Harrow Council

Harrow Council - 14-15 Kenton Road

Inspection report

14-15 Kenton Road
Harrow
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Tel: 02084237484

Date of inspection visit:
15 December 2015

Date of publication:
25 February 2016

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

The inspection visit was carried out on 15 December 2015 and was unannounced.

Harrow Council - 14/15 Kenton Road is a care home providing personal care and accommodation for people with mental health needs. It is a service run by Harrow Council, located in Harrow on the Hill and accommodates up to 14 people.

There was a registered manager working at the service. 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.

People were positive about the way staff treated them. Each person we spoke with told us their care workers were kind and compassionate. We observed how staff talked and interacted with people and saw that people were at the centre of the service and were treated with respect.

The care provided to people was person centred. Person centred means that care is tailored to meet the needs and aspirations of each individual. The provider carried out a comprehensive assessment to make sure people's needs could be met.

Staff had a good understanding of how to protect people from the risk of harm. They had been trained and had access to guidance and information to support them with the process. Risks to people's health and safety had been assessed and the service had care plans and risk assessments in place to ensure people were cared for safely.

There were sufficient numbers of staff deployed at the service to make sure people received the care, support and time that they needed. The staffing levels were flexible and were increased if a person needed extra support or for events and activities.

Staff told us they received appropriate training and support and that their views about people's needs and the service itself were listened to.
The home provided good quality food and catered for people's individual preferences. This included people's specific health and dietary requirements. Food and drinks were available to people throughout a 24 hour period.

People were confident that their concerns or complaints would be listened to and acted upon.

There was an effective system in place to assess and monitor the quality of the service and to drive improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from abuse because staff were knowledgeable of what abuse was and their responsibilities to act on concerns.

Risk assessments had been undertaken. These included information about action to be taken to minimise the chance of harm occurring to people and staff.

People receiving care and staff told us there were sufficient numbers of staff available to keep people safe. Safe recruitment procedures were followed to ensure staff were suitable to work with people who used the service.

Is the service effective?

Good

The service was effective.

People received care from a regular team of staff who had the appropriate skills to meet their needs.

People were provided with support to ensure their dietary needs were met.

Staff liaised with health care professionals when needed.

Is the service caring?

Good

The service was caring.

People were treated respectfully and the staff were kind, caring and compassionate in their approach. Staff told us how they ensured people's rights to privacy and dignity were maintained while supporting them.

People were supported to express their views at a time that suited them and were actively involved in making decisions about all aspects of their care.

Is the service responsive?

Good

The service was responsive.

Care and support was responsive to people's individual needs and preferences.

Feedback was sought from people who used the service.

The service had a complaints policy and procedure, and people knew what to do if they had a complaint.

Is the service well-led?

Good

The service was well led.

The registered manager provided staff with support. Staff were complimentary about the support they received.

People were given the opportunity to provide their opinions about how the service was run.

There were effective quality assurance systems in place to monitor the quality of care. We saw that this was used to drive improvements.

Harrow Council - 14-15 Kenton Road

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 unannounced inspection took place on 15 December 2015, and was carried out by two inspectors..

We gathered and reviewed information about the service before the inspection. The registered manager had completed a Provider Information Return (PIR). This is a
form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with other information we held about the service. We looked at previous reports and checked for any notifications we had
received from the provider and the local authority. This is information about important events that the provider is required to send us by law.

We looked around all areas of the service, and talked with six people who lived at the home and carried out some observations. We spoke with staff, the registered manager and team leaders. We also looked at care plans, medicines records, staff files, audits, policies and records relating to the management of the service.

Good

Is the service safe?

Our findings

People we spoke with had an understanding of staying safe. We asked people if they felt safe at the home and one person said that they felt really safe in the home and that staff were always there if they needed anything. Comments from people included, "It is safe here. Staff are always there to support us" and "I feel safe with staff."

Staff knew how to recognise the signs of potential abuse and they were knowledgeable about safeguarding of adults at risk. They were able to describe the different ways that people might experience abuse and the correct steps to take if they were concerned that abuse had taken place. Staff told us they could report allegations of abuse to the local authority safeguarding team and the Care Quality Commission if management staff had taken no action in response to relevant information. Records confirmed that staff had received training in safeguarding. Safeguarding information was displayed around the service with contact information and staff knew details of the local authority safeguarding service. There were records that showed the service notified the appropriate authorities of any safeguarding concerns.

We looked at personnel files and noted necessary checks had been undertaken to ensure the provider reduced the risk of employing a person who may be a risk to people receiving care. Staff completed an application form, gave a full employment history, showed proof of identity and had a formal interview as part of their recruitment. At least two written references from previous employers had been obtained and checks were made with the Disclosure and Barring Service (DBS) before staff could commence work. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. This meant the service had robust processes in place to employ suitable staff.

There were sufficient numbers of suitable staff to keep people safe and meet their needs and people confirmed this. People told us that staff responded to their needs in a timely manner when needed. The duty rotas showed that staffing levels had been consistent and we observed that there were sufficient staff on duty to meet people's needs when we visited. Staffing was planned around people's needs, appointments and activities, including provision of one-to-one and in some situations, two-to-one support.

The managers had systems in place to identify and manage any risks to people's health and wellbeing. Risks to people had been identified and assessed appropriately and there was information and guidance to staff on how to mitigate the risk. We looked at care plans, which incorporated a series of risk assessments. They included assessments around falls, moving and handling and mental health deterioration. For example, four people had diabetes and we saw there were clear guidelines in place for staff to help them recognise if people's blood sugar levels were high or low. The risk assessments informed staff exactly what they had to do if this occurred. The risk assessments and care plans we looked at had been reviewed and updated regularly.

There were effective systems in place for continually monitoring the safety of the premises. These included recorded checks in relation to the fire alarm system, hot water system and appliances. We saw recorded

checks on safety equipment, such as fire extinguishers and the fire alarm. These checks were regular and up-to-date.

There were arrangements in place to deal with foreseeable emergencies. The service had contingency plans for events such as gas leaks; power cut, severe weather conditions, and outbreaks of infection. There were relevant contact numbers of managers and other sites where people could be supported. People were given a fire safety briefing, where emergency procedures were explained. A personal emergency evacuation plan (PEEP) was included in each person's support plan. This assessed a person's ability to leave the premises safely in the event of an emergency, such as a fire, and the type of assistance they may need to achieve it.

We examined the provider's incident and accident records and these contained a clear description of the incident. Completed forms explained the outcome of the incident and included details of action taken to avoid re-occurrence. The registered manager explained that accidents and incidents were monitored to ensure any trends were identified. This system helped to ensure that any patterns of accidents and incidents could be identified and action taken to reduce any identified risks.
People told us they received their medicines on time and that they were happy with the way their medicines were managed. One person with a health problem reported that staff helped with their diet and tablets to keep them well. We witnessed all people had a medicines chart in the form of an administration print out from a local pharmacy, who supplied all the medicines to the home in people's specific blister packs.

Staff told us and records confirmed they received training on the administration of medicines. Staff told us they felt confident in their role. We saw medicines administration training was received every three years; initially given by the local pharmacy before Harrow Council assumed the role. Medicines were stored securely. There were no gaps in the medicine administration records. We witnessed the daily medicine reconciliation and saw that medicine administration records tallied with the stocks in the medicines cabinet.

Half of the people receiving care administered their own medicines. . People were individually assessed by a consultant prior to admission as to their suitability for self-medication. This was seen as an important part of the care plan for people who were undergoing a rehabilitative package with an aim of living independently. They held their own blister packs in their rooms and were offered support and training. They were also subject to regular spot checks; determined on the basis of a risk assessment. We witnessed one of the spot checks during this inspection and saw from records that this was carried out on a regular basis.

Good

Is the service effective?

Our findings

People were very positive about the quality and effectiveness of the service. One person told us, "Staff are always there to help us in every situation" and another said, "Staff are very skilled. They look after us very well."

We looked at how people were supported to eat and drink well. We found where people required special diets to manage their health needs, such as those with diet controlled diabetes; advice was sought from healthcare professionals.

A weekly menu was displayed and people were supported by the staff to choose their meals. People said that the food was consistently good and spoke positively about the quality of food provided. We observed that care staff assisted people and ensured that they had drinks. People were able to eat and drink with minimal support. Staff told us that people went out shopping with them.

People could help themselves to drinks and snacks throughout the day. A fruit bowl was kept in the kitchen for people to help themselves. Where people were unable to access the drinks and food immediately, staff were available to offer assistance. One person told us, "The kitchen is always open and we eat whatever we want."

People were supported to access healthcare services. The provider was part of a single point referral system (SPOR). This is a seven-day-a-week service that offers quick and easy access to integrated short-term health and care services to maintain independence and prevent hospital admissions. People confirmed they were supported to attend appointments with doctors, nurses and other specialists if they needed to see them. The SPOR was composed of a variety of teams, with varied expertise; such as nurses, psychiatrists, psychologists, occupational therapist, dieticians and GPs, who were all involved in people's care. For example, we saw the Community Rehabilitation Team helped with intervention on people who had experienced relapses in their mental health. The team managed and reviewed medicines, care plans and risk assessments. We saw that care coordinators visited the home once a month and when necessary to discuss people's care. On the other hand, the local pharmacy provided training for staff on how to dispense medicines safely and undertaking annual medication audit at the home.

Staff were trained and supported to have the right skills, knowledge and qualifications necessary to give people the right support. They were provided with an induction and shadowed experienced staff before working without supervision. As part of induction we saw that the service was working towards the Care Certificate. This is a nationally recognised programme for equipping staff with core skills to work with people in the social care sector. We saw from records that staff were observed and assessed in practice to ensure they met essential standards of care.

The training matrix showed a rolling programme of mandatory and relevant training. Training included attendance at training sessions, mentoring and online. The range of courses offered to staff included subjects related to peoples' needs including mental health, diabetes, safeguarding and health and safety.

Staff had knowledge about people's' needs. Most of the staff had a recognised National Vocational Qualification (NVQ) in care. The registered manager and the Team Leader had Registered Manager's Awards as well as NVQ Level 4 in Health and Social Care. All the other staff had NVQ Levels 2 or 3 in Health and Social Care.

Staff received formal supervision and appraisal and they told us that they were happy with the process. Records confirmed this. We saw from supervision notes that any issues related to staff practice were discussed through this process and the managers were supportive to staff. The registered manager told us having supervision meetings ensured he was able to track staff progress and steer individual staff member towards their objectives. Each staff member had an annual appraisal and records confirmed past performance and future objectives had been discussed.

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 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager told us no one using the service lacked capacity to make decisions in relation to their care. The registered manager explained that if it was determined an assessment was required, a mental capacity assessment would be carried out. People were in control of their care and treatment. Staff asked for people's consent before they gave them care and support. All people had signed a consent form, which was kept in their files confirming their capacity to make decisions. Staff gained consent from people before carrying out personal care and respected people's choices. We saw signed consent forms in people's files for medicines administration and relevant assessments.

The managers of the service had knowledge of the MCA and DoLS. Also, staff had knowledge of and had completed training in the MCA and DoLS. They were able to discuss how the MCA might be used to protect people's rights.

Good

Is the service caring?

Our findings

People told us that the registered manager and staff were kind and caring. They said they were treated respectfully. One person reported they were 'looked after very well'. This person knew their key worker and that they would go to them with any problems and everything would be 'put right'. Another person told us, "The staff really listen to you and unlike [other places], they don't shout". Another person was complimentary about their keyworker, who had helped with improving their English and computer skills, which they thought would help when they moved into a new flat. We observed people were relaxed throughout our visit and interacted well with staff. Staff knew people well and had built up positive caring relationships with them and they showed kind and caring qualities when interacting with people.

Throughout the inspection, we observed how staff talked and interacted with people. We saw that people were at the centre of the service and were treated with respect. The feedback we received from people showed us the value they attached to their relationship with staff. One person told us, "If I have an issue I talk with staff and they will do something about it." This was a recurring theme from all the people we spoke with who felt staff were always there if they needed anything. Staff clearly knew people well and interacted with them in a friendly and respectful manner.

People had been actively involved in making decisions about their care and support. They told us they made choices about how they spent their time, what they wanted to wear and where they wanted to be; be it in communal areas or time in the privacy of their bedrooms. The care files contained information about people's likes, dislikes and preferences to enable staff to care for people in a way that they preferred.

Staff supported people to maintain their independence. People told us that they decided what they wanted to do and when they wanted to do it. They chose when to get up and when to go to bed. Personal care was always carried out in private behind closed doors and direct support was only provided where it was needed. Staff would wait outside a closed toilet door to ensure a person's privacy.

People were supported to continue with their religious beliefs. People could attend a church of their choice if they wanted to and there were opportunities for people to join in prayer meetings. People found comfort in this.

Some files contained a care plan that had been agreed with people stating their wishes should a life threatening event or death occurs whilst they were in residence. Staff said it had initially been quite difficult to engage people in the conversations but they had received relevant training and support and people understood why it was important.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. Their care plans were reviewed on a regular basis. The care plans were reviewed daily between staff shifts and staff handovers. We attended handover during this inspection and we saw the person's daily care notes were handed by the outgoing shift to staff on the incoming shift. Thereafter, we saw that people received regular reviews on a six months basis and annually. On-going review of care plans meant that any changes in people's needs could be noted and responded to.

Before people moved to the home; the registered manager and relevant professionals met people and carried out a comprehensive assessment to make sure their needs could be met. If the assessment indicated that they would not be able to give people the support that they needed the SPOR panel guided people to look at other options. The registered manager explained, during the assessment process, information was gathered so staff knew as much as possible about the person and background to ensure a smooth transition into the service. This helped staff to understand people and the lives that they had before they came to live at the Home.

People's care files contained detailed care plans and supporting documents like risk assessments. All documents were up to date and signed appropriately by the key worker and the person receiving care, demonstrating regular reviews and the individual's engagement. All of the care plans had been regularly reviewed and updated to reflect people's changing needs. The care plans demonstrated a personalised approach to care, and included people's known likes, preferences and goals. For example, one person was being supported to improve English skills in support of personal career goals. The daily records showed that these were taken into account when people received care, for example, in their choices of activities, food and drink. Staff knew people well and were able to tell us how they supported them. During this inspection, we saw staff were quick to respond to people's requests and met their needs appropriately.

We reviewed case notes and noted they contained detailed records of input from a range of professionals, including psychiatrists, psychologists, and community nurses. There were monitoring charts that were accurately completed and meaningful to staff and professionals. For example, one person's goal was to remain mentally stable. In order to achieve this, the person took medicines regularly, and was monitored to make sure they stayed as healthy as possible. Staff were able to recognise signs of any deterioration and reported concerns to the registered manager and where necessary adjusted their support accordingly.

Everyone we spoke with said there were enough activities offered at the home. They told us there was always something going on. Each person had a personal activity plan showing activities on offer for every day of the month. This was based on activities that people had suggested and requested. There was a range of outdoor activities that people participated in. These included day trips, gardening, and football. People were also involved in household chores, such as cooking, cleaning and laundry. People prepared their breakfast and lunch for themselves with staff support where necessary.

People told us they felt able to raise concerns or make a complaint if the need arose. They were confident their concerns would be taken seriously. People had a copy of the service's complaints policy in their care plan file. This provided information on how to make a complaint. However, everyone we spoke with told us they had no complaints. One person told us, "If I have any issue, l will talk with staff or the manager and they will do something about it." The service had received one complaint in the past year. This complaint had been investigated and responded to in line with the complaints procedure.

Good

Is the service well-led?

Our findings

Staff members reported being very happy working in the home as demonstrated by how long they had stayed. They were full of praise for the registered manager in terms of the culture he had created, the leadership and support he offered and the changes he had made. Comments included, "The manager has empowered us. We can use our initiative to support people"; "The manager is approachable. He always makes time to listen to you" and "The manager always passes information and makes sure staff understood." Staff confirmed that the registered manager operated an 'open door' policy and that they felt able to share any concerns they might have in confidence.

The provider had a mission statement; vision and values. One of the key components of the provider's vision was to 'Support people to develop activities of daily living skills to enable them move on to their own flat or a low support accommodation between six months to two years'. Staff were aware of the organisation's vision and values. We asked staff what they were most proud of, and one staff said, "We used to be a simple care home but now with the changes we are really able to help people to move on."

Quality was integral to the home's approach and there were robust systems in place to drive continuous improvement. Regular audits had taken place such as for health and safety, medicines and dignity in care. The local council also carried out six monthly to yearly monitoring visits to ensure a high standard of care continued to be provided. Their monitoring reports included observations of good practice and appropriate responses to people's needs.

People had been asked for their views about the service through annual surveys as well as during reviews and key worker meetings. The provider had received positive feedback from a survey that was undertaken in 2015. The survey questions included whether people were satisfied with the level of support they received; how staff communicated with them; quality of meals and complaints resolution. People told us that they were actively involved in making decisions about how to improve the service. They told us and records confirmed regular meetings had taken place where they had discussed a range of issues which included move-on plans, activities, and food. We saw from the 2015 improvement plan that the provider was on course to implement most of the suggested improvements. For example, an alternative accommodation had been acquired to facilitate speedy placements of people when they were ready to move-on to their independent accommodation. In another example, we saw from the provider's 2015 annual review that they had reduced hospital admission from six in a year to two through proactive intervention and therapeutic activities

Staff had good communication with each other. Handovers took place between each shift and a communication book was used to record important information. This meant that staff could quickly access information when returning to work after a break to ensure that they had good up to date information so all staff were aware of any changes in people's health and care needs. We attended a handover session during this inspection, which covered a range of issues regarding people's support needs. This showed staff were kept up to date about changes to people's care needs.

The managers and staff had clear expectations in regard to staff members fulfilling their roles and responsibilities. Staff were clear about their roles and responsibilities and received regular feedback from the managers about their performance. They were able to describe their roles well. The staffing structure ensured that staff knew who they were accountable to. Staff meetings were held where staff responsibilities and roles were reinforced by the managers. The meetings were also used to share ideas for improving the service and to give coaching and guidance to staff.

As part of the provider's quality programme, the registered manager provided monthly supervision to staff. Staff conducted weekly team meetings where issues relating people's care were discussed.