

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Look Ahead West London Mental Health Domiciliary Care Service

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✘	Action needed
Care and welfare of people who use services	✔	Met this standard
Safeguarding people who use services from abuse	✔	Met this standard
Supporting workers	✔	Met this standard
Assessing and monitoring the quality of service provision	✔	Met this standard

Details about this location

Registered Provider	Look Ahead Housing and Care Limited
Registered Manager	Mr. Yosief Habtu
Overview of the service	Look Ahead West London Mental Health Domiciliary Care Service provides a service to 16 people with mental health problems. People live independently in self-contained flats and staff are available 24 hours a day to provide personal care and support.
Type of service	Domiciliary care service
Regulated activity	Personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 2 January 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

People gave their written consent for stakeholders to review their records and for their confidential information to be disclosed to appropriate individuals. One person told us that staff "respected their privacy" and only carried out care activities that they wanted them to.

Staff knew what the requirements of the Mental Capacity Act 2005 were and told us that capacity assessments were carried out by people's care co-ordinators in the community. There was no record that two people, who were having their monies managed by staff, had had their mental capacity assessed.

Records showed that people had risk assessments and management plans as well as support plans, which they signed. One person described the service as "OK" and told us that they knew about their support plan and who their key worker was.

Staff had attended training on safeguarding vulnerable adults and knew what to do if they had concerns about a person's welfare. One person told us that they felt "safe" at the home.

Staff had attended various training courses including safeguarding vulnerable adults, the Mental Capacity Act 2005, first aid and fire awareness. They were also supervised and appraised on their performance.

People were asked for their views about their care. Six monthly customer satisfaction surveys were carried. The latest results from November 2012 showed that four of the five respondents expressed satisfaction with the overall quality of the service.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 26 February 2013, setting out the

action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✘ Action needed

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was not meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Where people did not have the capacity to consent, the provider did not always act in accordance with legal requirements.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. There was a consent policy that covered aspects of people's care. For example, obtaining people's consent to keep and administer their medication to them. People gave their written consent for stakeholders to review their records and for their confidential information to be disclosed to appropriate individuals. One person told us that staff "respected their privacy" and only carried out care activities that they wanted them to.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. There was a policy on the Mental Capacity Act 2005 (the Act) and staff had attended the relevant training. Staff knew what the requirements of the Act were and told us that capacity assessments were carried out by people's care co-ordinators in the community.

There were three people for whom the Local Authority had been appointed to manage their finances. This meant that staff collected, kept and distributed their money to them. There was no evidence that two of the people had their mental capacity assessed to make the decision to manage their own finances. The other person was assessed as having capacity, but had given written authorisation to the appointeeship.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Peoples' needs were assessed and care was planned and delivered in line with their individual support plan. People lived independently in their own flats, but there was a shared lounge. Records showed that people had risk assessments and management plans as well as support plans, which they signed. One person described the service as "OK" and told us that they knew about their support plan and who their key worker was. Staff supported people by assisting them with their washing, shopping and medication.

Care was planned and delivered in a way that ensured people's safety and welfare. Staff from the crisis resolution home treatment teams visited people regularly to monitor their mental state and level of interaction with other people. Staff recorded people's whereabouts on a contact sheet which was kept in their records. Key workers had regular one to one meetings with people who used the service.

There were arrangements in place to deal with foreseeable emergencies. There was a policy in the event of a medical emergency as well as an emergency plan in the event of a major disruption to the service. This included the evacuation procedure. Staff knew what to do in the event of an emergency and had attended first aid training. There was a first aid box that contained bandages and plasters.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. There was a policy and procedure on safeguarding vulnerable adults that included the reporting procedures to social services. Staff had attended training on safeguarding vulnerable adults and knew what to do if they had concerns about a person's welfare. One person told us that they felt "safe" at the home.

The service held some people's personal monies, with their authorisation. There were appropriate records maintained which staff and people signed.

The Deprivation of Liberty Safeguards were only used when it was considered to be in the person's best interest. There were no restrictions on people movements. They had their own keys to their self-contained flats and entered and left as they pleased.

Supporting workers

✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development. One staff told us that they enjoyed their job "supporting" people. Staff had attended various training courses including safeguarding vulnerable adults, the mental capacity act, first aid and fire awareness. Staff received supervision on a one to two monthly basis and were appraised on their performance on an annual basis.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

Reasons for our judgement

People were asked for their views about their care. Six monthly customer satisfaction surveys were carried out. The latest results from November 2012 showed that four of the five respondents expressed satisfaction with the overall quality of the service.

Decisions about care were made by the appropriate staff at the appropriate level. Annual contract monitoring was undertaken by the commissioner of the service and reports were produced. Managers carried out casework management sessions which involved reviewing people records to ensure that they were up to date and quality managed.

There was an accident and incident policy that included reporting procedures. There were no such incidents in the past year.

The provider took account of complaints and comments to improve the service. There was a complaints policy and the one complaint received in the past year was appropriately handled.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment
	How the regulation was not being met: There was no evidence that two people had their mental capacity assessed to make the decision to manage their own finances. (Regulation 18 (b))

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 26 February 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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