

# Heritage Care Limited

# Harrow Street

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Harrow Street provides short-term residential respite care for up to five people with learning disabilities. The service also provides day care support to people with learning disabilities, although this activity is not regulated by the Care Quality Commission (CQC). At the time of this inspection there were four people receiving support from the service.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service supported people who had varied needs to live a safe and fulfilled life. Assessed risks to people were reduced or eliminated to support the safety of people using the service.

There was a registered manager in post. There were audits and spot checks in place to make certain staff worked correctly and that people received the appropriate support at a good standard. People using the service and their relatives had various ways of sharing their views and this was openly encouraged.

People's support plans reflected their individual choices and goals and people were supported to have maximum choice and control of their lives. Staff understood and followed the Mental Capacity Act 2005 guidance. Staff asked for people's consent before providing any support.

Support staff and people using the service knew how to make a complaint and had no worries about doing so.

The registered manager regularly asked for the views of people about the quality of the support that was provided at Harrow Street. Staff had completed all required training and this was updated on a regular basis to ensure people's needs were met appropriately.

Systems were in place for the reporting of notifications to CQC and incidents that involved people had been reported to us as required.

Further information is in the detailed findings below.

## 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 remains safe.

**Good** ●

### **Is the service effective?**

The service remains effective.

**Good** ●

### **Is the service caring?**

The service remains caring.

**Good** ●

### **Is the service responsive?**

The service remains responsive.

**Good** ●

### **Is the service well-led?**

The service remains well led.

**Good** ●

# Harrow Street

## 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 19 April 2018 and was announced. The provider was given short notice because we needed to be sure that people using the service would be available to speak with us. This inspection was carried out by one inspector.

Before the inspection visit we looked at the information we held about Harrow Street including any concerns or compliments. We looked to see if we had received any statutory notifications from the provider. A statutory notification is information about important events which the provider is required to send us by law. We considered this information when planning our inspection to the home.

During the inspection we spoke with one person who was receiving support from Harrow Street. We also spoke with three members of support staff and with the registered manager. We met and spoke with two family members who were visiting people using the service.

We looked at three support plans to see how these were developed and to ensure these contained the choices and wishes of people using the service. We also reviewed files relating to recruitment, induction, supervision and training files for three support staff.

We looked at additional records that showed us how people were supported. These included such records as recruitment files, medicine records, daily records, reviews of support plans, risk assessments and any activities that had been undertaken. We also looked at how the registered manager audited the quality of the service that was provided.

# Is the service safe?

## Our findings

The relatives of people using the service told us that they felt staff made certain people were safe. They confirmed that they were contacted if there were any issues that affected the person receiving support. People told us that they had confidence in the registered manager and other staff to keep people safe. One family member said, "It is brilliant here, I can say people are very safe." When we asked one people using the service if they felt safe, they immediately told us, "Yes, I feel safe."

Staff confirmed that they had training relating to the safety of people, their training included recognising and dealing with various types of abuse. All training was regularly updated to ensure practices were meeting current standards. Staff knew their role and responsibilities to safeguard people receiving support and the local authorities to contact if needed.

Risk assessments were completed with regard to all aspects of a person's daily routines and chosen activities. Any risk was either eliminated or reduced to a minimum to support the person using the service.

The support staff we spoke with told us they supported people to follow their chosen interests as well as to develop new skills. They recognised that they needed to make sure risks to people were managed or eliminated. One person using the service said that they did feel safe when staff used the hoist. We observed staff using this equipment and they were careful when providing assistance.

Any accidents or safety related incidents were recorded. Actions that were required for any areas of the service were fully recorded and dated on completion. Such actions were monitored and reviewed by the registered manager to ensure these had been fully completed and implemented.

Appropriate fire safety records were maintained and relevant signs and equipment were seen throughout the premises.

We saw that appropriate recruitment procedures were completed for all new members of staff. All legally required checks were undertaken before any new staff started work. This meant people could be assured that only appropriate staff provided their support.

Staffing numbers were sufficient to ensure that all areas of the service ran smoothly and efficiently. The registered manager and members of support staff told us that staff retention was good.

Medicines were safely stored and managed. The keys to access medicines was signed for and two members of staff dealt with the administration of medicines. This supported the safe administration of medicines. Records showed that medicines administration records were fully completed and up to date, providing evidence that people received their medicines at the prescribed time. We saw that only trained members of staff supported people with their medicines. Up to date policies and procedures also ensured the safe handling of medicines.

People were protected by the prevention and control of infection. Staff were trained in infection control and there were clear policies and procedures to maintain and support infection control. We saw that protective clothing was readily available for staff to use. The kitchen contained coloured chopping boards to avoid cross contamination. The stored buckets and mops used for cleaning were also colour coded. This ensured these were only used in the designated areas of the service.

Lessons were learnt in the event of anything going wrong. Records showed that action plans and improvements were implemented and completed as needed.

## Is the service effective?

### Our findings

People's needs were fully assessed by the registered manager to make certain a person's needs could be met. Staff ensured that the smallest detail was considered, such as activities and likes and dislikes. One relative said, "They really go out of their way to help. They do so much." One example was a person could not be collected at the arranged time. The registered manager reassured the relative that they did not have to rush. We were told, "I knew [person using the service] was well cared for and I stopped worrying. They are so flexible."

Regular meals and preferences about various foods were fully supported by staff. One person using the service said that they enjoyed the meals and chose their food each day. We saw that people using the service were helping with the preparation of food at lunch time. On our arrival we saw that fruit scones had been baked and people were happy to tell us how much they liked these.

Staff understood about the importance of nutrition and this was monitored for people using the service. Meals were discussed with people before they made their choices for the day and nutritious options were encouraged. Medical professionals were contacted if there were any concerns about a person's health.

Members of staff we spoke with all confirmed that they felt supported and that the registered manager had an open door policy and was always available if needed. Relatives we spoke with also said that the manager was always available and made time to chat with people.

There was a training programme in place to make sure staff had completed all appropriate training. Any required training was also discussed at supervision that was regularly undertaken. This process ensured that staff had the opportunity to ask for any training they felt would support their role as well as ensuring staff knowledge was current. Staff completed an induction programme which included essential training such as safeguarding, first aid, health and safety and the safe handling of medicines.

We checked that the service was working within the principles of the Mental Capacity Act 2005 (MCA). Discussions with staff and our review of records showed that staff knew and understood their responsibilities regarding the MCA. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People were supported to make their own choices about their every-day lives. People using the service said that carers did support them and that this was in the way they had chosen. .

Records showed that people using the service had their needs and choices updated regularly. If a person's needs changed in any way, this was written into their support plan immediately. Staff explained that regular discussions ensured that a person's needs were monitored and any change was reviewed and addressed

immediately. Relatives we spoke with confirmed that they were informed of any reviews and were regularly kept up to date.



## Is the service caring?

### Our findings

Family members we spoke with confirmed their relatives were treated with kindness and respect. One family member told us, "They (staff) are always kind and caring. They cannot do enough." Another told us, "Staff do everything they can no matter what the situation is. They are so helpful, especially the manager." A person using the service said, "Happy here. Staff are good."

People's support plans provided detailed information about all aspects of their needs. For example, records contained details of how the person liked to sleep, either with lights on or off. Information also covered such areas as allergies, communication needs and daily routines. We were shown one room where the bed had been moved to a position that suited the person and how they liked to sleep.

People's views about the service were regularly obtained. This provided a check that people were receiving the care and support they needed in the way they wanted. One person told us their dignity was promoted and that staff were kind towards them. We heard examples of how staff had supported people and one person told us, "They [staff] take me out." On the day of our inspection the plans had been changed as it was very hot and a shorter time outdoors was agreed for the comfort of people using the service.

Staff knew people well and explained what daily routines were followed and what people enjoyed doing the most. We saw that support plans reflected these routines and reflected the person's choices. Staff said that they encouraged people to express their views and to make their own choices on a daily basis. We saw this was the case at lunch time, with people being asked for their preferences. People assisted with food preparation if they chose to do so.

People using the service, and their relatives, confirmed they were regularly asked what they enjoyed and how they wanted to spend their day. This was then added to support plans and arrangements made to work towards such goals and aims. Support plans included personal preferences and choices about how the person wanted their support to be given. Our discussions and review of records showed that these wishes were being met wherever possible.

People's support plans were written in a way that explained how people preferred their care to be provided. Staff were able to tell us in detail about the needs of people, their likes and dislikes as well as the specific support they required. This demonstrated that staff were knowledgeable about the needs and preferences of the people they supported.

People could be assured that information about them was treated confidentially and respected by staff. Records relating to people's care and support were stored securely.

## Is the service responsive?

### Our findings

Staff demonstrated their knowledge and understanding of their responsibilities within their specific role. A relative said, "Staff really do know their job. They always consider the people they support and their happiness."

Support plans were regularly reviewed to make sure they contained up to date information and reflected any change in a person's needs. These included such areas as a person's personal history, communication needs and any specific aims or wishes the person had expressed. There were detailed instructions for staff to be aware of the individual's preferences and choices. Information included details regarding end of life wishes if the person had chosen to provide such details.

Relatives we spoke with confirmed that regular reviews took place and that contact was a regular thing from staff. One relative said, "Staff always tell me if anything changes, I know [person's name] is looked after and happy here."

Records showed regular routines and daily activities that staff supported people with. These clearly reflected the mood of the person as well as the choices for each day.

We spoke with a group of people who were attending the day centre. They confirmed they enjoyed their chosen activities and that staff always supported them when needed. One person told us that they enjoyed it better in a quiet area and that staff knew this.

All staff said they felt that they worked well together to make certain that people had the support they needed and in the way they chose. Our discussions with family members also confirmed this was the case.

We discussed the new accessible information requirement. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Staff told us that they had always ensured that this had been carried out. For example, information and any questions were accompanied with clear pictures to assist understanding and to support a person's independence.

People were provided with information about what to do if they had any concerns or complaints. This information, and any other information, was provided in an accessible format for everyone using the service.

All information was presented in a pre admission booklet which included the complaints process. Records showed that although there were no current complaints, the registered manager had dealt appropriately with matters brought to her attention. Our discussions with people using the service and with family members, as well as questionnaire feedback, confirmed that any issues were dealt with in a timely manner.

## Is the service well-led?

### Our findings

Relatives and one person using the service we spoke with were very positive about the support provided by staff at Harrow Street. One relative said, "It's always a really good feeling walking in here. They are always so happy and welcoming." Another relative said, "It really is like this all the time, just comfortable and relaxed."

Staff told us that they enjoyed their job and felt supported and valued by the registered manager. Staff were very positive and all said they worked together as a team to ensure each person's needs were being met as the person had chosen.

People using the service were regularly asked for their views about the support they received. Questionnaires, that contained pictures as well as words, were made available for people to record their views. All comments were reviewed and analysed to form an overall picture of any areas that may require improvement. We saw that comments on questionnaires were all very complimentary. These included such comments as, "Very happy in every department." Also, "I enjoy going out and especially lunch."

There were systems in place to monitor and check the quality of the service and support that was provided. These checks included regular audits of records, spot checks on medicines, training and risk assessments. The registered manager encouraged suggestions and feedback to continually monitor the service provided.

We found staff were knowledgeable about key policies and procedures which included whistleblowing and dealing with signs of abuse. Staff spoke to us of their responsibility to inform a member of the management team, or external organisations such as the CQC or social services, should they have any concerns about people's welfare.

Policies and procedures were in place to cover all areas of the service. Areas covered included dealing with medicines, safeguarding, death and dying and a statement of purpose for the organisation. These documents were regularly reviewed and updated as required.

The registered manager was aware of their responsibility to have on display the rating from their last inspection. We saw the rating was clearly on display on the provider's website and within the service. The provider is required to display their latest CQC inspection rating so that people, visitors and those seeking information about the service can be informed of our judgments.

Harrow Street provided a service that was tailored to meet the individual needs of people and support them to live as independent and full a life as possible.