

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

Look Ahead West London LD Domiciliary Care Service

26 McGregor Road, London, W11 1DE

Tel: 02072210172

Date of Inspection: 17 May 2013

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Look Ahead Care and Support Limited
Registered Manager	Ms. Lisa Kay Rowland-Hall
Overview of the service	The service offers a care service to people living in their own homes. The service includes 18 to 25 year-olds with learning and physical disabilities, as a step on the way to more independent living in a project for 11 people living at Amy Garvey House. This building is on the corner of All Saints Road and McGregor Road, and the entrance is 30-32 All Saints Road.
Type of service	Domiciliary care service
Regulated activity	Personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
<hr/>	
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
<hr/>	
Our judgements for each standard inspected:	
Respecting and involving people who use services	5
Care and welfare of people who use services	6
Safeguarding people who use services from abuse	7
Requirements relating to workers	8
Assessing and monitoring the quality of service provision	9
<hr/>	
About CQC Inspections	10
<hr/>	
How we define our judgements	11
<hr/>	
Glossary of terms we use in this report	13
<hr/>	
Contact us	15

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 unannounced 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 17 May 2013, talked with people who use the service and talked with staff.

What people told us and what we found

We spoke to two people who used the service and we looked at satisfaction surveys . People were satisfied with the care and treatment they received and one said " I get a really good support package".

We saw that risk assessments and care plans were up to date.

People were cared for in a safe environment by staff that had been recruited through an appropriate recruitment process including pre-employment checks, and had subsequently undertaken relevant training.

There were systems in place to monitor the quality of service people received. People were asked for their feedback and there was evidence that incidents were reported, investigated and the necessary actions taken.

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

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People who use the service were able to express their views and were involved in making decisions about their care. People were supported in promoting their independence and community involvement. Some people using the service were very independent but others were supported shop, cook or to take part in local activities such as going to a sports centre.

People's diversity, privacy and dignity were maintained. The service used person centred plans to help people work out what was important for their care and support from people's own perspectives. This model used was rooted in the principles of rights, independence and choice. We observed staff speaking with people in a respectful manner.

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

People's needs were assessed and care was planned and delivered in line with their individual care plan. We looked at two care plans and saw that there was a plan drawn up by the local authority as well as the positive pathways plan used by Look Ahead. Plans covered medical, personal, social and emotional needs and had been drawn up in discussion with each individual to reflect their needs, choices and preferences. We saw that people were involved in making decisions about their care and had signed, or otherwise indicated agreement to their goals, and agreed when the plan would next be reviewed to check progress.

We saw risk assessments completed in relevant risk areas for each person, including areas such as visiting family and behavioural risks. These were updated alongside the care plans.

There were arrangements in place to deal with foreseeable emergencies. There was a first aid policy and procedures, as well as procedures in the event of substance or medication misuse. There was first aid equipment in the office and use of items taken from this was logged. We saw that staff had been trained in first aid and basic life support.

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

There were procedures in place to respond to and report safeguarding concerns. The staff were aware of the local authority safeguarding policy and procedures on safeguarding adults and children from abuse. Staff said they would report concerns to the manager.

We saw that people were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent it from happening. We saw that staff had been trained in safeguarding vulnerable adults.

The duty rosters showed that personal support assistants were available at different times of day to support individuals with activities and appointments.

The provider responded appropriately to any allegation of abuse. There had been no serious incidents, but we saw a log of minor occurrences of concern and action taken to prevent any escalation.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

There were effective recruitment and selection processes in place. We saw the policy for recruiting and selecting staff which was set centrally by the head office. This included advertising procedures, the application process and pre employment checks including checking two references. The recruitment processes were managed centrally and paperwork was retained in the head office.

Staff files were kept at the location where staff worked and we saw staff records showing that staff had received relevant training which included first aid, fire procedures and lone working. Staff received regular supervision which was recorded, and staff had annual appraisals.

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.

Reasons for our judgement

The head office (Look Ahead) prepared various surveys which staff used to find out people's views on topics such as equality and diversity so as to identify areas for change. People were asked for their views about their care and they were acted on. People we spoke to said they had "no complaints" and if they had a complaint they would speak to staff.

The head office carried out quality checks on its individual services and produced reports.

Decisions about care and treatment were made by the appropriate staff at the appropriate level. Care plans were developed jointly between the borough of Kensington and Chelsea and Look Ahead staff, and we saw evidence that these plans involved input from GPs, occupational therapists and dieticians as needed by each individual.

We saw from the incidents book that there was evidence that learning from incidents took place and appropriate changes were implemented.

We saw a complaints folder. There had been no significant complaints this year.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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