

People Who Care Limited

Harrow

Inspection report

Suite 6
184 Acton Lane
London
NW10 7NH

Date of inspection visit:
31 May 2016
29 June 2016

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Requires Improvement ●
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

This inspection took place on 31 May and 29 June 2016 and was announced. We visited the service on 31 May 2016 and found that the registered manager was on leave. We returned to the service on 29 June 2016 so that we could complete our inspection. The service was new and had not been inspected before.

People Who Care Harrow is a small domiciliary agency that provides support to three people with learning disabilities living at a supported living service.. At the time of our inspection there were no vacancies at the service. There was a registered manager in post. 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 who used the service that told us that they were satisfied with the support that they received. This was confirmed by a family member whom we spoke with.

People were protected from the risk of abuse. Staff members had received training in safeguarding, and were able to demonstrate their understanding of what this meant for the people they were supporting. They were also knowledgeable about their role in ensuring that people were safe and that concerns were reported appropriately.

However, we had concerns about the management of people's monies. The records maintained for one person showed a balance of significantly less than the monies held. Monies withdrawn by a person from a personal account were returned by them to the service for safekeeping. However, staff had not recorded these.

Medicines at the service were well managed. People's medicines were managed and given to them appropriately and records of medicines were well maintained.

Staff at the service supported people in a caring and respectful way, and responded promptly to meet their needs and requests. There were enough staff members on duty to meet the needs of the people using the service.

Staff who worked at the service received regular relevant training and were knowledgeable about their roles and responsibilities. Appropriate checks took place as part of the recruitment process to ensure that staff were suitable for the work that they would be undertaking. All staff members received regular supervision from a manager.

The service was meeting the requirements of The Mental Capacity Act 2005 (MCA). Information about people's capacity to make decisions was recorded. One person was subject to Deprivation of Liberty (DoLS) authorisation issued by The Court of Protection. Staff members had received training undertaken training in

MCA and DoLS.

Care plans and risk assessments were person centred and provided detailed guidance for staff around meeting people's needs. Effective arrangements for supporting management of behaviours were in place. People's cultural, religious and relationship needs were supported by the service and detailed information about these was contained in people's care plans.

People participated in a range of individual activities throughout the week. Staff members engaged people supportively in participation in activities.

The service had a complaints procedure that was available in an easy to read version. This was discussed regularly with people. A family member told us that they knew how to make a complaint.

Care documentation showed that people's health needs were regularly reviewed. The service liaised with health professionals to ensure that people received the support that they needed.

There were systems in place to review and monitor the quality of the service, and we saw that action plans had been put in place and addressed where there were concerns. Policies and procedures were up to date.

People who used the service, their relatives and staff members spoke positively about the management of the home.

We found one breach of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe. The records of monies looked after for one person did not include details of all monies that had been given to the service for safekeeping.

Staff members were aware of safeguarding policies and procedures and were able to describe their role in ensuring that people were safeguarded.

Up to date risk assessments were in place and these provided detailed guidance for staff around managing risk to people.

People's medicines were well managed.

Is the service effective?

Good ●

The service was effective. People who used the service and their family members were satisfied with the support that was provided.

Staff members received the training and support they required to carry out their duties effectively.

The service met the requirements of The Mental Capacity Act.

People who used the service and their family members were involved in decisions about people's care. People were supported to maintain good health and to access health services when they needed them.

Is the service caring?

Good ●

The service was caring. People who used the service and their family members told us that they were satisfied with the care provided by staff.

Staff members spoke positively about the people whom they supported, and we observed that interactions between staff members and people who used the service were positive and caring

People's religious and cultural needs were respected and supported.

Is the service responsive?

Good ●

The service was responsive. People and their relatives told that their needs were addressed by staff.

Care plans were up to date and person centred and included guidance for staff to support them in meeting people's needs.

People were able to participate in a range of activities.

The home had a complaints procedure that was available in an easy read format. This was discussed with people on a regular basis.

Is the service well-led?

Good ●

The service was well-led. There were systems in place to monitor the quality of the service.

Staff members told us that they felt well supported by their manager. A family member of a person who used the service felt that the home was well managed.

The registered manager had a good working relationship with health and social care professionals and organisations. Links with the community were promoted on behalf of people who used the service.

Harrow

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 31 May and 29 June 2016 and was announced. We visited the service on 31 May 2016 and found that the registered manager was on leave. We returned to the service on 29 June 2016 so that we could complete our inspection.

The inspection was carried out by a single inspector.

Before our inspection we reviewed the information that we held about the service. This included the report of the previous inspection of this service, notifications that we have received from the service and safeguarding referrals relating to the provider. We also made contact with a representative of the commissioning local authority.

During our visit we spoke with two people who lived at the supported living service. We were able to spend time observing care and support being delivered in the communal areas, including interactions between staff members and people who used the service. We also spoke with one family member. In addition we spoke with the registered manager and one member of the care team. We looked at records, which included two people's care files, four staff recruitment records, policies and procedures, medicines administration records, and other records relating to the management of the service.

Is the service safe?

Our findings

One person who used the service told us, "the staff are grand." A family member said, "I feel that [my relative] is very safe there."

The service looked after monies for two people. These were held securely and records were maintained. However, when we looked at these we found that one person appeared to have significantly more money in their 'cash box' than was accounted for in the financial records. The registered manager told us that this person held a separate passbook account that they used to withdraw money independently. When they did so they gave any unspent money to staff to look after. Staff had appropriately recorded other income and expenditure for this person. However the registered manager and staff member that we spoke with told us that they were unsure of how to do so for the additional monies that they had been asked to take care of by the person. Because there was no record, staff members could not sure how much money they were looking after for the person. This meant that there that there was no system in place to prevent the risk of financial abuse.

This was a breach of Regulation 13 of The Health and Social Care Act 2008 (Regulated Activities) 2014.

We discussed this with the registered manager who told us that they were aware that there was a risk, but the service had not recorded the money because they were unsure of whether or not to add this to the person's general financial record but had not put a separate record in place. The told us they would ensure that additional sums of money given to them by the person for safekeeping were always recorded in future.

People's medicines were managed safely. The provider had an up to date medicines procedure. Staff members had received medicines administration training, which was confirmed by care that we spoke with and the records that we viewed. Records of medicines were of a good standard, and included details of ordering, administration and disposal of medicines. All staff members had received training from a pharmacist. The registered manager told us that they were organising further training in safe administration of medicines for members of the team.

One person self-administered their own medicines. We saw that there was a record of when these were given to them and that monitoring was in place to ensure that they had taken them. Another person received medicines as required in relation to behavioural issues. The records showed that these were not given regularly and that guidelines were in place to ensure that staff members worked to reduce their anxieties to reduce the need for medicine.

Staff members had received training in safeguarding. The staff member that we spoke with demonstrated a good understanding of safeguarding and they were aware of their responsibilities in ensuring that people were safe. The service had an up to date safeguarding policy and procedure that referred to local multi-agency procedures. We reviewed the safeguarding records and history for the service and saw that, although the service had raised a concern with the local authority safeguarding team, this was not considered by them to be a safeguarding issue. We also noted that the provider had immediately notified CQC about this

concern, and had put appropriate action in place to reduce further risk.

There were suitable arrangements in place to protect people from identified risks associated with day to day living and wellbeing. Risk assessments for people who used the service were personalised and had been completed for a range of areas including people's behaviours, anxieties, self-care skills, relationships, and activities within the community. We saw that these had been reviewed and amended to reflect changes and concerns in relation to people's needs. Risk management plans were detailed and included guidance for staff around how they should manage identified risks. Behavioural risk assessments included guidance for staff around providing positive approaches to supporting people and identifying and reducing 'triggers' that might create anxieties.

The supported living environment was suitable for the needs of the people who lived there. The communal areas were spacious. The staff member whom we spoke with told us that this enabled people to have personal space without having to go to their bedrooms.

We saw from the staffing rotas and our observations of staff supporting people during our inspection that the provider had made appropriate arrangements to ensure that people received the support that they required, and that there was continuity of care from a stable staff team. Although this was a new service and there had been some need to use agency staff whilst recruitment was taking place, the staffing rotas showed that the same agency workers were used on a regular basis to ensure continuity.

Staffing rotas were designed to provide flexibility of support. For example, although two people were able to come and go independently, one person required one-to-one support both at home and in the community. We saw that sufficient staff support was provided to ensure that people's needs were met. We observed that people who used the service were familiar with the staff members supporting them, and the staff members that we spoke with were knowledgeable about people's individual care and support needs.

We looked at four staff files and these showed us that the provider had arrangements in place to ensure that they recruited staff who were suitable to work with the people whom they supported. Staff recruitment records included copies of identification documents, evidence of eligibility to work in the UK, two written references, application forms and criminal record checks. Detailed policies and procedures were in place in relation to staff recruitment and the staffing records showed that these had been followed.

The supported living service was well furnished, clean and well maintained. The property was leased. The registered manager told us that leased from a private landlord the service worked in partnership with the landlord to ensure that the building environment was safe. A detailed and up to date fire risk assessment had been undertaken and we saw that there were no outstanding actions in relation to this. A recent health and safety risk assessment was also in place. Records showed that safety checks for the property, for example in relation to gas, electricity, fire equipment, and portable electrical appliances, were up to date. Accident and incident information was appropriately recorded and we saw evidence that fire drills and fire safety checks took place regularly.

The provider maintained an out of hours emergency contact service. The registered manager told us that, if he was away, locally based staff members were 'on call' should there be a need to attend the service in case of emergency. An emergency information folder was accessible to staff on shift at the supported living service. This included details of emergency procedures and 'need to know' information about people.

Is the service effective?

Our findings

One person that we spoke with told that they were happy with the support from staff. They said that, "staff help me." A family member told us, "I am glad [my relative] is here. This is the best place they have been at."

Staff records showed that staff members had received an induction when they started working at the service. The induction included information about people using the service, policies and procedures and service specific information such as the fire procedure, report writing and the environment. Induction to the service was recorded on a template and each activity was 'signed off' when completed by the staff member and the registered manager. We saw that all staff had received appropriate mandatory training such as safeguarding of adults, infection control, food hygiene, first aid and medicines administration. The induction and core training followed the requirements of the care certificate for staff working in health and social care services. Training in relation to specific needs was also provided. We saw, for example, that staff members had undertaken training in the management of behaviours that were challenging.

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.

We checked whether the service was working within the principles of the MCA. The service's policies on The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) that are part of The Mental Capacity Act were up to date and reflected good practice guidance. We saw evidence that training on both the MCA and DoLS was provided to staff members as part of their induction. The care plans that we looked at for people who used the service clearly showed whether or not they had capacity to make decisions about aspects of their care, and provided guidance for staff about how they should support decision making.

One person was subject to a DoLS authorisation under The Court of Protection and we saw that this was up to date. The registered manager and staff member that we spoke with demonstrated that they understood the implications of this.

During our inspection we saw that people were offered choices by staff. For example we saw people being asked what they wanted to do, and being offered support if required. Care plans provided guidance for staff on how best to offer choices to each person. People had signed their care documents to show that they consented to these.

The records of resident's meetings showed that these took place every two months. The minutes of a meeting that took place in June 2016 showed that discussions about safeguarding, making complaints, personal safety, recycling and fire safety had taken place.

People's risk assessments and care plans contained information about dietary preferences and requirements. Two people shopped for and prepared their own food supported by staff. Another person was unable to do this independently and we saw that a balanced menu plan was in place that addressed their dietary preferences. A staff member told us that they involved the person as much as possible in the purchasing and preparation of their meals. The person told us that they enjoyed the food.

The service had developed effective working relationships with relevant health care professionals to ensure that people received co-ordinated care, treatment and support. We saw that regular appointments were in place, for example, with challenging behaviour services, as well as their GP and dentist. People had health action plans which outlined the support that they required to maintain their health and wellbeing.

Is the service caring?

Our findings

One person told us, "I like the staff," and named the staff members who supported them. A family member said that, "they are very caring. I can't praise them enough."

People were supported by staff members who treated them with dignity and respect. We saw that care was delivered in a sensitive manner, and was flexible in ensuring that people were given the support that they needed for activities. For example, when people sought out staff members for support or a chat, we saw that they were responded to immediately and given the time that they required. We saw that staff members were familiar with the people they supported and spoke with them about the things that were meaningful to them. We observed friendly and positive interactions between people and staff members.

The service was sensitive to people's cultural, religious and personal needs. Information about people's religious and cultural needs were recorded in people's care plans. One person spoke to us about going to a local place of worship supported by staff. Care plans also included information about people's needs in respect of personal relationships and sexuality and positive guidance was provided for staff in relation to support of these.

The registered manager told us that people could access advocacy services if required, and we saw that information about local advocacy services was available at the service. The registered manager told us that two people were receiving advocacy support from a local disability service. People also had very strong links with their families and the two people whom we met told us that they had regular contact with valued family members.

People were involved as much as possible in decisions about their care. A staff member told us that people did not always want to be involved in these discussions, but that, where this was the case, they would give them time until they were ready. They told us, "sometimes it's difficult, but you work it out." They also said, "we work as a team and share information to make sure that people get the best support."

Is the service responsive?

Our findings

People's needs were regularly assessed and reviewed and they were involved in the assessment of their needs. A family member said, "we are very happy about the care. [My relative] is making progress."

Care plans were up to date and person centred, and contained guidance for staff in relation to meeting people's identified needs. The care plans were clearly laid out and written in plain English.

The person centred plans detailed people's personal history, their spiritual and cultural needs, likes and dislikes, preferred activities, and information about the people who were important to them. Information about people's communication needs was detailed and ensured that staff members had clear guidance on how to ensure that people were enabled to communicate their needs effectively.

The care plans provided information for staff about the care and support that was required by the person and how this should be provided. For example, behaviour plans clearly described behaviours that might indicate that a person was anxious or distressed, along with 'triggers' to be avoided where possible. These were supported by guidance on to reducing levels of arousal and supporting the person to manage their behaviours in a positive way.

The registered manager told us that incidents of behaviours that were challenging had significantly reduced for one person. We saw that they had previously required two staff members to support them in the community and that they were now being supported by one staff member. During our inspection we saw that they went to a medical appointment accompanied by one staff member. The service had liaised with the local authority commissioning team to arrange counselling for another person to support them with managing behaviours. During our inspection we saw that they were going out to a counselling session accompanied by a staff member.

Behavioural charts were maintained and reviewed regularly to identify possible triggers for and patterns of behaviours, and what worked for people in managing these. Daily notes of care and support were in place and we saw that any concerns arising from day to day issues were reported and managed appropriately.

People participated in a range of activities within the local community that included shopping, walks, clubs, and meals out. During our inspection, one person was attending a local day service. A person that we spoke with told us that they were supported by staff to go to evening clubs and places of worship. The registered manager and a staff member told us that activities within the supported living service were individualised and related to what people wished to do at the time. We saw for example, that one person was supported to cook their preferred meals at the weekend and that these were frozen and stored to be used during the following week. A person that we spoke with showed us their tablet and told us that staff helped them to use this to listen to their favourite music and watch films. Records of activities, including how people were supported were completed regularly for each person.

Family members were involved with the service, and we were told that visits were encouraged and

supported. A family member told us, "when I visit, I see that [my relative] is well looked after."

The service had a complaints procedure that was available in an easy read format. We saw that this was discussed with people at regular resident's meetings. A family member that we spoke with confirmed that they knew how to raise any complaints or concerns. The said, "I don't have any complaints, but if I did I think they'd be sorted out quickly." The services complaints' register showed that no complaints had been received.

Is the service well-led?

Our findings

People and their relatives spoke positively about the registered manager. A person who used the service said, "he's my friend." A family member told us, "the manager and the staff are really good."

The registered manager was also the service provider. They undertook some shifts at the service, and were supported by senior support workers in their absence.

We reviewed the policies and procedures in place at the service. These were up to date and reflected good practice guidance. There was a process in place to ensure that staff members were required to sign when they had read the policies.

The staff member that we spoke with told us that they felt that the manager was supportive and approachable. They said, "the manager is great." We saw that the manager spent time with staff members and people who used the service, and that his interactions were positive and informal. We saw that the registered manager was readily available if staff needed any guidance or support.

Staff members had job descriptions which identified their role and who they were responsible to. The staff member that we spoke with was clear about their role and responsibilities in ensuring that the people who used the service were well supported.

There were systems in place to monitor the quality of the service. The service was new so these were limited. We saw that two quarterly satisfaction surveys had taken place and the responses to these showed high levels of satisfaction. The registered manager showed us letters that had been sent to family members and professionals requesting feedback on the service. Medicines were audited on a daily basis, and concerns were recorded and reported. Monthly audits of records of people's finances had taken place, and these showed that our concerns about the records of one person's monies had been noted.

Minutes of staff team meetings showed that information and concerns in relation to quality was regularly discussed. Staff meeting records showed, for example, that discussions took place on medicines administration and recording, recording and monitoring of behaviour charts, health and safety, safeguarding and whistleblowing. The registered manager told us that urgent information was communicated to staff immediately, and the staff member that we spoke with confirmed that this was the case.

Records showed the service worked well with partners such as health and social care professionals to provide people with the support that they required. Information regarding appointments, meetings and visits with such professionals was recorded in people's care files.

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
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>People who used the service were not being safeguarded from the risk of financial abuse by means of systems and processes regarding use of their monies. Regulation 13(1)(2)</p>