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Faraday House

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?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 28 September 2017 and was unannounced. The last comprehensive inspection of the service was on 22 August 2016 when we found one breach of the regulations as the provider did not complete safety checks on the premises. The provider sent us an action plan dated 24 October 2016 and during our inspection on 28 September 2017 we found they had taken action to address the issues we raised and had made improvements.

Faraday House is a care home for up to three people with a mental illness. At the time of this inspection, one person was using the service.

The service has a registered manager. 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 one breach of the regulations as the provider did not always notify the Care Quality Commission about incidents or events that affected people using the service.

The provider had arrangements in place to keep people safe. They assessed possible risks to people and gave staff guidance on how to mitigate these.

There were enough staff to meet people's care and support needs and the provider carried out checks to make sure staff were suitable to work in the service. We have recommended that the provider renews criminal record checks on staff working in the service.

Staff had completed the training they needed to provide care and support to people using the service.

The provider and staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. We saw people were free to move around the service and the local community and there were no restrictions on their liberty.

People had a varied and nutritious diet that met their individual needs and access to the healthcare services they needed. People received the medicines they needed safely.

People received kind, compassionate care by staff who had a good knowledge of them as individuals. The provider and staff involved people in making in decisions about their care. Staff working in the service respected people's dignity and privacy and promoted their independence.

The provider assessed and regularly reviewed people's care needs and developed plans to meet these.

People told us they knew how to make a complaint about the care and support they received and they trusted the provider to respond appropriately.

The provider had systems in place to monitor quality in the service and make improvements. They had also improved their policies and procedures and the way they recorded the care and support people received in the service.

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.

The provider had arrangements in place to keep people safe. They assessed possible risks to people and gave staff guidance on how to mitigate these.

People received the medicines they needed safely.

There were enough staff to meet people's care and support needs and the provider carried out checks to make sure staff were suitable to work in the service.

We have recommended that the provider review the frequency they renew criminal record checks on staff working in the service.

Is the service effective?

Good ●

The service was effective.

Staff had completed the training they needed to provide care and support to people using the service.

The provider and staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. We saw people were free to move around the service and the local community and there were no restrictions on their liberty.

People had a varied and nutritious diet that met their individual needs and access to the healthcare services they needed.

Is the service caring?

Good ●

The service was caring.

People received kind, compassionate care by staff who had a good knowledge of them as individuals.

The provider and staff involved people in making in decisions about their care.

Staff working in the service respected people's dignity and privacy and promoted their independence.

Is the service responsive?

Good ●

The service was responsive.

The provider assessed and regularly reviewed people's care needs and developed plans to meet these.

People told us they knew how to make a complaint about the care and support they received and they trusted the provider to respond appropriately.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

The provider did not always notify the Care Quality Commission about incidents or events that affected people using the service.

The provider had systems in place to monitor quality in the service and make improvements.

The provider had improved the way they recorded the care and support people received in the service.

Faraday House

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 checked 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 28 September 2017 and was unannounced. One inspector carried out the inspection.

Before the inspection we reviewed the information we held about the provider and the location, including the last inspection report and the provider's action plan dated 24 October 2016.

During the inspection we spoke with the one person who was using the service and reviewed care records the staff kept. This included the person's care plan, risk assessments, daily care notes and medicines records. We also reviewed staff recruitment and training records for two staff working in the service and other checks and audits the provider carried out to monitor quality and make improvements.

We also contacted the local authority's safeguarding adults and commissioning teams for their views on the service.

Is the service safe?

Our findings

At our last inspection on 22 August 2016 we found that, although the provider and staff in the service carried out health and safety checks to make sure people were safe, these were not always effective. The provider sent us an action plan dated 24 October 2016 and said they had made changes to ensure they met the fundamental standards. At our inspection in September 2017 we saw that the provider had taken action and improved the way they recorded health and safety checks in the service. For example, where the provider carried out monthly checks on hot water temperatures, they specified the hot water outlet they tested on each occasion.

People using the service told us they felt safe. Their comments included, "Yes, I'm safe here" and "They [the staff] do what they can and tell me how to look after myself".

The provider had systems in place to keep people safe. They had reviewed their safeguarding adults policy and procedures in December 2016. We saw people using the service had up to date information about the provider's safeguarding procedures as the provider had displayed information about these in the service.

The provider assessed any risks that might affect people using the service and discussed these with them. One person said, "I talk to [the staff] about risks. They know me and try to help." The provider and staff supported people using the service to be as independent as possible and where they identified risks, they took action to mitigate these. We saw that people's care records stressed what they were able to do for themselves and areas where they needed support.

The provider had identified risks related to the use of alcohol, smoking and behaviours that challenged the service. Where they identified risks, the provider gave clear guidance to care staff on how to manage these. For example, they had agreed safe smoking routines with one person and addressed concerns about their use of alcohol to ensure this did not affect people in the local community. We saw that the provider involved the person and their GP in discussions of both of these issues. The provider also gave staff guidance on when to contact mental health professionals if they noticed changes in a person's behaviour.

There were sufficient staff to meet people's care and support needs. The service was owned by a family partnership and one of the partners was the registered manager. The owners' two sons also worked in the service. We saw from the staff rota that one member of staff was on duty each day from 8am – 8pm. At night, one member of staff slept in the service and was available to support people if required from 8pm – 8am. During the inspection we saw that people using the service did not have to wait for support and staff responded promptly when they needed to. People also told us there were enough staff to support them. Their comments included, "There's always someone around" and "I don't need any help at night but I know the staff are around if I do."

The provider carried out checks on staff to make sure they were suitable to work with people using the service. We saw each person working in the service had completed an application form, provided proof of their identity and the provider had obtained character references for each member of staff. The provider had

also obtained criminal records checks for all four staff. However, we saw that two of these checks were more than 10 years old and we could not be sure the provider's checks were robust enough to assure us staff were suitable to work with people using the service.

We recommend that the provider review the frequency they renew staff criminal record checks in line with national guidance to help ensure people using the service are not at risk of unsafe care or support.

People told us they received the medicines they needed safely. Their comments included, "I take my tablets in the morning, [the staff] remind me and write everything down." The medicines records we checked showed people received their medicines on time and as prescribed.

The provider carried out checks to monitor standards of health and safety in the service. As well as the improved recording of hot water checks we saw that the provider maintained a record of daily fridge and freezer temperature checks and had completed a health and safety audit of the service in December 2016. This covered the kitchen, laundry, the management of clinical waste and people's medicines and moving and handling tasks staff carried out.

Is the service effective?

Our findings

People using the service told us they thought staff were well trained to provide care and support. Their comments included, "They [the staff] know what they are doing" and "I've got no problem with the staff, they do their best".

The staff records we checked showed that staff had completed training the provider considered mandatory. All four members of staff working in the service had completed food hygiene in the care home training in July 2017. Individual members of staff had also completed training in safeguarding adults, health and safety, challenging behaviours, medicines management and infection control. Staff told us they found the training useful. One member of staff said, "We have updated a lot of the training recently and if there's anything we want to do [the provider] will arrange it."

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 services and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

The provider and one of the staff we spoke with understood the principles of the Act and told us that the person using the service when we inspected had capacity to make decisions about their day to day care. The member of staff told us they had renewed their MCA and DoLS training in April 2016 and the training records we saw confirmed this. They were also able to tell us the circumstances in which they would apply to the local authority for authorisation to deprive a person of their liberty, but said this was not required as the person using the service had capacity and was largely independent. During the inspection we saw people were free to move around the service and the local community and there were no restrictions on their liberty.

People using the service told us they enjoyed the food they ate. Their comments included, "The food's good, they [the staff] know what I like and I can choose what I fancy." The menus we saw showed that the provider offered people a variety of nutritious meals. The provider also identified people's individual needs and adapted the menu to accommodate these. For example, one person's care plan identified their need for a soft diet and the menus we saw included this. The provider also kept a monthly record of people's weight and this showed that they followed advice from one person's GP to ensure they maintained a healthy weight.

Care records showed the provider supported people to identify and meet their health care needs. People had regular contact with health care professionals, including their GP, mental health services and the speech and language therapy service. The provider recorded this contact and care records showed they

followed advice and treatment plans provided by clinicians.

Is the service caring?

Our findings

People using the service told us the staff who supported them were kind and caring. Their comments included, "They [the staff] are alright, I get on with them okay" and "If there's anything I need I ask [staff member] and they sort it out."

During the inspection we saw that both of the staff who were available interacted well with the person using the service. They involved them in conversations and encouraged them to participate in tasks around the service, for example helping to prepare their breakfast. Both of the staff knew the person well and respected the routines and preferences they expressed as part of their care plan.

The person using the service had capacity to make decisions about their care and support and they told us that staff supported them to do this. They told us, "I have got a care plan and [staff member] and [the provider] talk to me about it. They ask me what I want to do and if there's anything I want to change." When we asked how staff supported them to make decisions, they told us staff encouraged them to make decisions about how they spent their time in the service and the local community. They also said they chose what time to go to bed at night and get up in the morning, what they wore each day and what they wanted to eat and drink.

People told us staff respected their privacy. They said, "If I want to be on my own I go out or go to my room. Nobody disturbs me and [they staff] knock on the door before they come in my room."

The provider had reviewed their policy and procedures on supporting people to access advocacy services in September 2017. Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. The provider told us they would support people using the service to access local independent advocates if required.

Is the service responsive?

Our findings

People's care plans covered their social and health care needs, including their medicines, personal care, nutrition, mental and physical health and cultural needs. The plans focussed on the needs of the individual and used 'I' statements to record the information from the point of view of the person using the service. For example, the care plan we reviewed included a life history and information about significant people, places and events in the person's life. The provider gave care staff clear guidance on how to meet the care and support needs they had agreed with the person using the service. This included advising the person on lifestyle choices they made, for example smoking and their use of alcohol.

People using the service also told us their social needs were met in the service. They told us the provider encouraged them to use local community facilities as much as possible. They said they had their routines and went out each morning before breakfast to buy a newspaper. They said they did not want to take part in more organised activities but chose how they spent their time in the service, watching TV, reading or playing games with staff. The daily care notes staff completed showed the person had a fixed routine and they kept to this each day. Care records did show that the provider and care staff had attempted to encourage the person to try out other activities but they had not engaged with any. During the time we spent in the service we saw people went out to local shops, ate lunch, helped with domestic activities and relaxed watching the TV.

People using the service told us they knew how to make a complaint about the care and support they received. They told us, "I would speak to [staff member] or [the provider] if I wanted to make a complaint. I wouldn't worry about speaking out if I wasn't happy." This person also told us they could not remember the last time they had made a complaint.

The provider had a clear policy and procedures for responding to complaints by people using the service and others. We saw they had reviewed these in May 2017 and they displayed the procedure in the service's kitchen. We checked the provider's record of complaints and saw they had received none since our last inspection.

Is the service well-led?

Our findings

Following our last inspection on 22 August 2016 we recommended that the provider should review some of their policies and procedures to make sure they reflected current legislation and practice. At this inspection we saw the provider had reviewed their policies and procedures to ensure they were fit for purpose. We also recommended that the provider should review the standards of record keeping in the service and at the inspection in September 2016 we saw they had made improvements.

Registered providers must notify the Care Quality Commission (CQC) about certain changes, events and incidents that affect their service or the people who use it. These 'statutory notifications' enable CQC to monitor events in the service between inspections and make decisions about any regulatory action we may need to take. At our last inspection of the service on 22 August 2016 we noted that the providers and staff were aware of this responsibility and this meant we could check they had taken appropriate action in response to events that affected people using the service. However, the provider had not sent any notifications to CQC since our last inspection.

During this inspection we learnt about a number of incidents where the police had been involved. Although the provider had taken appropriate action in response to these incidents, including involving other agencies, they had failed to notify CQC of the incidents and their responses.

This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The service was provided by a partnership and the CQC had registered one of the partners as the registered manager. One of the providers was a registered nurse who had worked in NHS hospitals and community services before they set up Faraday House in 1991. The providers employed two family members as care staff to cover shifts in the service. Staff spoke clearly about their roles and responsibilities and they told us they shared the provider's commitment to providing the highest standards of care. One member of staff told us, "This is their home. We try and make sure they have everything they need and we are always trying to support them to be more independent. We have worked hard to improve the service and make it work for people."

The person using the service at the time of our inspection told us they had lived there for a number of years and knew all of the staff well. They were able to explain the provider's staffing arrangements and said they felt well supported at all times.

The provider had a Statement of Purpose that detailed the care and support they provided and referred to promoting independence and respecting the privacy and rights of people using then service. The provider and staff member we spoke with were able to tell us how they did this, for example, by offering daily choices and providing information about activities people may have been interested in.

The provider had systems in place to monitor quality in the service and make improvements. The provider and care staff carried out regular audits of health and safety, medicines management, fire safety and care

planning. They reviewed people's care plans monthly to make sure they received the care and support that met their needs and preferences. The provider stored all records relating to the service and people using the service securely to maintain confidentiality.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider did not notify the Care Quality Commission of incidents that affected people using the service. Regulation 18 (2)