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120 Harrowdene Road

Inspection report

120 Harrowdene Road
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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

Summary of findings

Overall summary

We conducted an announced inspection of 120 Harrowdene Road 15 November 2018. 120 Harrowdene Road is a supported living service for women with learning disabilities and other associated disabilities, such as autism, mental health needs and cerebral palsy. People using the service live in a shared house with wheelchair accessible accommodation on the ground floor. At the time of this inspection four people were using the service.

At our last inspection of 17 March 2016, we rated the service as Good. At this inspection we found the evidence continued to support the rating of Good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had 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.

Procedures were in place to ensure that people were safe from harm, Personalised risk assessments for people were up to date. Staff members had received training in safeguarding of adults from abuse and understood their roles and responsibilities in ensuring that people were safe.

People's medicines were managed safely. They were stored and administered appropriately. Accurate records were made when medicines were given. Staff members had received training in the safe administration of medicines. Risk assessments of people's ability to manage their own medicines had taken place and these were reviewed regularly.

People had personalised support plans and risk assessments in place. These were reviewed regularly and updated to reflect any changes in needs. Support plans had been developed in easy to read picture assisted formats. Information about people's cultural, religious and communication needs were included in their plans. People were supported by staff members of the same gender.

People's support plans and risk assessments included guidance for staff on supporting people's communication needs. Staff members communicated with people in ways that they understood, using, for example, pictures, objects and gestures along with words where appropriate.

All staff members working at the service had been safely recruited. References and criminal record checks were taken up prior to their appointment. New staff members received an induction to ensure they had the knowledge required to prepare them for their role. All staff members were provided with a range of training sessions which were relevant to their work. This training was regularly refreshed to ensure that staff

maintained their skills and knowledge. All staff members had received regular supervision from a manager.

People were supported to eat and drink a healthy range of foods. People told us that they chose the food that they wished to eat and were supported by staff to shop for this,

Support was provided to ensure that people's health needs were met. Staff at the service liaised regularly with other health and social care professionals.

The service was meeting the requirements of the Mental Capacity Act (2005). People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. A Deprivation of Liberty Safeguards (DoLS) assessment for one person using the service had been made by the Court of Protection which is the authorising body for this type of service. People were offered choices about what they wanted to do. Two people told us that the service was supporting them to be more independent in their daily lives. Staff members demonstrated that they understood the importance of enabling people to make their own decisions.

Monthly quality monitoring audits and reviews had taken place. People participated in regular meetings to discuss their views about the service. People's relatives had been asked for their feedback about the support provided. A complaints procedure was in place. People told us that they knew what to do if they were unhappy with 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? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

120 Harrowdene Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection which took place on 15 November 2018 and was announced. We gave the provider 48 hours' notice of the inspection because the location is a small supported living service for younger adults who are often out during the day. We needed to be sure that they would be in.
This inspection was carried out by a single inspector.

Before the inspection we reviewed our records about the service, including previous inspection reports, notifications and other information we had received from, or about, the provider.

During our inspection we spoke with two people who used the service, the deputy manager and two members of the support team. We spent time observing care and support being delivered in the communal areas, including interactions between staff members and people who lived at the service. We looked at records, which included two people's care and support records, three staff records, policies and procedures, medicines records, and other records relating to the management of the service.

Good

Is the service safe?

Our findings

One person told us, "I am safe. The staff help me when I am doing things to make sure I'm OK."

Staff members understood the importance of keeping people safe from harm and potential abuse. They could describe their roles in ensuring that people's safety was maintained and knew how to report any concerns. All staff members had received safeguarding adults training and those we spoke with were aware of the provider's policy and procedure on safeguarding.

Up to date risk assessments were contained within people's care and support files. These were person centred and covered a range of risks, for example, health care, personal and self-care and activities in the service and within the wider community. The assessments included guidance for staff on the management and reduction of identified risks to people. The service was supporting people to develop greater independence at home and within the community and risk assessments had been developed to support new activities. Staff members we spoke with were knowledgeable about people's support needs and the importance of ensuring that risk management plans and guidance were followed.

During our inspection we saw that there were two staff on shift. The deputy manager was also present and we noted that they also engaged with people. The staffing rotas showed that there were always two staff members on shift during the day and evening hours and one waking night staff member. The deputy manager told us the staffing rotas were designed to ensure that a person who required full support in relation to their mobility needs received this. The people we spoke with confirmed that they received support when they required it. One person said, "Staff help me straight away when I need them." The deputy manager told us that he or the registered manager provided cover on occasions when additional support was required, for example when staff were supporting people to attend activities in the community. He also told us if someone was ill and required additional support the service would use an additional 'sleeping in' staff member at night.

We reviewed the recruitment records for three staff members and saw that checks had taken place prior to their working at the service. The records included evidence of two satisfactory references, eligibility to work in the UK and criminal records (DBS) checks. This showed that the provider had procedures in place to reduce the risk of unsuitable staff being recruited to work at the service.

People's prescribed medicines were well managed. Medicines were safely stored and records of administration (MARs) were correctly recorded. Copies of people's prescriptions were held at the service and staff used these to check that the correct medicines were received from the pharmacy. Some people were prescribed PRN (as required) medicines for the reduction of anxiety or pain relief. The protocols for administration of PRN medicines showed that staff members were required to seek authorisation from a manager prior to giving these to people. Records of administration of PRN medicines were detailed and described the reasons for giving them to people. They were subsequently signed off by the registered manager and used for monitoring purposes.

Staff members had received training in safe administration of medicines and we saw that their competency in medicines administration had been assessed by the registered manager. Individual medicines risk assessments were in place and these showed that people were currently unable to safely manage their medicines independently. The deputy manager said that the service was working towards supporting a person to administer their own medicines and their risk assessment was regularly reviewed. Monthly auditing of medicines and MARs had taken place.

Staff members had received training in managing the risk of infection. Stocks of disposable aprons and gloves were provided. We saw that staff members used these, for example, when preparing food for a person was unable to . We saw that staff members encouraged people who were involved in preparing their own meals to follow food hygiene practices when doing so. A person said, "I wear an apron and wash my hands when I am in the kitchen." The communal areas of the service were clean and tidy and there were no outstanding maintenance issues. Staff members supported and prompted people with cleaning tasks.

Regular fire safety checks and fire drills had been taken place at the service. Maintenance and servicing of fire safety equipment was up to date. The records maintained by the service showed that regular health and safety checks were carried out. Up to date safety certificates showed that gas and electrical safety and portable electrical appliance tests (PAT) had been carried out.

We looked at records of accidents and incidents. We saw that these were recorded in detail with information about actions taken to reduce any risk. The records were signed off by the registered manager to evidence that the action taken had been suitable..

Good

Is the service effective?

Our findings

A person told us, "Staff help me to go out. If I don't want to do something I always tell them."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found that people's care records included information about their capacity to make decisions. As a supported living service, the process for DoLS authorisations through application to the Court of Protection (CoP) by the responsible local authority. We asked the deputy manager about this. They provided us with records which showed that a CoP DoLS assessment had taken place for a person where there were concerns about their capacity in relation to their communication and physical impairments. The deputy manager showed us copies of emails requesting information in relation to the outcomes of the assessment.

Staff members had received training in MCA and DoLS. We saw that people's support plans provided information in relation to supporting decision making. For example, the support plan for a person with limited verbal communication contained guidance for staff on supporting them to make choices in their daily life. The deputy manager told us that one person using the service sometimes indicated "yes" to all questions and requests so it was important that staff members checked that this was what they really wanted. During our inspection we observed that staff members engaged with the person to ensure they understood and consented to what was being asked.

Staff members had received training and support to ensure that they had the necessary knowledge and skills to meet people's needs. All staff members had received mandatory training on, for example, safeguarding of adults, food safety, infection control and health and safety. In addition, staff members had received training in autism awareness, behaviour management and record keeping. Refresher training had also been planned so that staff maintained their skills and knowledge in these areas. Training and induction for new staff members met the requirements of the Care Certificate for staff working in health and social care. A staff member said, "The training here is good. It is repeated every year and helps me to stay up to date with how I support my clients.

The deputy manager told us that training was provided 'in house' and was designed to meet the needs of people living at the service. They said that training was designed to assist staff to support people to take

risks. A staff member told us, "Training has helped me to support to let go and help my clients to do things for themselves."

The records that we viewed showed that staff members had received supervision from their manager on a regular basis. Staff members confirmed that they had regular supervision and this enabled them to better understand and meet the needs of people. One staff member said, "I like the supervisions and team meetings as I can speak about any issues I have and the manager listens to this." The staff members we spoke with told us that they could also speak to a manager at any time if they had immediate questions or concerns.

Two people told us that they liked their meals. One person said, "I decide what I want and go shopping with staff to buy it." People were supported by staff to make drinks and prepare food of their choice if they were physically able to do so. One person said, "I'm not good at cooking but I get involved and staff help me to get better at this." People's nutritional needs were assessed and when they had preferences regarding their diet these were recorded in their care plans. During our inspection we observed people eating lunch and saw that they each ate different meals of their choosing. We saw that two people had been fully involved in their food preparation.

People were supported to access the medical care they required. Their support records showed that the service liaised with relevant health professionals such as GPs, dentists and opticians. Staff liaised with specialist learning disability services and supported people to attend meetings and appointments where required.

Good

Is the service caring?

Our findings

One person said, "The staff here are very nice." Another person told us, "Some of the staff are lovely. They help me a lot." We asked what they thought about other staff members. They told us, "They are good. I just like some of them better."

The interactions that we observed between staff and people living at the service were sensitive and caring. We saw that staff members chatted with people and engaged them in activities that were of interest to them. Throughout our inspection we saw that staff members proactively engaged with people, speaking with them about subjects of interest and checking that they were satisfied with their activities and support. Staff members encouraged people to do things for themselves as much as possible. A staff member said, "We are supporting people to be more independent. Sometimes people want us to do things for them because we're here but we work alongside them and encourage them to learn new skills."

People's support plans included guidance for staff members on people's communication needs. Staff members described how they communicated with people. We observed that staff communicated with one person using a range of words, gestures and objects. Another person used a picture communication book. We saw that this book was kept with the person and used by staff to help them to make decisions about what they wished to do.

Staff members spoke positively about the people they supported. A staff member said, "Sometimes it's hard to deal with [a specific behaviour] but we know what causes it and we know that this is how they tell us they aren't happy." Another staff member told us, "It's good to work with these ladies. I learn something new from them every day."

People's individual support plans included information about their cultural and religious heritage, daily activities, including leisure time activities, communication and guidance about how personal care should be provided where required. The staff we spoke with understood how they should support people to maintain their individuality and beliefs.

People's privacy and dignity were supported. Staff members spoke with people in a respectful way and checked that they understood and were happy with the information they were providing. Support with personal care, where required, was provided in the privacy of people's own rooms. We observed that where a person wished to speak to a staff member confidentially they were encouraged to go to their room to enable the conversation to be private.

Good

Is the service responsive?

Our findings

A person said, "The staff help me to go shopping and make my own food." Another person told us, "I asked them if I could go on a holiday and they helped me to plan this. I am going this year."

People's support plans were up to date and included information about their personal, physical, social and emotional support needs. Guidance for staff in relation to supporting people's individual needs was included in their support files. Support plans were updated at regular intervals to ensure that information reflected each person's current needs. The plans were linked to people's individual risk assessments and included information about how staff were assisting people to become more independent at home and within the local community.

People's support plans had been produced in an easy to read, picture assisted format. The two people we spoke with confirmed that they knew about their plans. One person said, "They changed it and we had a meeting about this."

Staff maintained daily records of the support that they provided. We saw that these were well written and described people's daily support and the activities that they participated in. However, we noted that the format used for people's daily records had limited space for any detailed commentary. The deputy manager told us that they would ensure that the format for daily recording was reviewed.

People's support records included daily activity plans. We saw that these included activities within the community and at home. For example, activities in the community included shopping, walks, meals out and outings to places of interest. A person said, "I would like to go out by myself but I don't feel confident. Staff are helping me with this." Their support plan showed that staff were working with them to enable them to go to the local shops independently.

Two people attended local places of worship on a weekly basis and a faith representative visited the service regularly. On the morning of our inspection two people went out shopping with staff. Another person was watching an African television programme that they had chosen. The deputy manager told us that the service would ensure that people had access to wifi and any language and cultural resources that they chose. We saw that a person had been supported to maintain contact with family members who lived overseas through the internet.

During the the afternoon of our inspection people were asked what they wanted to watch on the communal television and we saw that they enjoyed the music videos that they had chosen. We also saw that a scone baking session took place. Two people were actively engaged in this activity and another person who couldn't physically participate observed with encouragement and support from staff. A person told us they had enjoyed the activity. They said, "I made these myself. [Staff member] showed me what to do."

A person told us, "I do a lot of activities. If I want to do something they help me to be more independent." Another person said, "I am learning to do some things for myself now without staff."

People were enabled to discuss and make decisions about activities at regular house meetings. We saw from the records, for example, people had been consulted about changes at the service and that a holiday that a person had mentioned had been discussed and was being planned.

The service had a complaints procedure that was provided in an easy to read version. There had been no formal complaints received during the past year. The people we spoke with told us that they knew what to do if they had a complaint. One person said, "If I'm not happy I tell staff. They sort it out for me."

Good

Is the service well-led?

Our findings

The registered manager was supported by a deputy manager and staff team who also provided support to another service run by the provider. The deputy manager told us that, although there was a regular staff team at the service, a shared team enabled emergency cover by staff who were familiar with and known by the people living at 120 Harrowdene Road.

People told us that they thought the manager was good. One person said, "[Manager] is so nice. She listens to me."

We asked the deputy manager about the service's ethos. They told us that female only care and support was provided and people were supported by staff members of the same gender. They told us that, although people supported by the service required different levels of support, the aim was to enable them to become as independent as they could be in their daily lives.

The staff members we spoke with had worked at the service for a number of years. They were positive about the management of the service. One staff member said, "There is good team work here. The managers are excellent. They are here most of the time." Another staff member told us, "I can't complain about the support I get from my manager."

Regular staff team meetings had taken place. The records of these meetings showed that staff were enabled to discuss issues in relation to the needs of people using the service, along with best practice in care and quality issues and improvements.

The provider had a system for monitoring the quality of care. Monthly monitoring audits included reviews of care plans, risk assessments, medicines administration, environment, complaints, accidents and incidents. The forms used to monitor the quality of the service had recently been updated to ensure that information in relation to actions and outcomes was always recorded. The most recent quality assurance records showed that actions identified during monitoring had been addressed immediately.

In addition to meetings with people using the service, the provider had undertaken regular quality assurance surveys with relatives. The deputy manager told us that responses had not yet been received for the most recent survey. However, we saw records that showed that family members had been invited to be involved with reviews and meetings in relation to their relatives.

We looked at a range of policies and procedures maintained by the service. These were up to date and reflected best practice and regulatory requirements.

The service worked in partnership with other health and social care providers. The records that we viewed showed that staff members took a proactive approach to ensuring that contact was made with other professionals where there were any concerns. Records of regular health and care reviews were in place and these showed that other professionals had been involved. People had been involved in their healthcare

appointments and reviews. One person said, "I go to meetings about me and I can say if I am happy."