

London Care Partnership Limited

London Care Partnership Limited - 89 Ewell 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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

We undertook an unannounced inspection on 30 June 2016. At our previous inspection on 8 October 2014 the service was meeting the regulations inspected.

London Care Partnerships Limited – 89 Ewell Road provides accommodation, care and support to up to nine people with a learning disability and/or autism. At the time of our inspection eight people were using the service. A ninth person was moving into the service the following day.

A registered manager was in post and available on the day of the inspection. 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.

An individualised service was provided that met people's needs. Staff were aware of what support people required and how they wanted this support to be delivered. Staff worked with the provider's behaviour analyst to develop strategies to help people to reduce incidents and minimise behaviour that challenged staff. We saw this included supporting people to manage their behaviour through the implementation of reward charts. The behaviour analyst also worked with staff to give them techniques to support people during key life events and transitions.

Staff were aware of people's preferred communication methods and how they processed information. Staff took account of how people received sensory information, and were working with specialists to help people who had hypersensitivity of particular senses.

Staff made people feel comfortable and supported them to develop their confidence. Staff also supported people to manage and express their emotions. People were supported to develop friendships and relationships with family members.

People were involved in decisions about their care and how they spent their time. Staff encouraged them to try new things and experiences. Staff were supporting people to maintain a healthy lifestyle and to increase the amount of exercise they undertook. They educated people on healthy eating and supported them with their nutritional needs.

People were able to express when they needed to see a healthcare professional, and staff liaised with specialists as necessary to meet people's health needs. People received their medicines as prescribed, and received regular health reviews from their GP.

There were sufficient staff to keep people safe, and the numbers of staff on duty was flexible to meet people's needs and what activities they were undertaking. Safe recruitment practices were in place to

ensure staff employed were suitable to work with people. Staff received regular training and support to ensure they had the knowledge and skills to undertake their roles.

Staff were aware of their responsibilities under the Mental Capacity Act 2005 and to safeguard adults. Staff discussed any concerns about a person's safety with the service's management team.

Staff, people and their relatives felt able to speak openly and have honest conversations with the registered manager. Processes were in place to review any complaints received and the management team used feedback to review service delivery. Systems to review the quality of service provision were in place and improvements were made where required.

The service had successfully achieved autism accreditation from the National Autistic Society and the provider had achieved the Investors in People (IIP) accreditation. IIP sets a standard for managing and supporting staff.

The registered manager was aware of the requirements of their registration with the Care Quality Commission and adhered to these.

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. There were sufficient staff to keep people safe. Staffing levels were flexible and adjusted to meet the needs of people and the activities they were participating in.

Staff were knowledgeable about how to keep people safe, and would report any concerns about people at risk of abuse to their management team and the local authority where needed. Staff were aware of the risks to people's safety and helped people to minimise and manage these. This included in relation to behaviour that challenged staff.

Safe medicines management processes were in place and people received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective. Staff had the knowledge and skills to undertake their roles and meet people's needs. Staff received regular training and attended supervision sessions to discuss their performance.

Staff were aware of their responsibilities under the Mental Capacity Act 2005. They supported people to be involved in their care where able, and organised best interests meetings where people were unable to make their own decisions.

Staff supported people to access healthcare professionals when needed, and ensured they received a balanced diet.

Is the service caring?

Good ●

The service was caring. Staff developed positive caring relationships with people and interacted with people in a polite and friendly manner. Staff were aware of people's preferred communication methods.

Staff gave people space when they needed it and respected their privacy. Staff supported and encouraged people to maintain their relationships with their families. People were involved in decisions about their care and how they spent their time.

Is the service responsive?

Outstanding ☆

The service was responsive. People received individual support that met their needs. Comprehensive personalised care records were developed with input from the person and their relatives. Staff liaised with the provider's behaviour analyst to review the support people required with managing behaviour that challenged, and supported people with key events in their life. Staff were aware of people's individual sensory stimulation and the differences that they may experience.

Staff encouraged and supported people to develop their skills and learn new things, including developing budgeting skills, attending college courses and going on holiday. Staff supported people to manage and express their emotions, and to develop their confidence.

People and their relatives were aware of how to make a complaint. We saw that complaints received were dealt with appropriately.

Is the service well-led?

Good ●

The service was well-led. There were open and honest communication between people, relatives, staff and the management team. Staff felt well supported and able to express their opinion.

There were processes in place to review the quality of the service. Where improvements were required we saw action was taken to address these. The registered manager used the provider's quality action group to share ideas and learnt about best practice. The service had successfully achieved autism accreditation from the national autistic society, and the provider had achieved the Investors in People accreditation.

The registered manager adhered to their CQC registration requirements.

London Care Partnership Limited - 89 Ewell 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 30 June 2016 by one inspector and was unannounced.

Prior to this inspection we reviewed the information we held about the service, including the statutory notifications received. Statutory notifications are notifications that the provider has to send to the CQC by law about key events that occur at the service. We also reviewed the information included in the 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 the inspection we spoke with five staff, including the registered manager. We looked at two people's care records and three staff records. We had brief conversations with two people, and observed interactions between people and staff. We reviewed medicines management processes and records relating to the management of the service.

After the inspection we spoke with three people's relatives.

Is the service safe?

Our findings

People's relatives told us people were kept safe at the service. One relative responded when we asked if their family member was kept safe, "Oh definitely."

People were protected from harm. Staff were aware of signs and symptoms that a person may be being abused, and they told us if they had any concerns about a person's safety that this would be reported to their management team. Staff were aware of the documentation that needed completing if they had any safeguarding concerns. The management team told us they would escalate safeguarding concerns to the local authority, and involved the police where necessary, to ensure appropriate action was taken to investigate the concerns and protect people from any potential future harm. Staff were aware of and said they would use the whistleblowing procedures in place if they felt appropriate action was not taken in response to any concerns raised.

The registered manager took measures to help protect the people using the service and their staff. This included providing staff with the skills and knowledge to manage behaviour that challenged them, but also by not putting their staff in risky situations. This included ensuring female staff did not support people with their personal care if this was known to be a trigger to their behaviour. Staff were aware of the risks to people's safety and supported them to manage those. This included removing any environmental risks such as sharp knives and items that could be used for self-injurious behaviour for certain people.

Many of the people at the service at times behaved in a way that challenged staff. Staff were aware of the various triggers that could lead to this behaviour for individuals and supported them to manage and minimise this behaviour. The service had two flats. The staff had allocated these flats to two people who benefitted from having a bit more space away from the main building and the other people using the service. Staff told us that when these people became upset or frustrated they now took themselves to their flats to calm down. People at the service had been supported by staff to gain insight into their behaviour, and staff told us people were now apologising when they behaved in a way that upset others or if they caused injury.

The staff had implemented measures to support one person to take responsibility to manage their behaviour. This included use of a reward chart. The reward chart allocated days as either bronze, silver and gold, with financial rewards allocated to each category. The person achieved the financial reward if they undertook all their activities and did not express any behaviour that challenged staff. The person understood this process and was able to explain to us how it worked. Staff confirmed that since the introduction of the reward chart the person had managed their behaviour well and the number of incidents had reduced.

Safe recruitment practices were in place. Recruitment practices were thorough and checked potential candidates' attitudes were in line with the service's values – collaboration, accountability, responsiveness, and excellence. Interview processes reviewed candidates' skills and knowledge, to ensure they were appropriate to work with people using the service. Additional checks were also undertaken to assess

candidates' suitability including obtaining references from people's previous employers, obtaining character references, checking people's eligibility to work in the UK and undertaking criminal record checks.

Staffing levels were flexible depending on the needs of people and how many staff were required to keep people safe. The number of staff on duty was based on what activities people were undertaking and what support they required with those activities. For example, some people required support from two or one staff member when out in the community. When arranging group activities staff took into account how people interacted with each other, to assess the risks to people and others, and to decide on how many staff were required to support people on that activity. Additional staffing was also organised to accompany people to healthcare appointments, as required.

Safe medicines management processes were in place and people received their medicines as prescribed. Staff supported people to take their medicines when they required them. All medicines administered were recorded on a medicines administration record (MAR). The MARs we checked were completed correctly. There were daily stock checks of medicines and we saw all medicines were accounted for. Some medicines were prescribed to be taken 'when required'. There were instructions to staff about how and when to give these. These were mainly in relation to pain relief and people were able to indicate when they were in pain, through the use of a pictorial pain chart. We saw that when these medicines were given staff recorded on the MAR when and why they were given. Safe practice was adhered in regards to controlled drugs. They were stored securely and accurate records were maintained of the medicines administered.

Staff followed processes to ensure people's money was kept secure. Records were kept of all transactions made and the amount of money stored at the service was checked daily to ensure all money was accounted for. The financial balances we checked were as expected.

Is the service effective?

Our findings

People's relatives felt staff had the right knowledge and skills to support their family member. One person's relative told us, "Staff are very well trained. If there are any problems, they solve it." Another relative said, "They're very professional. They know what to do."

Staff were able to update their skills and knowledge through the provider's training programme. Staff's compliance with the provider's mandatory training was managed centrally. The provider's central team informed the registered manager if staff were due to attend refresher training and booked them on to the necessary course. The training courses on offer by the provider and which staff had completed included, epilepsy awareness, medicines administration, sexual health awareness, autism, learning disabilities and mental health, first aid awareness, fire safety, equality and diversity, and Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff had also received specialist training on positive interventions to support people who behaved in a way that challenged staff. This was tailored to the individuals using the service and gave staff the skills to diffuse situations where people might potentially behave in a way that put themselves and/or others at risk.

Staff were well supported in their position. They received regular supervision which gave them the opportunity to review their performance. We saw from supervision records that it gave staff the opportunity to discuss with their manager their strengths, what support they required and any career opportunities they wanted to pursue.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff were aware of and adhered to the Mental Capacity Act 2005. Staff asked people for their consent before providing them with support. If staff had concerns that a person was unable to make certain decisions, capacity assessments and best interests meetings were held. People did not have the capacity to manage their own finances. Staff were aware of what arrangements were in place and who had responsibility for managing the person's finances on their behalf.

Each person using the service was being deprived of their liberty, and authorisations were in place after each person had been assessed under DoLS. The registered manager was aware of their responsibilities to keep

people safe and organised for each person to be reviewed under DoLS to ensure their DoLS authorisation was still appropriate.

Staff supported people to maintain a balanced diet. People were involved in developing the menu and staff were aware of their likes, and preferred meals. Staff, on the whole, made the meals for people, but in addition people were encouraged to participate in meal preparation and some people were able to make simple meals for themselves. Staff monitored how much people ate. Staff told us the side effect of one person's medicines was that they lost weight. This person also tended to throw their food away if left to eat on their own. Staff said they ate with this person to turn mealtimes into a social event and with this arrangement the person happily ate their meal. We saw that people's care records reflected whether people required adaptive cutlery to make it easier for them to eat independently.

Staff were aware of people's physical and mental health needs, and supported them to access healthcare professionals. Some people had regular input from the community mental health team and staff liaised with people's psychiatric support team as and when necessary. Staff also supported people to take part in the care programme approach (CPA) reviews. The CPA provides a coordinated approach to manage people's mental health in the community.

Staff told us people were also able to express if they needed to see a doctor, and staff supported people to make an appointment with their GP. Hospital passports and health action plans were available outlining the support people required with their health and also to inform hospital staff how to support the person during appointments. For example, one person became anxious if they needed their blood pressure checked. Information was provided to healthcare staff to involve the person in the event and allow the person to put the blood pressure cuff on their arm themselves, as a way to reduce the person's anxiety.

Staff told us that people were able to express whether they were in pain and if they needed to see a healthcare professional. This included using a visual pain chart so people could indicate how they were feeling if they were unable to verbally communicate this. We heard from staff that one person had recently been suffering from tooth ache. This was out of usual working hours and staff spent time finding an out of hours dental service who could provide the person with treatment and lessen the pain they experienced.

Is the service caring?

Our findings

People's relatives felt their family members were well looked after and comfortable at the service. One person told us their family member "now calls it home".

We observed staff being patient and polite when speaking with people. They encouraged people to be open and express their opinion, and be honest about what they would like to do. We observed staff and people sharing a joke.

Staff were aware of people's communication preferences. The majority of people were able to and could understand verbal communication. Some people preferred to communicate in short sentences or through use of key words. Other people preferred to use sign language, Makaton or visual cues including pictorial charts and written words. Makaton is a language programme using signs and symbols to help people to communicate.

Staff supported people to become more confident and feel comfortable at the service. The registered manager told us about one person who would not leave their bedroom when they first came to the service and was wary of other people. We observed this person was now confident and comfortable at the service, freely moving around the service and interacting with people and staff. The registered manager also told us this person happily attended many social events and had started a relationship with someone they had met at a social event. The staff were supporting the person to date and develop this relationship. This person's social worker had commented in feedback, "It is amazing how [the person] had changed. The work LCP has put in just shows that with planned, consistency and kindness anything is possible."

Staff supported people to maintain relationships with their family. People had regular visits from family members, and they were supported by staff to visit their families at their home. To help maintain these relationships staff had identified that one person found it difficult if they met with their family without having a structured activity. Therefore the staff arranged for the person to participate in activities with their family members, so they could have shared experiences.

Staff respected people's privacy. Each person was able to lock their bedrooms from the inside, and some people had keys to their rooms. Staff were able to override the lock if they had concerns about a person's safety, but they did not enter people's rooms or flats without their permission. On the day of the inspection we only looked at people's rooms who gave us permission to do so.

People were involved in decisions about their care and how they spent their time. Discussions with people's relatives and observations during our inspection confirmed this. They were encouraged by staff to participate in activities and to lead fulfilling lives, and they were able to choose how they did this and what they participated in. Staff were aware of the importance of involving people in their care and daily lives and providing them with choices. Staff respected people's decisions and supported them how they wished to be supported.

Is the service responsive?

Our findings

People's relatives felt the service was "absolutely the right place" for their family member. They felt people got the support they needed, and staff supported them to develop. One person's relatives said, "[The person's] happy, he's fine, he's safe and he's well looked after."

Staff were aware of people's preferences and support needs. Staff understood the different diagnoses people had and how that impacted on their needs. We saw that care records were developed and reflected the support people required. People's relatives felt involved in the care planning process and said staff asked "lots of questions" when developing the care plans to ensure they were personalised to the individual.

The staff used a system to categorise the level of support people required based on their needs in relation to their behaviours. An overall score was given based on the frequency and severity of incidents when people behaved in a way that challenged staff and others. Those with lower scores were supported by staff and the provider's clinical quality manager. Those with a higher score had more regular support from a behaviour support analyst. This person gave people and staff techniques to review and minimise this behaviour.

The behaviour analyst worked with staff to support individual people with significant transitions in their life. For example, they were currently working with a person to manage graduating from college and how this will change their daily routine. They were managing this by identifying how they could support the person to manage change. They tried a number of communication methods to help them to structure and deal with changing daily routines. The staff are currently piloting a process of working with the person to write a list each day with what tasks needed to be completed and in what order. The registered manager told us this was working well and helping the person to focus on how to structure their day.

Staff were aware that some people experienced sensory stimulation different to others. Staff had identified that one person found it difficult to process spatial awareness. They had worked with a specialist and identified that using a jacket which hugged the person tightly helped them to be aware of themselves and where they were within a space. The registered manager told us that since this person had started using this jacket that their body posture had improved, and the breadth of their body movements had reduced. They also said the person had started asking to wear their jacket which implied they liked the feeling of wearing it.

Staff used their skills to help people to express and manage their emotions. One person struggled to manage their emotions and this often led to them behaving in a way that challenged staff. This person had an interest in music and so did one of the staff members. They had used this joint interest to support the person. The staff member told us that recently the person had expressed their upset and frustrations through music and writing lyrics to a song, as a way to understand and manage their behaviour, which the staff member then put to music.. The staff member had worked with the person to develop a number of songs and these were available for the public to download. The person told us they were proud of the work they did and the music they had produced.

Staff supported people to lead a healthy lifestyle. They encouraged and supported people to undertake exercise, and on the day of our inspection some people had gone to a dance class, other people had been for a walk and to use park gym equipment. One person wanted to lose weight. Staff told us this person found it difficult to self-motivate and staff supported them to participate in more energetic activities. Other staff commented to us that this had helped the person to become more confident.

People were encouraged to try new things and to develop their skills. This included attending college courses, and supporting people to go on holiday. We saw that people were involved in identifying where they wanted to go on holiday and which staff members they wanted to support them. This included holidays in the UK and abroad.

The staff had started discussing with one person the opportunity to move onto a less supported environment. The staff were working with this person to develop their skills in preparation for this move. This included learning budgeting and money management. The staff met with the person to discuss what they wanted to spend their money on before going to the bank, so that the person was aware of how much money to withdraw.

The complaints process was displayed in communal areas. We saw that people spoke freely with staff and were able to express their views. People's relatives confirmed they felt comfortable speaking with staff, and if they needed to they felt able to raise a complaint. One relative told us they would feel comfortable speaking directly with the director of the service if they had any concerns, but that they had not needed to make a complaint. We saw that the provider had received a complaint. To resolve the complaint the registered manager had discussed the issues and ways to resolve the person's complaint with them. This has led to the complaint being resolved satisfactorily.

The provider received many compliments about the care and support provided. A family member recently wrote, "Thank you to [staff member] for all her hard work in organising and planning [the person's] recent holiday to Disneyland Paris." A social worker wrote, "You guys do the most amazing work and I know I'm leaving [the person] in good hands and in a placement that fits him like a glove."

Is the service well-led?

Our findings

People's relatives felt confident in the management of the service. They said there was good communication between them and the registered manager. One person's relative said, the registered manager was "very good" and "very understanding".

Staff felt well supported by their colleagues and their manager. One staff member described the registered manager as "lovely". Another staff member said, "I wouldn't want any other manager." Staff felt able to ask questions, and able to have open and honest conversations with their colleagues and manager. Staff told us the registered manager encouraged them to learn and develop their skills. Staff said there was good communication with their colleagues and the team worked well together. One staff member told us their team leader was "amazing" and "they've got all the respect [of the staff team and the people using the service]".

There were processes in place to review the quality of care delivery. This included regular checks on medicines management and management of people's finances. The clinical quality manager undertook a mix of unannounced and announced visits to check service delivery. This was based on the Care Quality Commission's (CQC) five key questions, and they looked at different areas of service delivery under the CQC's key lines of enquiry which included the quality of care records and staff's support processes. We saw some minor improvements were required and these had been addressed. This included ensuring care plans and risk assessments were signed to indicate that people had been involved in the discussions. Checks were also undertaken on the quality of support provided at night to ensure people received the service they required 24 hours a day. Previously it had been identified that improvements were required to ensure people were supported at night, and additional checks were undertaken to ensure action had been taken to address the concerns.

'On the spot' observation records were available for any visitors to complete to feedback about the service. We saw these were regularly completed. Comments included, "The staff promote independence whilst keeping them safe." And "LCP are very quick to act and make changes to risk assessments to ensure high quality of safety."

A peer programme was in place to review service delivery. This involved a person who used another of the provider's services coming to the service to undertake observations and speak with people to get their feedback about the service. This enabled feedback to be provided from the perspective of the people living there.

The registered manager met with the registered managers of the provider's other services to share ideas and learn from best practice, through the provider's quality action group. The service was awarded autism accreditation by the National Autistic Society in April 2016. This was in recognition of the quality of care and support provided to people at the service, and the progress people had made since being there. The provider had also been awarded the investors in people (IIP) accreditation in April 2016, which acknowledged the staff support and management processes in place. Since achieving this award the provider had

continued to strengthen their staff support and recruitment processes in line with advice given during the IIP process.

The local healthwatch's learning disability project group visited the service in November 2015 to review the quality of the service. Healthwatch is an organisation that helps to represent the views of people in health and social care settings. They were positive about the service and their report included the following comments; "residents are encouraged to be independent" and "staff communicate in a way which is fun, supportive and respectful".

The registered manager was aware of their Care Quality Commission registration requirements. They adhered to these and submitted statutory notifications about key events at the service as legally required.