

# Learning Disability Network London

## Flat C 291 Harrow Road

### Inspection report

291 Harrow Road  
London  
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24 June 2021

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Inadequate ●

Is the service responsive?

Inspected but not rated

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Flat C 291 Harrow Road is a care home for people with learning disabilities. It provides accommodation and support for up to five people. At the time of our inspection there were five people using the service.

### People's experience of using this service

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

People had not always been safeguarded from improper treatment. Some staff told us that they had not felt their concerns had been listened to by managers, however there were effective systems for staff to report concerns higher up in the organisation.

Risks to people's care needs and wellbeing were not always managed effectively. Sometimes risk assessments had not been completed when people were at risk of developing pressure ulcers, although risk management systems were in place. However, in other cases information from risk assessments and specialist guidance was not recorded in peoples' support plans. Sometimes this resulted in unsafe practice.

Medicines were safely managed and checked by managers to ensure good practice. Staffing levels were sufficient to keep people safe, but at times staff congregated in communal areas, meaning people were not always supervised when they needed to be. The provider had worked with the local authority and commissioning bodies to review staffing levels.

Aspects of infection control were not always safe. Although measures were in place to protect staff and visitors, there was a lack of comprehensive assessment of the premises which may have identified areas such as enhanced cleaning that could make the service safer. The service did not maintain sufficient records to ensure that staff testing for COVID-19 took place in line with government guidance.

The service did not always promote person centred care, and there was a lack of meaningful activities for people to do whilst they were unable to go out. We saw that this was beginning to improve, with more person centred systems in place and people starting to access the community again with staff support. Although some staff communicated positively with people and engaged well, this was not consistent across the staff team.

Following concerns about a deterioration of the service, the provider had met with stakeholders to review the management and oversight of the service. A new interim manager had identified several key areas for development, including improved systems for planning and recording people's care and documenting their

choices and setting clearer expectations for staff.

Staff told us they had not always felt supported, but that this was beginning to improve. People's family members told us they had been kept well informed by managers and felt their family member received a good service. Families we spoke with were not always aware of the concerns within the services or the changes in management or management systems

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

The last rating for this service was good (published 21 August 2018).

Why we inspected

We received concerns in relation to the management of safeguarding and the management of the service. As a result, we undertook a focused inspection to review the Key Questions of Safe, Responsive and Well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other Key Questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those Key Questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe, responsive and well-led sections of this full report.

Enforcement

We have identified breaches in relation to safe care, good governance and person centred care at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Inadequate** ●

The service was not safe.

Details are in our safe findings below.

### Is the service responsive?

**Inspected but not rated**

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

Details are in our well-led findings below.

# Flat C 291 Harrow Road

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by three inspectors.

#### Service and service type

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. However, an interim manager was overseeing the service at the time of this inspection, who had started in the role on the first day of this inspection.

#### Notice of inspection

This inspection was unannounced on all four days we visited. This included visiting the service out of hours in the evening and early morning.

#### What we did before the inspection

We had received information of concern relating to this location and another location based on the same site managed by the same provider. We met with the local authority to discuss the concerns raised about this service and the provider's systems for managing risks to people. Due to the nature of the concerns raised, we made a decision to inspect all three locations the provider operates on this site. We used all of this information to plan our inspection.

#### During the inspection

We met and had introductions with three people who used the service and made observations of their care as they were not able to fully communicate with us. We spoke with one person who used the service. We looked at records of care, risk and medicines management for the four people who used the service. We

checked the provider's infection control procedures, spoke with the manager and a service director.

After the inspection

We visited the provider's head office and reviewed records of recruitment for five staff members. We continued to seek clarification from the provider to validate evidence found related to risk management plans, records of infection control and staff testing for COVID-19.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

### Assessing risk, safety monitoring and management

- Risks to people's care needs were not always effectively addressed. People had broad risk assessments in place, however risks from pressure ulcers had not been specifically addressed, even though everyone using the service had limited mobility and was at high risk of developing a pressure ulcer. Some people's plans stated that they needed to be repositioned regularly to manage these risks, however staff did not document this and there were no systems to assess whether this was taking place.
- There was inaccurate information on risks to people's wellbeing on their plans, and this placed people at risk. For example, some people were at risk of swallowing difficulties, and specialist guidance from the speech and language team (SALT) stated that two people needed to be supervised one to one whilst eating to manage the risks of them choking. However, this information had not been entered into people's support plans. We observed one person who required one to one support whilst eating was left unattended. The interim manager had also observed another person incorrectly left unsupervised whilst eating and had addressed this with staff verbally and through the communication book.

This constituted a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was taking action to address the risks above. The interim manager showed us a copy of a standardised tool that they planned to implement to monitor skin integrity risks. The provider told us that they would review people's support plans to address risks more accurately and to introduce holistic skin integrity plans.

### Systems and processes to safeguard people from the risk of abuse

- Systems did not always protect people from abuse and improper treatment. An incident had recently been reported relating to a person receiving improper treatment. Care workers had received training in safeguarding adults, but some staff told us that their concerns had not always been taken seriously by managers.
- Whistleblowing processes were effective. Staff understood how to raise concerns with another manager or anonymously through the provider's whistleblowing process. When a concern had been raised the provider had acted transparently to inform CQC and the local authority and had taken prompt action to address the concerns raised.

### Staffing and recruitment

- Staffing levels were suitable to meet people's needs, however staff were not always deployed in a way which meant they could meet people's needs promptly. For example, on the first two days of our inspection

care workers congregated in communal areas, which meant people were often unsupervised in their rooms. The interim manager had also observed this, and on the final day of the inspection we noted that action had been taken to discourage staff from staying in the lounge, this included removing some chairs from the dining area.

- The provider had reviewed staffing in response to concerns about the service. As an interim measure the provider had deployed additional staff, effectively providing one to one support to each person during the day time. The provider was working with the local authority and health commissioners to review the allocated support hours to ensure people's needs were met.
- Staff were recruited safely. The provider carried out appropriate pre-employment checks to ensure staff were suitable for their roles. This included obtaining proof of identity and the candidate's right to work in the UK, obtaining evidence from previous employers and carrying out a check with the Disclosure and Barring Service (DBS). The DBS provides information on people's backgrounds, including convictions, to help employers make safer recruitment decisions.

#### Preventing and controlling infection

- There was not a comprehensive risk management plan for the service's risk of COVID-19. The provider carried out weekly audits of the service's status, including the availability of personal protective equipment (PPE) and staff absences. However, there was not an assessment of what particular steps, such as enhanced cleaning, were required in the service and there was no evidence that frequently touched surfaces were cleaned more frequently to control the risk of infection. At times we saw care workers not wearing their masks properly.
- Testing of care workers was not always carried out in line with national guidance. Records of Polymerase Chain Reaction (PCR) tests showed gaps between when care workers had received tests. This meant in some cases staff were tested far below the recommended frequency of once per week. Records of Lateral Flow Device (LFD) tests held in the service were frequently incomplete, and two week's logs showed only one LFD test being carried out. Although the provider told us this information was also logged centrally, the provider was unable to produce more complete records. This meant we could not be assured the provider was testing staff at the required rate to protect people from COVID-19.

This constituted a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other measures in place to protect people were effective. Care workers had access to PPE and there was clear guidance for visitors, including a declaration and temperature checks. Visitors to the service were required to have LFD tests before they entered, and there was a dedicated room provided for this. The service had developed a template for assessing the risks to people of accessing the community without the need to self isolate on their return.

#### Using medicines safely

- People medicines needs were assessed. People had medicines profiles which showed which medicines they took and the support they required to take these. There were suitable protocols in place for medicines which were taken as needed (PRN) medicines.
- There were suitable processes for recording people's medicines support. Medicines were correctly recorded on medicines administration recording (MAR) charts, which showed people received their medicines as required.
- Managers carried out sufficient checks to ensure medicines were managed safely. There was a medicines 'sweep' carried out within two hours of medicines rounds, where staff checked that medicines were given correctly and MAR charts were up to date. There was also a weekly audit of people's medicines carried out



by a manager. Stocks of medicines were updated and reviewed weekly. The provider told us they wished to expand which staff carried out checks to ensure staff had more ownership and accountability for medicines.

#### Learning lessons when things go wrong

- There were processes in place for logging incidents and accidents and taking steps to learn from these. Support plans and risk assessments had been reviewed in response to specific incidents which had occurred..
- The interim manager was introducing new processes to ensure lessons had been learned from the concerns about the service. During the course of our inspection, the interim manager had begun the process of reviewing people's support and care plans in response to her own observations and other people's feedback about the service. New systems were being introduced to address these concerns, but it was early for these to have been able to bring about substantial change.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People did not always receive care that met their needs and preferences. People's support plans were person centred and described the activities and interests people enjoyed. Due to the COVID-19 pandemic people had limited opportunities to access the community. However, people did not always have meaningful activities within the service. Several people's daily logs indicated that they had been supported to sit in a chair and watch television for several days at a time, and in many cases an external music session was the only meaningful activity recorded.
- Some people's plans indicated they enjoyed taking baths. However, the lifting bath had been out of order for several months, which was outside the providers control. The service had still not taken steps to ensure that people's needs were still met and some people had bed baths as a matter of course, even though it was not clear whether this was their wish.
- We observed both positive and negative interaction by care workers. Some care workers engaged in an extremely positive manner, greeting people by their names and friendly endearments, complimenting their clothing choices and offering activities such as painting nails and cooking. We observed people responded very positively to these interactions, smiling and laughing in response. In other cases interactions were more neutral. In some cases staff sat next to people and did not initiate conversations, and we observed some people being fed without encouragement or positive communication.

This constituted a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service was taking steps to improve the standard of people's person centred care. The interim manager introduced new log books which encouraged staff to reflect on how people had been offered choices and to give more details of the meaningful activities people had undertaken. From the second day of the inspection, people had been supported to access the community and visit local points of interest and cafes in line with changing guidance regarding outings for people living in care homes.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was meeting the Accessible Information Standard. Key information such as support plans and information about the service was presented in an accessible format, with pictures used to illustrate key concepts. Daily logs had not been presented in an accessible manner, however the interim manager had

replaced these with illustrated, accessible formats.

- People's communication needs had been assessed. People's support plans were clear about how people would communicate their needs and their feelings and the best ways to offer people choices. We observed tools such as personalised communication books and objects of reference being used by people and their care workers to ensure they could communicate their wishes.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created had not always supported the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Systems in the service were not always set up to promote person centred care. Daily logs were not accessible and did not reflect how people's choices and wishes had been met, although the interim manager was taking steps to address this. Care workers told us they did not usually have the opportunity to visit and learn from other services run by this provider where they would be able to see systems of a higher standard in operation.
- People's family members told us they felt well engaged with by managers. Comments included "They always keep me updated, we had video time and they let me know how [my family member] was" and "Management within the home are very good and caring." However, families we spoke with were not always aware of the concerns within the services or the changes in management or management systems. We saw examples of people using the service approaching the interim manager to discuss their concerns and to ask for advice.
- Care workers told us of mixed experiences of engaging with managers. Some staff told us that concerns were not fully acted on in the past, and that they could not always get the support they needed, but were pleased with the support from the current, interim manager. Comments included, "the [registered manager] was not as approachable as the previous manager" and "They did support us during the pandemic, they asked about my wellbeing...but formal supervision was not happening". Managers engaged with the staff team through team meetings. These took place weekly and were used to update on changes in individuals needs, but did not regularly discuss managers' expectations of the staff team.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Working in partnership with others

- The provider had met their duty of candour in responding to concerns about the service. Senior managers met with stakeholders such as the local authority and clinical commissioning group to share information about the service and the changes they were making. Managers we spoke with were open about what needed to change in the service and demonstrated a commitment to bringing about an improvement. A director told us "We know there's a lot in Flat C that requires improvement." However, the performance of the service had deteriorated significantly before these changes had begun to be implemented.
- The service worked closely with local health colleagues to make sure people received appropriate

support. The interim manager had consulted with GP and health services to ensure that people's medicines were reviewed, health appointments were up to date and that no appointments had been allowed to lapse during the period of national restrictions. The provider sought advice from specialist teams in relation to maintaining people's mobility and managing risks to people's wellbeing.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Managers were not always clear about how to ensure quality performance. Risks were not always accurately recorded and there was a lack of attention to detail to ensure that people's support reflected their needs. A care worker told us "Systems were lackadaisical, but now there are changes for the better. The improved systems make me feel more accountable." Regular audits by senior managers had stopped during a period of national restrictions, and although directors continued to visit to look at particular areas of practice, there was a lack of overall checking which may have detected performance issues sooner.
- The interim manager had a clear vision for how to improve quality performance and manage risks effectively. The interim manager was working with a director to identify areas for development in the service, and had conducted a comprehensive review of people's health needs to ensure that nothing important had been missed.
- The service was working to set clearer expectations for staff. Managers' expectations for staff had been clarified in a single document which had been distributed to staff and discussed in team meetings. Shift plans had been revised to ensure that key support tasks and checks were carried out and to promote clearer accountability and staffing levels had been reviewed. These systems were of an improved standard, but it was early in their deployment to see their effectiveness.

The above evidence constituted a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 9 HSCA RA Regulations 2014 Person-centred care  The provider did not design care or treatment with a view to achieving service users' preferences and ensuring their needs were met 9(3)(b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems and processes were not operated effectively to assess, monitor and improve the quality and safety of the services provided in the carrying of the regulated activity, including the quality of the experience of service users in receiving those services 17(2)(a)