them about any developments and changes regarding their loved ones.
- Regular team meetings took place at the home. A member of staff said, "The team meeting happen every two weeks, it is a good opportunity to learn from each other and make improvements, we can always do better."

Continuous learning and improving care

- People's care plans and risk assessments were reviewed and kept up to date and medicines records were monitored and checked by the deputy manager.
- The provider monitored the quality of the service. This covered areas such as complaints, incidents and accident's, staff training, staff meetings, medicines audits and care planning. While the service was only operating for the past three months we saw that the quality assurance systems were used effectively, which gave us confidence in the leadership pf the home to maintain the current process.

Working in partnership with others

- The registered manager worked effectively with the local authority and local health and learning disability teams. The registered manager and staff told us they had regular contact with health and social care professionals and they welcomed their views on service delivery.
- Feedback received from one social worker we spoke with confirmed that the service engaged well and worked closely with the local placing authority.