

Haven Bell Ltd

Cardinals Way

Inspection report

72 Cardinals Way
London
N19 3UY
Tel: 07534913485

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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 

Overall summary

We carried out an unannounced inspection on the 9 April 2015. This is the first inspection undertaken by the Care Quality Commission. Cardinals Way provides care and support for two adults with mental health difficulties and associated needs. There are two live in care workers staying at the service at all times. There are bathroom facilities, a communal lounge a large kitchen with a dining area and a small garden with access through the kitchen.

There was a registered manager in place at the time 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.

We found that Cardinals Way provided a personalised, person-centred service in which people were in control of their support and participated in decision-making for themselves and the service. People were encouraged and enabled to be more independent and there was a clear ethos and culture to promote recovery.

Summary of findings

Staff had a good understanding of safeguarding adults' procedures and keeping people safe. They knew how to recognise and report concerns appropriately and understood how to 'Whistle blow'.

Medicines were stored and administered correctly and staff had completed the appropriate training to ensure they were competent to administer medicines safely.

Risk assessments and care plans for people using the service were effective; they were individual and recorded all the required information. People and their relatives were involved in the care planning process and outcomes they were working towards were realistic and recorded in a simple, pictorial format that was easier for people to understand.

People consented to their care and treatment and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). DoLS exist to protect the rights of people who lack the mental capacity to make certain decisions about their own wellbeing. Services should only deprive someone of their liberty when it is in the best interests of the person and there is no other way to look after them, and it should be done in a safe and correct way.

Care workers were well trained and staff had all undergone an induction programme before starting at the service. They each received regular one to one supervision, with a strong emphasis on reflective practice and learning.

People had access to healthcare services and received on-going healthcare support from a local GP and regular visits to the service were undertaken by visiting professionals. Reviews of people's mental health and healthcare were also undertaken by the multi-disciplinary team.

People's dignity and privacy was maintained. They were supported with personal care and other tasks and were encouraged to do as much for themselves as possible in order to maintain and increase their independence.

Care plans were detailed and covered areas relating to personal care, social interaction, life histories, mental health, activities and financial matters. We saw evidence that people who used the service and their relatives were involved in planning their care.

People were given information on how to make a complaint and how to access advocacy services. No complaints had been received and one compliment was recorded from a relative, praising the staff team for the improvement seen in the wellbeing of their family member since they had been living at the service.

The registered manager conducted regular audits at the service including random spot checks to ensure the service was delivering high quality care. Actions were carried through and discussed with the staff team for learning and improvements.

Summary of findings

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. Staff knew how to report concerns or allegations of abuse.

Individual risk assessments had been prepared for people and measures put in place to minimise the risks of harm.

There were sufficient staff on duty throughout the day and night to meet people's needs. Staff files showed that regular meetings, supervision and appraisal sessions had taken place. This showed staff performance was managed and there were mechanisms in place for staff to contribute to service developments.

There were suitable arrangements for the safe recording, storing and administering of medicines, in line with the provider's medicines policy.

Good



Is the service effective?

The service was effective. Staff received induction training and mandatory training as well as advice and guidance from visiting professionals.

People were assisted to receive ongoing healthcare support.

People's food preferences and any requirements around being supported to eat and drink were detailed in their care plans.

Staff had a good understanding of the Mental Capacity Act 2005 and how to support people using the principles of the Act. They supported people to make day to day decisions using communication that was understood by them.

Good



Is the service caring?

The service was caring. Staff understood people's communication and they demonstrated patience, kindness and respect.

Staff supported people in a caring way and understood each person's needs well.

Staff encouraged positive caring relationships amongst people using the service.

Good



Is the service responsive?

The service was responsive. People received personalised care that met their needs.

People's voices were heard through a number of ways including daily meetings between staff and people using the service. All suggestions were considered and followed through.

People and their relative were involved in care planning, including providing information and attending reviews.

Good



Is the service well-led?

The service was well led. Relatives of people using the service said that there was a positive and open culture. They felt able to discuss any issues that may arise with the registered manager and the staff team.

Good



Summary of findings

Regular audits of service delivery and reviews of policies had been carried out; this ensured the quality of the service was closely monitored.

Cardinals Way

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 9 April 2015 and was unannounced. A single inspector carried out the inspection.

Before the inspection we reviewed the information we held about the service including people's feedback and notifications of significant events affecting the service.

We interviewed four staff including two care workers, the registered manager and the quality and compliance manager. During the inspection we spoke with two relatives.

We reviewed two case records, two staff files as well as policies and procedures relating to the service.

Following our inspection we contacted a number of healthcare professionals including a service manager, clinical specialist nurse and a care coordinator.

Is the service safe?

Our findings

Staff had received training in safeguarding people. They were able to describe the process for identifying and reporting concerns and were able to give example of types of abuse that may occur. One care worker said “I would always report my concerns to the manager and would also report directly to the local authority safeguarding team or the Care Quality Commission, if need be.” Another said, “Safeguarding policies and procedures are kept in the filing cabinet and we can look at them at any time”.

People who used the service said they felt safe and relatives we spoke with said they thought it was a safe service. One person said “Staff support me to go out, as I don’t go out alone, that’s my choice.”

The registered manager told us that all safeguarding concerns or alerts would go straight to the local authority in the first instance and that they would be guided by the safeguarding adult’s team in terms of the investigation, as they were the lead agency. Staff were also aware of the whistleblowing policy and how to use it.

Risk assessments had been completed for the people staying at the service. They included information related to the activities that people had taken part in, mobility, skin integrity, risk of harm to self, risk of harm to others, risks of accidents and others risks and behaviours. Risk assessments were completed with input from family and friends and were reviewed three to six monthly or whenever a change had occurred. Staff we spoke with described how they ensured the risk of harm was minimised, one said, “I always read the care plan and risk assessments to understand how to support the service user.”

At all times there were two live in care workers to support people at the service. This meant there was always a one to one ratio of staff to people that needed support. People told us that they thought the service provided was always sufficient. One person said “We get to know the staff as they live with us, they’re always around when we need them.”

Relatives we spoke with were very happy with staff working arrangements, one said, “We can’t ask for more, there is always one care worker to one resident.” Another said, “We never worry about there being enough staff, as there is

always two staff on duty, at least.” They told us that this enabled their relatives to really get to know staff and vice versa and this provided continuity of care. Staff told us that there was always enough staff available to meet people’s needs and if they needed more support the registered manager was always available on the telephone or able to come to the service at short notice. They told us they lived with people using the service for about three weeks and then they had a break and another two care workers took over. Feedback from professionals was also positive in terms of staff numbers and they felt that it supported continuity as well as a warm and homely environment for people at the service.

We looked at two staff files and saw that recruitment practices ensured staff were appropriately checked prior to employment to ensure they were suitable to work with the people using the service. The staff files we looked at included criminal record checks, two written references, interview records and an application form detailing the staff member’s employment history. The staff member’s right to work in the United Kingdom was also checked and verified and included supporting documentation.

Medicines were received, stored and administered according to the medicines policy at the service. Each person’s medicines were clearly marked with their name and stored in blister packs. There was a separate controlled drugs cabinet and a fridge for medicines that required storage at lower temperatures. Individual medicine administration record (MAR) charts included information about allergies and any other considerations for taking the medicines. Guidance was available for medicines that were prescribed to be taken when required. A medicines audit had taken place on 5 May 2015. All actions to address any shortfalls and dates for completion had been brought forward to ensure they were dealt with appropriately and in a timely manner

There was an annual fire safety check undertaken on 23 April 2014 and all actions and recommendations had been completed. The registered manager informed us they were in the process of arranging the annual fire safety review for 2015. There were also weekly fire alarm testing and six monthly fire evacuation drills that had been completed. Staff had also completed fire awareness training.

Is the service effective?

Our findings

People we spoke with and their relatives told us they thought the service was effective. One person said, “The staff help me with some things and that’s good but I also do things for myself.” One relative said, “The staff have time to spend with people and that makes all the difference”.

Staff had the knowledge and skills to enable them to support people effectively. They had undertaken induction training before they started working at the service and had also achieved a national vocation qualification in health and social care. Training was mostly completed online and outcomes were further discussed in one to one supervision sessions. Staff also had access to, guidance and advice from visiting professionals and this was usually around supporting people effectively and safely. This included supporting people with mental illness and supporting people who may misuse substances

Feedback from professionals was very positive, highlighting that the service was always proactive in seeking advice around best practice but also that staff had come up with good suggestions for supporting people in a person centred way that met individual needs.

Records showed that the registered manager maintained a system of appraisals and supervision. Appraisals were scheduled annually and supervision on a one to three monthly basis as staff were generally working three weeks on and three weeks off. Supervision records were detailed and covered areas including, care and supporting people, learning and development, audit outcomes, safeguarding and case management. The registered manager told us that they actively discussed and followed through any outstanding actions as well as learning outcomes that may be apparent. We saw evidence of this on staff files and audits we looked at. Staff confirmed to us that incidents and issues were recorded and discussed in supervision and team meetings in order to learn and improve.

Staff said they felt well supported by the registered manager. They told us that supervision and appraisals took place regularly. Staff told us that team meetings were held regularly and sometimes as often as weekly or as need be. There was also a daily log of events recorded by staff that outlined every aspect of support and activities undertaken for each day.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and how to support people using the principles of the Act. One care worker said, “It’s important that people are not restricted and that they have a choice in everything they do, including what they wear, personal care and the food they wish to eat.” Staff confirmed they had received training on MCA and Deprivation of Liberty Safeguards (DoLS) before they started working at the service. We saw evidence that people had consented to care and treatment and care plans had been agreed and signed.

The registered manager had made contact with the local authority with regards to a possible referral for a deprivation of liberty. DoLS exist to protect the rights of people who lack the mental capacity to make certain decisions about their own wellbeing. Services should only deprive someone of their liberty when it is in the best interests of the person and there is no other way to look after them, and it should be done in a safe and correct way. We saw evidence of this and the registered manager was awaiting a response to their request. The service had access to an advocacy service if required to support people around best interests and staff supported people individually to make day to day decisions by using communication understood by them.

People who used the service and their relatives thought the food was good. One person said, “The food is really good and I choose what I wantt on a daily basis.” One relative stated that their relative was losing weight before they came to the service but had now put on weight and their weight was stable. This was confirmed in their care records.

Although there were no menus, staff discussed food choices with people each day and shopped most days to ensure food was fresh. People often went with staff to do the shopping. We saw people being offered choices at breakfast and one person was having their food grilled as they thought this was a healthy option. Assessment information and care plans clearly stated food and drink preferences and how individuals were supported to eat and drink to ensure their nutritional needs were being met.

Staff supported people to access health services and appointments. People were also registered with a local GP. Any actions and outcomes from appointments were recorded in people’s case files. Staff worked closely with

Is the service effective?

relatives of people using the service around their health needs to ensure they were supported to maintain good health, access to healthcare and received ongoing healthcare support.

Is the service caring?

Our findings

People told us that the staff were caring. One person said “Staff are good, they help me when I need it.” A relative said, “They are very caring towards my relative.” Another said, “Sometimes their job is not easy but I have never seen so much of a hint of staff getting cross, they are always very understanding.” Another spoke about the changes they had seen with their relative and felt this was attributed to the care and support they were receiving.

There was a warm and homely atmosphere, particularly as staff were living at the service for short periods. There appeared to be no separation between facilities and people were free to use all parts of the building. Staff and people using the service spoke about having barbeques and having meals in the garden and there were tables and chairs for people to use.

We saw evidence of really good interaction between the staff and people using the service. There were times when people were reminded by care workers of the agreements they had made about undertaking certain activities and this was handled sensitively. People responded positively to staff once they were reminded of their plan and understood the outcome they were aiming to achieve. Staff demonstrated patience and kindness throughout the process.

Feedback from a visiting professional was very positive; they felt that the dedicated and caring approach from staff made it an ideal setting to promote recovery. They were impressed by the level of commitment demonstrated by the staff team and their drive to deliver high standards of care. They felt that all staff had a good understanding of the

difficulties faced by people using the service and that staff adopted a non-judgemental, holistic approach whilst supporting them. They described seeing positive changes in people who had been facing difficulties over many years.

People’s dignity and privacy was maintained. They were supported with personal care and other tasks and were encouraged to do as much for themselves as possible in order to maintain and increase their independence. One person told us they helped make their own cooked breakfast and other recipes with the support of staff and that this activity was preparing them to live independently.

People we spoke with and their relatives felt that dignity and privacy was upheld and one said, “People are left while they’re in the house to move around freely and staff always knock on doors and wait to be invited in.” During our visit, we saw evidence of this as staff waited at least five minutes outside someone’s door in order to give them their medicines.

Staff had completed life histories for people and told us they used the information to ensure equality and diversity was upheld. There was a policy in place and staff had a good understanding of the ways in which this could be achieved. The registered manager told us of an activity currently being organised for someone to pursue their past interest and this was very much part of their culture. This was confirmed with the person and their relative. Staff also ensured they cooked cultural meals that people were familiar with and also told us they had recently cooked a meal from their own culture at the request of people using the service. People told us they enjoyed tasting food from different parts of the world.

Is the service responsive?

Our findings

The care and support people received was responsive to their needs. Professionals told us that they worked closely with the staff to ensure the support offered was right and that the provider encouraged this approach. One relative spoke of the general improvement they had seen with their family member and said they felt that this was because staff really got to know them and understood their needs. Another relative told us that they were kept informed about everything by the staff, no matter how small and this gave them the reassurance they needed.

Relatives had told us they had been involved in the planning for their relatives to come to the service, once it had been identified. The registered manager confirmed that it was important to undertake an in-depth pre-admission assessment involving people, their relatives and professionals before a placement was agreed to ensure compatibility with existing people as it was a very small service.

Care plans were very detailed and covered areas relating to personal care, social interaction, life histories, mental health, activities and financial matters. Each section had a sub section which requested staff to record 'Goals and Aims', 'Execution Strategy', 'Service Users Views' and who was responsible for making sure the task had been undertaken. On the care plans we looked at there was a separate plan titled, 'My Daily Goals' which was in a simple pictorial format that included, attending to personal care, hygiene, brushing my hair and putting on makeup. There was also evidence that relatives and friends had been involved in the care planning and that they had provided a lot of information regarding peoples individual circumstances. People told us they were involved in regular meetings with professionals and that their relatives were also invited.

Visiting professionals described the staff team as being very proactive in using their support. They said that staff had provided them with very thorough handovers and been

involved in regular meetings and reviews with the consultant psychiatrist. They also felt that the staff team were able to take on board feedback in relation to meeting the needs of people using the service, particularly in relation to aspects of their mental health difficulties and supporting their general wellbeing.

People were encouraged to maintain relationships both within and outside the service. Some people went out regularly with family members and friends and some went on overnight stays as agreed. Relatives told us that everything was prepared in advance by staff, including medicines and that it was very well organised. People and their relatives formally signed to say they were going on overnight stays so that everyone was aware of this.

There were regular meetings with people and the staff team, as often as every day in order to plan activities and discuss the food people wanted and any meetings that may be happening. On the day of our visit, one person had arranged with staff and relatives to go out for lunch and shopping. The following day arrangements had been made to go to the cinema. Meetings with people and their relatives were arranged to suit and although some were formal others just happened when relatives visited or as issues arose.

People we spoke with and their relatives told us they felt confident to raise any issues with the registered manager and that their issues would be taken seriously and acted upon. They told us that the registered manager and the quality and compliance manager were often at the service and were readily available to speak to.

Information regarding how to make complaints was given to people as well as a leaflet about how to access advocacy services. People we spoke with and their relatives told us they knew how to make a formal complaint and staff were clear about how to support people to do so. There were no complaints recorded but we saw a compliment from a relative, praising the staff team for the improvement seen in their relative since they had been living at the service.

Is the service well-led?

Our findings

People and their families and friends felt they were kept updated about any issues that affected them. They felt the registered manager and the staff team were open and honest. One relative said, “We are very impressed with the management, any problems that come up, they deal with and they always get back to me.” Another said, “It’s early days but we have seen a positive change in our relative” and one commented, “The care staff and the managers seem to have the right approach.” There was a general feeling from people and their relatives that the registered manager and care staff had made real attempts to promote a family type environment, where people felt safe and they could be themselves.

Staff told us they felt well supported by the registered manager and quality and compliance manager and felt able to contact them about any issue that arose. One said, “We’re never on our own, we can always call and someone will come straight way.” We saw this in the interaction between the care workers and the registered manager, which was professional and displayed openness and transparency.

There were policies and procedures in place to ensure staff had the appropriate guidance required and were able to access information easily. Policies and procedures we saw each had a review date to ensure information was appropriate and current.

The registered manager had monitoring systems in place to measure quality and to ensure high standards of service delivery. We saw that several audits had been undertaken recently, including, infection control, mattress checks and clinical waste checks. She also conducted random spot checks during the night and early hours of the morning. These checks were mostly focused on medicines administration and the last spot check took place on 30 March 2015. If any concerns were identified, staff were required to complete a reflective account which was then followed up in a supervision session for continuous learning.

The service promoted a clear vision of promoting people’s independence and the registered manager spoke to us about their aspirations for people to move safely on to independent living, if it was appropriate. They spoke of empowering people in every aspect of the care and support provided to enhance and improve people’s quality of life. The feedback received from health professionals confirmed this approach and that staff knew how to engage people in activities that supported social inclusion and enhanced their social confidence.

People who used the service and care workers had regular opportunities to make their voice heard. We saw this happening when we visited. As well as formal meetings, there were several one to one discussions taking place between staff and people who use the service and this seemed to work well.