

Idelo Limited

Idelo Limited - 5 Courtenay Avenue

Inspection report

5 Courtenay Avenue
Harrow
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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

This unannounced inspection of Idelo Limited - 5 Courtenay Avenue took place on the 11 November 2015. At our last inspection on 16 January 2014 the service met the regulations inspected.

Idelo Limited - 5 Courtenay Avenue is registered to provide accommodation and personal care for 3 adults. The home supports people with learning disabilities who may have additional mental health needs. The service is

operated by Idelo Limited. On the day of our visit there were 2 people living in the home. Public transport and a range of shops are located within walking distance of the service.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission [CQC] to manage the service. Like registered providers, they are 'registered persons'.

Summary of findings

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. The registered manager was not on duty during the inspection but a manager of another of the provider's services spent time in the home and provided us with the information we required.

The atmosphere of the home was relaxed and welcoming. People were treated with respect and staff engaged with people in a friendly and courteous manner. Throughout our visit we observed caring and supportive relationships between staff and people using the service.

People were encouraged and supported to make decisions for themselves whenever possible to maintain and develop their independence. People participated in a range of activities of their choice, and were supported to learn and develop a number of skills. People were provided with the support they needed to take part in and develop social interests, and maintain links with their family and friends.

Arrangements were in place to keep people safe. Staff understood how to safeguard the people they supported. People's individual needs and risks were identified and managed as part of their plan of care and support. Care plans were personalised and reflected people's current needs. They contained the information staff needed to provide people with the care and support they wanted and required.

People were supported to maintain good health and promote their well-being. They had good access to appropriate healthcare services that monitored their health and provided prompt support, treatment and advice when people were unwell. People were provided with a choice of food and drink which met their preferences and dietary needs.

Staff were appropriately recruited, trained and supported to provide people with individualised care and support. Staff told us they enjoyed working in the home and received the support they needed to carry out their roles and responsibilities.

Staff understood the legal requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). They knew about the systems in place for making decisions in people's best interest when they were unable to make one or more decisions about their care and/or other aspects of their lives.

There was an open and inclusive culture within the home. People using the service and staff told us they felt able to communicate their views about the service and were confident that any concerns would be addressed by management staff. There were systems in place to regularly assess, monitor and improve the quality of the services provided for people.

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. People told us they felt safe and were treated well by staff. Staff knew how to recognise abuse and understood their responsibility to keep people safe and protect them from harm.

Risks to people were identified and measures were in place to protect people from harm whilst supporting their independence.

There were suitable arrangements in place to make sure people received their medicines in a safe way.

Staff recruitment was robust so only suitable people were employed. The staffing of the service was organised to make sure people received the care and support they needed and to keep them safe.

Good



Is the service effective?

The service was effective. People were cared for by staff who received the training and support they needed to enable them to carry out their responsibilities in providing people with effective care and support.

People were provided with a choice of meals and refreshments that met their preferences and dietary needs.

People received the healthcare treatment and advice they needed and were supported to maintain good health.

There were suitable arrangements in place to obtain, and act in accordance with the consent of people using the service. People were supported to make decisions for themselves and in their best interests.

Good



Is the service caring?

The service was caring. People were treated with dignity and kindness. Staff understood and respected people's rights and involved them in decisions about their care. People's independence was encouraged and supported.

Staff respected people's right to privacy and had a good understanding of the importance of confidentiality.

People's well-being and their relationships with those important to them were promoted and supported.

Good



Is the service responsive?

The service was responsive. People received personalised care and support which was responsive to changes in their needs and wishes.

People were supported to maintain and develop their personal skills and social interests. People's maintained links with the wider community and their religious, cultural and individual needs were respected and accommodated.

Good



Summary of findings

There was a system in place for peoples' complaints to be listened to and addressed. Staff understood the procedures for receiving and responding to concerns and complaints. People knew who they could speak with if they had a complaint.

Is the service well-led?

The service was well led. The management of the home was open and inclusive.

People and staff had the opportunity to provide feedback about the service and issues raised were addressed appropriately.

There were processes in place to monitor quality of the services, identify any issues that needed to be addressed, and improvements were made when needed.

Good



Idelo Limited - 5 Courtenay Avenue

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.

The inspection was carried out by one inspector. Before the inspection we looked at information we held about the service. This information included notifications sent to the CQC and all other contact that we had with the home since the previous inspection. During the inspection we looked at the Provider Information Return [PIR] which the provider completed before the inspection. The PIR 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. The PIR was discussed with a manager during the inspection.

There were two people using the service, both were able to tell us about what they thought about the service. To gain further understanding of people's experience of the service we spent time observing how people were supported by staff. During the inspection we spoke with the registered manager by telephone, and spent time talking with another manager, a senior care worker and a care worker.

We also reviewed a variety of records which related to people's individual care and the running of the home. These records included; care files of the two people living in the home, four staff records, audits, and policies and procedures that related to the management of the service.

Following the inspection we spoke with a relative of a person using the service. We also contacted four health and social care professionals to obtain information about the service. At the time of this report we had not received feedback from the health and social care professionals that we had contacted.

Is the service safe?

Our findings

People told us they felt safe living in Idelo Limited-5 Courtenay Avenue. They told us “I feel safe, I am happy,” and “I like them [staff] they look after me.” Both people knew who to speak with if they were worried about something. A person told us “I talk with staff if I am not happy.”

There were policies and procedures in place, which informed staff of the action they needed to take to make sure concerns about people’s safety including suspicions of abuse, were reported to the right people at the right time. Staff knew how to contact relevant external agencies including the host local authority safeguarding team. Staff were able to describe different kinds of abuse and told us they would immediately report any concerns or suspicions of abuse to the registered manager, who they were confident, would address any safeguarding concerns appropriately. Staff informed us they had received training about safeguarding people and knew how to keep people safe. Staff training records confirmed that staff had received safeguarding adults training and regular refresher training about the subject.

There were appropriate arrangements in place for supporting people to manage their finances and to keep people’s money safe. We saw receipts of people’s spending and appropriate records were maintained of people’s finances. To reduce the risk of financial abuse regular checks of the management of people’s personal money were carried out by management staff.

There were systems in place to manage and monitor the staffing of the service to make sure people received the support they needed and to keep them safe. Staff told us they felt there were enough staff on duty to provide people with the care and support they needed and to keep them safe. Staff told us the staffing in the home was flexible. They provided us with examples of when extra staff had been provided such as when people needed staff support to attend appointments and activities outside of the home, and at times when people had been unwell. A relative told us they felt there were enough staff on duty.

Care workers confirmed there was consistency of staff who knew people well and understood their individual needs. Staff we spoke with knew how to respond to people’s behaviour when it challenged the service. People’s care

plans included triggers for behaviours that challenged the service and the measures in place for supporting the person. Staff told us they had received training in managing challenging behaviour. Records confirmed this. People using the service spoke in a positive manner about staff, approached staff without hesitation and told us they knew staff well.

Care plan records showed risks to people were assessed and guidance for staff to follow minimised the risk of people being harmed but also supported them to take some risks as part of their day to day living. Risk assessments were personalised and included risk management plans. They had been completed for a selection of areas including people’s behaviour, consumption of alcohol, contact with strangers, mobility, choking, use of transport, and risks within the home. Risk assessments were regularly reviewed. General health and safety risk assessments such as storage of sharp knives, waste collection and personal hygiene in the kitchen included guidance to minimise risk and keep people safe were in place. Accidents and incidents were recorded and addressed appropriately. A care worker told us they would complete an incident report and tell the registered manager if they were notified of an incident.

The four staff records we looked at showed appropriate recruitment and selection processes had been carried out to make sure only suitable staff were employed to care for people. These included checks to find out if the prospective employee had a criminal record or had been barred from working with people who needed care and support. Staff we spoke with confirmed that checks had been carried out prior to them starting their job.

Medicines were stored and managed safely. An up to date medicines policy which included procedures for the safe handling of medicines was available. Staff we spoke with knew about this policy. Medicines administration records [MAR] showed that people received the medicines they were prescribed. A person told us “I get my medicines. I need them.” There were arrangements in place in relation to obtaining and disposing of medicines appropriately. Staff had received medicines training. Records showed that staff completed a comprehensive medicines competency assessment before they managed and administered

Is the service safe?

medicines. The manager told us they would commence carrying out regular refresher staff medicines competency assessments to ensure that medicines were always administered safely.

There were various health and safety checks carried out to make sure the care home building and systems within the home were maintained and serviced as required to make sure people were protected. These included regular checks

of the fire safety, gas and electric systems. There was clear fire guidance displayed in the home. The home had an emergency plan. People had personal emergency evacuation plans and took part in regular fire drills so they knew what to do in the event of an emergency.

The home was clean. Soap and paper towels were available and staff had access to protective clothing including disposable gloves and aprons.

Is the service effective?

Our findings

Both people using the service told us they were happy living in the home and staff understood what they liked and how they needed to be supported. One person said “They [staff] help me do things and to take the right path.” A relative of person told us that staff were approachable, skilled and understood people’s needs. They told us “[Person] likes living in the home. They have freedom, It’s a good home.”

Care workers we spoke with were knowledgeable about people’s needs and positive about their experiences working at the home. They told us they enjoyed their job supporting and caring for people. We saw they provided people with care and support in line with people’s care plans.

Staff were aware of the responsibilities of their job roles and told us they received the training and support they needed to carry out their roles in providing people with effective care and support.

Staff told us and records showed staff received a comprehensive induction programme, which included ‘shadowing’ more experienced staff so they knew what was expected of them when carrying out their role in providing people with the care they needed. Care workers told us during their induction they learnt about the organisation, its policies and procedures and about the service provided for people. Staff told us they spent a lot of time when they first started working in the home talking with people to get to know them and by speaking with other staff including management staff about people using the service and their needs. Care workers told us they regularly read people’s care plans and other records to ensure they were aware of people’s current needs. The manager told us when there were new care staff recruited they would complete the new induction Care Certificate which is the benchmark that has been set in April 2015 for the induction of new care workers.

Staff told us they received relevant training to provide people with the care and support they needed. Training records showed staff had completed training in a range of areas relevant to their roles and responsibilities. This training included; safeguarding adults, medicines, infection control, health and safety, food safety and MCA/DoLS. Staff had also received training and learning in other relevant areas including complaint and conflict resolution, lone

working, diversity, behaviour, mental health, learning disabilities and physical intervention. A care worker told us that they would inform the manager if they felt they needed further training in a particular topic area and they were confident the manager would address this. Staff were supported by the provider to obtain vocational qualifications in health and social care which were relevant to their roles. Certificates we looked at confirmed this.

Staff told us they felt well supported by the registered manager and other management staff. They said senior staff were always available to provide the support and guidance they needed. Staff told us and records showed staff received supervision and appraisals to monitor their performance, identify their learning and development needs, and discuss people’s needs. The manager told us staff also received on-going supervision on a day to day basis when best practice issues and strategies to support people were discussed with staff to ensure there was consistency of care provided by the staff team.

People’s needs and the service were also discussed during staff shift ‘handover’ meetings. Staff told us there was very good communication among the staff team about each person’s needs, so they were up to date with people’s progress and knew how to provide people with the care and support they needed. A relative of a person told us “[Person] was well cared for by staff.”

People were supported to maintain good health and were referred to relevant health professionals when they were unwell and/or needed specialist care and treatment. Records showed people had access to a range of health professionals including; GPs, psychiatrists, opticians, dentists and community nurses to make sure they received effective healthcare and treatment. People spoke of attending health appointments. A person told us that they saw the doctor when they felt unwell.

Care plans included detailed guidance for staff to follow regarding people’s physical and mental health needs. People had a ‘hospital passport’ that they could take with them to appointments and when admitted to hospital. The ‘hospital passport’ detailed the care and support needs of each person including risks, medicines, and communication needs so medical and nursing staff in other services received appropriate information about the person so they could understand how to meet their needs.

Is the service effective?

The manager and care staff were aware of the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA is legislation to protect people who are unable to make one or more decisions for themselves. People's care plans showed they were supported to be involved in decisions about their care and treatment. Staff knew that when people were assessed as not having the capacity to make a specific decision, health and social care professionals, staff and on occasions family members would be involved in making a decision in the person's best interests. Staff knew what constituted restraint and knew that a person's deprivation of liberty must be legally authorised. Staff told us and records showed that staff had completed MCA and DoLS training. The manager told us and records showed that one person was subject to a DoLS authorisation at the time of our visit. The person had received support from an Independent Mental Capacity Advocate [IMCA] during the process of the DoLS being authorised.

Care workers we spoke with were knowledgeable about the importance of obtaining people's consent regarding their care and treatment and in other areas of their lives. People's care records identified that people were able to

consent about their care and treatment. A person using the service told us that staff always ask for their consent before supporting them in a number of areas such as with their personal care needs or when planning activities.

We found people's nutritional needs and preferences were recorded in their care plan and accommodated for. Staff we spoke with had knowledge and understanding of people's individual nutritional needs including their religious and cultural dietary needs and preferences. Menus were based on what people liked to eat and healthy eating information. Shopping for food was planned around what people had chosen for the menus. We also saw a range of ingredients available for people to make snacks. We saw people make drinks whenever they wanted them. People were complimentary about the meals. A person told us they had recently helped a member of staff from their same country of origin cook a meal that originated from that country. They told us the meal was "Very good."

A person showed us their bedroom and told us they liked their room which was personalised with a range of the person's possessions. People told us they spent time in the garden during warm weather. One person told us about their enjoyment of spending time in a specific outbuilding located in the garden listening to music.

Is the service caring?

Our findings

The atmosphere of the home was relaxed. During our visit we saw positive engagement between staff and people using the service. Staff spoke with people in a friendly and sensitive way. People we spoke with were complimentary about the staff and told us they treated them well, listened to them, and provided them with the care and support they needed. One person told us “They [staff] are nice, I like them.” A relative of a person spoke in a positive manner about the care that staff provided to people.

The manager told us about the importance of building a rapport with people using the service and involving them and those important to them in decisions about their care. A person told us they felt fully involved in decisions about their life. During the inspection we found staff took time to engage with people. They spoke with them about their plans for the day and respected the decisions people made. During the inspection a person decided to visit a relative, and do some shopping. These decisions were supported by staff.

Staff told us they were happy working in the home, enjoyed supporting and caring for people using the service and worked well as a team. Staff confirmed they read people’s care plans and received detailed information about each person’s progress during each shift so understood people’s individual needs and were able to provide people with the care they needed. A person spoke in a positive manner about a member of staff and said “I like [staff member], she is nice, she helps me.”

People’s daily routines and preferences were written in their care plan. Each person had a key worker who supported them in their day to day lives. People knew the name of their key worker who they said regularly talked with them and helped support them in making a range of decisions about their care and other aspects of their lives. A care worker told us about the regular ‘chats’ they had with their key person. We saw care workers spending one-to-one time with people during the inspection.

Staff told us about supporting people’s independence. These included decisions about what they wanted to do and purchases they wanted to make. People told us they had a travel card which enabled them to access public

transport without cost. A person told us about the journeys they had taken independently on the bus. We heard a senior member of staff discussing a person’s finances with the person using the service. They fully involved, supported and encouraged the person to make their own decision about how they spent their money.

Staff understood people’s right to privacy and we saw they treated people with dignity. People had their own key to their bedroom, we saw a person lock their door before going out. A care worker told us they made sure that the bathroom door was closed when supporting a person with their personal care needs. Staff had a good understanding of the importance of confidentiality. Staff knew not to speak about people other than to staff and others involved in the person’s care and treatment. People’s records were stored securely. People opened their personal mail.

People were supported to maintain the relationship that they wanted to have with friends, family and others important to them. Staff told us and records showed people had frequent contact with their relatives and that staff supported people by assisting them to arrange visits to their family. A relative of a person told us about staff supporting a person to visit them and spoke about the importance of these visits for them and the person using the service. People told us about their visits to family member’s homes and said they enjoyed these visits. A person told us about the friends that they saw regularly. Another person told us they regularly spoke with a relative on the telephone.

Staff understood that people’s diversity was important and something that needed to be upheld and valued. Records showed staff had received training about equality and diversity. A person told us how their culture was acknowledged, valued and promoted by staff and gave examples of this. People’s care plans showed that they were supported by staff when they chose to have relationships. Care plans included details of people’s sexuality needs and risks, and the support they received such as counselling in this area. Staff were knowledgeable about people’s religious needs. A person told us they sometimes attended a place of worship. People using the service confirmed a variety of religious festivals as well as people’s birthdays were celebrated by the service.

Is the service responsive?

Our findings

Staff told us that before a person moved into the home information about the person's needs was obtained from health and social care professionals and an initial assessment carried out to determine if the service was able to meet the person's needs and to make sure they were compatible with people using the service.

People's care and support had been individually planned to meet each person's specific needs and preferences. This was supported by a comprehensive assessment and care planning process. People's care plans showed us assessment of people's needs formed the basis of their care plan and identified where people needed support and guidance from staff. The two care plans we looked at contained detailed information about each person's health, support and care needs and what was important to them. There was also comprehensive written guidance about how to provide people with the care they needed and to support them in achieving personal goals. People's care plans were tailored specifically to the person's individual needs and demonstrated the person was central and the focus of their plan of care. People told us they were involved in their care, knew about their care plan and participated in its review. A person told "They [staff] talk with me about what I want and they help me."

Staff told us people's needs were assessed and monitored on a day to day basis by the staff team. Records of people's care and support were completed during each working shift so staff had up to date information about each person's needs. Staff told us and records showed that staff were responsive to changes in people's needs and contacted health and social care professionals including psychiatrists for support and advice when required.

Relatives of people were kept informed about their family member's well-being, and were contacted when people's needs had changed and about significant issues to do with their lives. A relative confirmed this and told us that they were fully involved in decisions about people's care attended meetings where the person's needs were reviewed. Records showed people's care plans were reviewed regularly, and when people's needs changed, for example when they became unwell or when their

behaviour challenged the service. Records showed reviews of people's needs took place regularly with the involvement of family members and on some occasion's health and social care professionals. A relative told us "They [staff] tell me what they are doing to help [Person]."

People's individual choices and decisions were recorded in their care plan. Each person had an individual activity plan which we saw adhered to during the inspection. Staff were knowledgeable about people's preferences and the type of activities they enjoyed. They supported people to follow their interests, develop and learn new skills, and take part in a range of activities including those that were community based. The manager spoke of the role of staff to encourage and motivate people to take part in a range of activities, which was a challenge at times due to people's lack of motivation.

A person told us they liked going shopping for clothes and worked one day a week in charity shop, which they said they enjoyed. Another person told us about the day centre they attended regularly which they enjoyed. People also participated in household tasks including the laundering of their clothes, vacuuming, ironing, food shopping, cooking and tidying their rooms. We saw a person take part in cleaning a bathroom during the inspection. A person told us they liked cooking and told us about having recently cooking a meal with staff supervision. Another person told us they regularly tidied their bedroom and took part in the laundering of their clothes. They told us "I do lots of things." A person told us they had been involved in the planning of holidays they had enjoyed. Another person told us they were hoping to go on holiday abroad next year.

The service had a complaints policy and procedure for responding to and managing complaints. Staff knew they needed to take all complaints seriously and report them to the manager. A relative told us they had no concerns or complaints about the service. They said that if they had a concern they would feel comfortable raising it, and were confident they would be addressed appropriately and promptly. There had been no complaints recorded since 2012. Complaints records showed they had been managed and addressed appropriately in line with the provider's policy.

Is the service well-led?

Our findings

People and a person's relative spoke in a very positive manner about the service. They told us the registered manager, other management staff and care staff were approachable and communicated with them well. Comments from people using the service included, "It is good here, they [staff] are kind and help me," and "I am happy here." A relative of a person told us "It is a good home. I would recommend it."

The manager told us, and staff and people confirmed the home had an 'open door' policy so people could speak with senior staff at any time. A person using the service confirmed this. We saw people using the service approach the manager and other staff without hesitation.

Regular team meetings, provided staff with the opportunity to receive information about any changes to the service and to discuss and raise any concerns or comments they had. A care worker told us they had no concerns about raising issues about the service and people's care to management staff who they were confident would listen to them and address the issues. They told us strategies to do with supporting a person when they were mentally unwell had been discussed during staff meetings to ensure the person received the support they needed and to make sure staff were consistent in their approach of supporting the person. Records showed that people using the service, teamwork, records and maintenance had been discussed in a recent staff meeting.

People also had the opportunity to attend regular resident meetings where they were asked for feedback about a range of areas to do with the service. Records showed that people using the service had been asked during resident meetings whether they had any complaints about the

service, and had discussed a range of areas including holidays, what to wear during the cold weather of winter, day trips, and fire safety. A person using the service told us staff listened to them. A care worker told us a person using the service had recently raised an issue about the need for a piece of bedroom furniture to be repaired and that this had been resolved.

Records showed satisfaction surveys had been recently completed by people using the service, staff and health and social care professionals. Results of this feedback showed people were satisfied with the service. Action had been taken in response to people's feedback to increase the number of day trips. People's care records showed the service worked with others such as service commissioners and health professionals to provide people with the service they required.

Policies and procedures service we looked at were up to date. Staff knew about the policies and how to access them when this was required.

Management staff undertook audits to check the quality of the service provided to people. These checks covered hot water, fridge/freezer, cleanliness of the premises, people's finances, and the management and administration of medicines. A senior care worker told us "When I come on duty I check the environment and the cleanliness and safety of the home." They told us she took action to make improvements when this was needed such as ensuring repairs to equipment were carried out. A health and safety audit had been completed in 2015 by an independent service and an action plan to make improvements was in the process of being carried out. We saw an up to date business plan which included information and action planned to develop and improve areas of the service, including redecoration of the premises.