

Vijaykoomar Kowlessur

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Inspection report

Shenley lodge
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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

Vijaykoomar Kowlessur (also known as Shenley Lodge DCA) is a supported living service providing personal care to five people with learning difficulties and mental health conditions. The service was operating in one supported living unit which was a terraced house which could accommodate up to five people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

Improvements had been made to how staff were recruited with all required pre-employment checks now in place.

There was a system in place for auditing and monitoring the quality of the service. We received positive feedback about the registered manager and the way the service was run.

Staff received an appropriate range of induction and training to undertake their role.

People's health needs were supported, and staff alerted and involved relevant health professionals when necessary.

Medicines were managed safely.

People were provided with a varied menu that met their dietary needs and preferences.

Staff were kind and caring towards people. They respected people's dignity and privacy. People were encouraged to be independent.

Care plans and risk assessments were detailed and provided staff with information about people's individual support needs and guided staff in how they should deliver support safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice

guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 24 October 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

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 ●

Vijaykoomar Kowlessur

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one 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. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with three members of staff including the registered manager and two support staff.

We reviewed a range of records. This included two people's care records and four people's medication records. We looked at five staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from one professional with regular involvement in the service and spoke with two relatives.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the provider had failed to carry out appropriate pre-employment checks for staff prior to them working with vulnerable people. This was a breach of regulation 19 (fit and proper persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- The registered manager had implemented and sustained improvements to how staff were recruited. They had reviewed and updated their recruitment and DBS policies.
- Staff files contained proof of identity, right to work in the UK, employment references and a criminal records check.
- We observed there to be enough numbers of staff available to support people safely and meet their needs appropriately.
- Staffing levels were adjusted and increased when required, especially where people were required to attend specific appointments or events.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. A relative told us, "I am impressed with the set up. It is ideal for [person] there."
- Staff had been trained in safeguarding vulnerable people and knew how and where to report any concerns they had. A staff member told us, "I first report to senior manager, if she doesn't do anything. Record and go for social services and CQC."
- The registered manager demonstrated a clear understanding of their responsibilities to report safeguarding concerns.

Assessing risk, safety monitoring and management

- Risks associated with people's health and care were assessed and guidance was available to support staff to keep people safe.
- People were encouraged to be independent and risk assessments encouraged positive risk taking.
- Emergency plans were in place to ensure people were supported in certain events, such as fire.

Using medicines safely

- Medicines were administered to people safely. Medicines were stored securely.

Medicine Administration Records (MARs) were completed and audited appropriately. Stocks of medicines reconciled with records kept.

- Where people had 'when required' (PRN) medicines such as painkillers or anti-anxiety medicines, a protocol was in place to guide staff on how to safely administer these medicines.
- Staff had received training in medicines administration and had their competencies assessed regularly by the supplying pharmacy.

Preventing and controlling infection

- Staff had completed infection control and food hygiene training and followed safe infection control practices.
- The service was clean, tidy and fresh smelling.
- People were supported to understand the importance of good infection control through regular residents' meetings, where examples of maintain good infection control, such as handwashing were discussed.

Learning lessons when things go wrong

- Incidents or accidents were recorded and managed effectively.
- Actions taken to reduce likelihood of reoccurrence were documented and the relevant authorities and health professionals.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- People had their care and support needs assessed prior to using the service to ensure staff could meet them.
- Care and support plans were reviewed monthly to ensure people's care needs continued to be met.
- The provider referred to best practice guidance to ensure care delivered was in line with the current requirements. For example, the registered manager had implemented oral health assessments.

Staff support: induction, training, skills and experience

- Staff were trained to meet people's care and support needs. A staff member told us, "I did challenging behaviour training, skills network. The registered manager trains us also."
- Staff members' skills and knowledge were developed through a mandatory training programme and spot checks on their skills and standard of work. Staff also had supervisions to review their progress. Staff developed their skills through undertaking further qualifications.
- At the time of inspection, the registered manager was completing a nationally recognised managers qualification in health and social care (level 7).

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

- People were positive around the food choices on offer. A person told us, "The food is 100%. You can choose what you like from the menu."
- People were supported to be involved in menu planning and food shopping.
- People's care plans reflected support people required around meeting their nutritional needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's care records showed people were supported to access external professionals if needed. The information received from professionals was available in people's care files and care records were updated to reflect advice from health professionals. We received positive feedback from a health professional. They told us, "A couple of residents have epilepsy and other complex needs, which seem well managed to me."
- People had hospital passports containing important information to accompany them on any hospital visit.
- Relatives were positive around the support people had to access health professionals. A relative told us, "[Registered manager] is on the ball."
- People were supported to maintain their oral hygiene which also included visiting the dentist periodically

to have a check-up. A person told us they were provided with equipment and products to maintain good oral health.

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 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The provider was compliant with the MCA. People's care plans identified if they had capacity to consent to specific aspects of their care. Best interest decisions had been made when required.
- Staff had received training and understood the MCA and ensured that people were asked to consent before care was provided.
- One person told us they held keys to the service and were supported to go out regularly as and when they wanted.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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 were treated with kindness and compassion. A person told us, "I get on well with the staff." A relative told us, "[Person] is comfortable with the staff. They are good with him." A second relative told us, "[Person] has good relationships with the staff." A professional told us, "It's a very good-humoured kindly place, whenever I visit."
- We saw friendly and respectful interactions between people and staff. Staff knew people well and understood their needs and preferences. People appeared comfortable and relaxed with staff and the registered manager. A staff member told us, "We try our best. The residents are happy."
- Assessments and care plans took account of peoples protected characteristics and staff could describe how they used this information to support people to meet their needs. For example, people's cultural and religious needs were documented and being met by staff.

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

- People were involved with decisions about their daily routines, including meal choices and activities they wanted to be involved in. We observed staff and people engage in discussion about where they would have for lunch that day.
- Where people did not have close family or visitors we saw that formal advocacy services were available to ensure that people had every opportunity to express their choices and wishes. Advocacy services help people to be involved in decisions about their lives, explore choices and options and speak out about issues that matter to them.
- People had freedom to move around the home as they wished and were not restricted. Where people preferred to spend time alone in their rooms, this was supported and respected.
- Relatives told us they were involved in planning and delivering care. They told us they were kept updated and consulted.

Respecting and promoting people's privacy, dignity and independence

- During the inspection we observed support staff respecting people's privacy and dignity and discreetly aided, if required.
- People were supported to develop and maintain their independence. Care plans described how people were encouraged and supported to be independent. A relative told us staff assisted a person by prompting them on personal care as they were able to wash and dress themselves.
- They told us, "Its perfect for [person]. They dress themselves. Staff just make sure personal hygiene is okay."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were detailed and contained information for staff to enable them to support people in a person-centred way.
- Care plans showed how staff should support people effectively when they were distressed, anxious or in relation to specific support needs. These plans were clear and detailed.
- Care plans detailed people's involvement in care planning and how they wished for their care to be delivered. People signed their care plans to confirm their involvement.
- Relatives expressed their satisfaction to us about how well the registered manager and staff had supported their family member.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified so information about the service could be provided in a way all people could understand.
- Staff were observed communicating with people as in their support plan, for example speaking clearly and slowly.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had their own individual daily routines and activities. Some people attended day centre regularly and other people were supported to go out and about daily. One person told us, "I get out and about." A relative told us, "They are very good. They take [person] out."
- People were encouraged to maintain relationships with family and friends.

Improving care quality in response to complaints or concerns

- People and their relatives knew who to speak with if they had any complaints to raise and were confident their concerns would be appropriately addressed. A person told us, "If I had any problems I would speak with the manager."
- There was a complaints procedure in place and people had access to information about making a complaint. Raising concerns were discussed in monthly residents' meetings.
- One complaint had been documented since the last inspection, which was investigated and responded to

appropriately.

End of life care and support

- The service was not supporting anyone at the end of their life at this inspection. Some care files contained information about how people wished to be supported towards the end of their lives. The registered manager told us it was a topic they tried to discuss with people and families but not all wanted to discuss at the time.
- The registered manager told us they would access relevant support from other healthcare professionals should this be needed.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Care was person-centred, and we found that people and relatives got on well with staff and managers in the service. A professional told us, "I always see much the same staff, which I find reassuring." Staff worked with people who had complex care needs and required a high level of support from staff. People were supported to exercise choice in their daily lives and regularly engage in activities of their choice.

- People and relatives spoke very highly of the registered manager and the service. People told us, "You can ask the manager for anything you need" and "I like it here." Relatives told us, "[Person] gets on with the others. I'm happy with it" and "All in all I am quite happy with what they are doing."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had relevant training, experience and skills to bring to the service. A professional told us, "The management there have lots of experience, and have been caring for those people for years."
- Staff were confident in their role and morale was positive. A staff member told us, "[Registered Manager] is supportive to be honest. If you need help anytime, she is helpful and supportive."

The management team maintained an on-call rota which meant that staff could access management support as and when needed.

- A range of audits were regularly carried out to check the quality and safety of the service. Where areas for improvement were identified, the registered manager documented actions taken.
- The registered manager promoted an open culture where people and staff felt comfortable to approach the registered manager to raise any concerns.
- We saw that following a recent incident, the registered manager informed the relevant professionals and person's family.

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

- People were supported to discuss their meal choices and activities they wished to take part in either individually or as a group.
- Surveys and questionnaires were sent to people and relatives for them to provide their feedback about the service. We saw that feedback was positive.

- People were supported to be involved in their care, for example, one person chaired residents' meetings and completed some paperwork related to their care.

Continuous learning and improving care

- The registered manager actively supported and encouraged staff to attend training and obtain nationally recognised care qualifications.
- The registered manager ensured that improvements made following previous inspections had been embedded and sustained.

Working in partnership with others

- The service worked in partnership with key stakeholders and other agencies such as the GP and learning disabilities specialists to achieve positive outcomes for people. The positive feedback we received from a health professional confirmed this.