

Instant Care Solutions Limited

141 Vicarage Farm Road

Inspection report

Heston
Hounslow
Middlesex
TW5 0AA

Tel: 02085819313
Website: www.icslimited.com

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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

About the service:

- 141 Vicarage Farm Road is part of Instant Care Solutions Limited. The service offers personal care for up to ten people with mental health needs. At the time of the inspection 10 people were using the service.

People's experience of using this service:

- The provider had systems in place to safeguard people from the risk of abuse and staff knew how to respond to possible safeguarding concerns. There were also systems in place to identify and mitigate risks.
- Safe recruitment procedures were in place and there were enough staff to meet people's needs.
- Medicines were managed and administered safely.
- People's needs were assessed prior to moving to the home. Care and support were delivered and monitored in line with current guidance.
- Staff had up to date training, supervision and annual appraisals to develop the necessary skills to support people using the service.
- People were supported to maintain healthier lives and access healthcare services appropriately.
- The provider acted in accordance with the Mental Capacity Act 2005 (MCA).
- People told us staff were kind and respectful of their wishes and provided support in a respectful manner.
- People were involved in planning their care. Care plans contained details of how to meet people's individual needs.
- There was a complaints procedure in place and the provider responded to complaints appropriately.
- The provider had systems in place to monitor, manage and improve service delivery and to improve the care and support provided to people.
- People using the service and staff reported the registered manager and team leader were available, listened and actively promoted an open and transparent work environment.

Rating at last inspection:

- The last comprehensive inspection was 26 June 2016. We rated the service 'good' overall.

Why we inspected:

- ☐ This was a planned inspection based on the previous rating.

Follow up:

- ☐ We will monitor all information received about the service to understand any risks that may arise and to ensure the next planned inspection is scheduled accordingly. If any concerning information is received, 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?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

141 Vicarage Farm 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector carried out this inspection.

Service and service type:

141 Vicarage Farm Road is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection.

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.

Notice of inspection:

This inspection was unannounced.

What we did:

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection we also looked at the information we held on the service including the provider's last inspection, notifications of significant events and safeguarding alerts. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about. We also contacted the local authority's safeguarding, commissioning and community mental health teams to gather information about their views of the service.

During the inspection we observed how staff interacted with people. We spoke with six people using the

service, a team leader, activity co-ordinator and the registered manager.

We viewed the care records of four people using the service and three staff files that included recruitment. We looked at training, supervision and appraisal records for all staff. We also looked at medicines management for people who used the service and records relating to the management of the service including service checks and audits.

Is the service safe?

Our findings

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

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- ☐ People using the service told us they felt safe. Their comments included, "Yes I feel safe. The residents and staff they give you time" and "It's safe. The other residents are very calm and friendly. I've never seen anyone in a bad mood. Here they are always settled. I'm safe a 100%."
- ☐ The provider had safeguarding adults' policies and procedures in place and staff knew how to respond to any safeguarding concerns.
- ☐ The provider recorded incidents and accidents which included action plans. However there had not been any incidents since the last inspection.

Assessing risk, safety monitoring and management

- ☐ The provider had systems in place to identify and manage risks to people using the service. Care records we viewed contained risk assessments for suicide, neglect, aggression / violence and other risk behaviours such as self-injury and arson. As some people cooked for themselves there were individual self-catering risk assessments that provided staff with information on how to support people effectively and safely.
- ☐ The risk management plans had details of appropriate control measures, risk rating and a plan to reduce the risk. All staff were required to sign risk assessments to indicate these had been read. Risk plans were reviewed six monthly.
- ☐ In addition, people using the service had a backup and crisis plan which identified what to look for if the person was becoming unwell, actions that have previously been helpful in a crisis and a crisis management and contingency plan.
- ☐ The home had checks in place to ensure the environment was safe and well maintained. These included environmental risk assessments, fire risk assessments and a personal emergency evacuation plan (PEEP) for each person. Maintenance and cleaning checks were up to date.

Staffing and recruitment

- ☐ People using the service were satisfied with the number of staff available to meet their needs. People told us, "I think staff are good at their job. In this building there is usually three staff and [the registered manager] is usually here", "The staff are worth their weight in gold. They are always here" and "I feel safe in this environment because if I have any problems with my health there is a lot of staff on hand to help you. There's always staff here."

- The team leader told us, "We never use agency. We want consistency as new faces can make people feel anxious." The rotas we saw indicated there was a senior support worker, support worker and activity coordinator five days a week and the registered manager was also on site daily.
- Recruitment procedures were in place and implemented to ensure only suitable staff were employed to care for people using the service.

Using medicines safely

- Medicines were administered safely. People using the service had secure medicines cabinets in their rooms, for which staff held the keys. Medicines stocks we counted reconciled with the medicines administration records (MARs) which indicated people were receiving their medicines as prescribed.
- People said they were appropriately supported to manage their medicines. Each person had a medicine awareness form which provided details of the medicines each person was taking, and this was signed by each person. One person said, "Because I am on PRN I can ask for it anytime I want." Another person said, "In my room there is medication cabinet. Staff do come in on time."
- The medicines administration record charts (MARs) provided clear instructions about the administration of each medicine, including 'as required' (PRN) medicines. We also saw the provider had PRN protocols in place.
- Medicines training was completed annually and staff had competency testing to ensure they had the skills required to administer medicines safely. However, we saw one staff member's competency testing was overdue. The registered manager took immediate action to complete the competency assessment and emailed it to us after the inspection.

Preventing and controlling infection

- The provider had an infection control policy and risk assessment in place to help protect people from the risk of infection. Staff had attended training on infection control and we saw a number of checks completed to ensure a clean and safe environment. Staff had access to protective personal equipment such as gloves and aprons.

Learning lessons when things go wrong

- The provider had recently reviewed all their fire safety procedures. They reviewed people's PEEPs and made them more individualised, As the number of people who use the service and smoke had increased, they installed a new larger smoking area and accessible gate in the back garden to ensure people had a safe and sheltered place to smoke.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- ☐ People's needs were assessed prior to moving to the home to confirm their needs could be met by the provider. In addition to the initial assessment other information such as hospital reports and community psychiatric assessments also informed the care plan. We saw that people were involved in this process.
- ☐ A health care professional told us, "When service users move to the placement short term plans are put in place. These are detailed and thorough. They are regularly reviewed and evaluated, and changes made as required."

Staff support: induction, training, skills and experience

- ☐ People using the service were supported by staff with the skills and knowledge to effectively deliver care and support. One person using the service said, "Staff do know what they are doing. They are kind and they listen to you if you have any problems." A healthcare professional said, "Staffing levels are always good. Staff are knowledgeable and experienced. They are able to de-escalate difficult situations."
- ☐ Staff told us they were supported in their roles and we saw evidence of relevant training, supervisions and annual appraisals to ensure they had the appropriate skills to care for people.

Supporting people to eat and drink enough to maintain a balanced diet

- ☐ People were supported to maintain good nutrition and care plans recorded any specific needs such as a diabetic care plan.
- ☐ People using the service had the option to self-cater or to have staff cook for them. People we spoke with said they received culturally appropriate meals. Comments from people about the food included, "We get one meal a day which is pretty good. We do a meeting each week where we can talk about what we do like or don't like" and "From the first day I said I am self-catering. They said they had to see me to make sure I am safe. Now I cook seven days a week and I buy from the supermarket."

Staff working with other agencies to provide consistent, effective, timely care

- ☐ Staff in the home worked well together through good communication and daily handovers. There were daily observation forms for each person which had a detailed summary used as part of the handover at the end of each shift.
- ☐ The provider took steps to ensure positive relationships with the community. The registered manager told us, "We really want the professionals to get to know their service users, so we are going to the civic centre to

[meet] with the social workers. The police are also involved so the residents have a good experience and the police know residents."

Adapting service, design, decoration to meet people's needs

- The home had ten rooms that were ensuite and had their own kitchenette area. The rooms we saw were personalised to people's individual tastes and needs.
- The home was clean and comfortable and took into account the needs of the people using the service. Recently some of the taller men said the sofa was low so the provider ordered a made to measure sofa that was higher and made it easier for the men to get up from.

Supporting people to live healthier lives, access healthcare services and support

- People said they had appropriate access to health care and this was confirmed by the care records we viewed. People told us, "They're nice staff. They help us to see the GP. I have regular appointments at the mental health centre and staff support me" and "I saw a nurse about a week ago about diabetes. This is the best I have ever felt."
- When concerns around people's health were highlighted we saw appropriate referrals were made. For example, to the optician or diabetic nurse. The provider helped people with medical appointments as required but had recently begun registering people on line with the GP so they could start to manage their own appointments

Ensuring consent to care and treatment in line with law and guidance

- 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA and found that they were.
- People using the service told us they could come and go as they pleased.
- The team leader told us that at the moment all the people using the service had the capacity to make their own decisions, so the staff supported them to make informed decisions. For example, where one person had their medicines levels increased, we saw that staff went through the information leaflets with them to ensure they understood this and monitored them closely to ensure they took this medicine correctly and as prescribed.
- We saw that people using the service had signed a number of different consent forms that covered areas such as the use of photographs, consent to others reading their care plan, being involved in care plan, random drug, alcohol testing and being frisked.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

• ☐ People we spoke with told us staff treated them with kindness and were available to them. People's comments included, "It's very nice living here. Get a lot of support from the staff", "I am very happy. The staff are great. We get on quite well. They have helped me to move on", "This is the first time I have had a quality of life. These people are compassionate" and "The best thing is they look after me. I don't think there is anything they could do better. The service is good."

Supporting people to express their views and be involved in making decisions about their care

• ☐ People told us they were involved in decision making and their views respected. They said, "I do get involved in my care plan. Staff do listen. If you want to, you can have a key working session. There is always a member of staff available", "We have a residents' meeting once a month. I have no issues, but you get feedback from the other residents" and "I asked if I could have this room painted this colour and it was done before I moved in. I like it here."

• ☐ The registered manager was keen to encourage people to be involved in how the service was run and recently people using the service had begun taking minutes of the residents' meetings. The registered manager said, "They have the agenda beforehand and we ask them to prepare so it is now more service user led." We saw from minutes that meetings included discussions about celebrations such as Chinese New Year, health and safety, activities, sharing ideas for improvement, healthy eating and fire awareness.

• ☐ People had monthly planners in their rooms which were printed out with appointments but they could also add their own appointments and activities to the planner, meaning they could be more independent and involved in choosing what they wanted to do each day.

Respecting and promoting people's privacy, dignity and independence

• ☐ People said staff were respectful of their wishes and told us, "Staff are respectful. They call me my name and knock on the door" and "You have privacy and freedom. Nothing they could do better." Another person said they could go to their chosen place of worship independently and as often as they liked.

• ☐ The provider also promoted people's independence. One person told us how the registered manager recently told them they were doing very well and suggested moving to independent living. As part of the preparation the person is beginning to take their medicines independently with staff support, is going to college to improve their literacy skills and their keyworker supported them to complete a job application.

Is the service responsive?

Our findings

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

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- ☐ People using the service told us they were involved in planning their care and that their needs were being met. They said, "They have talked with me about my care plan. You are meant to read through it yourself and see what it's like and sign it. I've read mine", and "Staff are very nice. They give advice and organise and help. I have a care plan. I've signed it and have a copy."

- ☐ Another person said, "When I was looking to go to college, they came to college with me. If I feel sick... they stay with me in the hospital side by side. They read my care plan. All the support I need I get here. If I want to see the doctor, social worker or nurse I tell them, and they make an appointment."

- ☐ A healthcare professional said, "The team are impressed by the level of choice given to service users. An example is in meal planning. There is an activity co-ordinator who organises trips and activities regularly."

- ☐ Care plans recorded people's preferences and staff we spoke with were knowledgeable about the needs of the people they supported.

- ☐ Care plans were structured and had assessed needs, objectives/goals, action by whom and completed status. Actions for support were recorded in a number of specific steps. The care plans were signed by the person, their keyworker and support worker. Other staff were required to initial the care plan to indicate they had read it.

- ☐ Additionally, people had an 'Assessment Report and Recovery Care Plan with Plan Outcome Measures' which had detailed information about the person's forensic history, an interview with the person and a proposed plan of care with current identified risks, needs and proposed management plan.

- ☐ Each person also had a 'Resident Legal Status audit sheet' to assess if people could understand, retain, weigh up the information about their status and communicate their decision about orders issued under the Mental Health Act, for example a community treatment order (CTO). It also contained renewal information and was signed by the person and staff.

- ☐ People using the service were all able to go out in the community independently if they chose to. The home had an activity coordinator who arranged activities both in the home and in the community. They also spent one to one time with people, for example, going for a coffee with them to give people the opportunity to talk or supporting them into education or employment.

- ☐ People told us they enjoyed the activities on offer. One person told us they went to the gym, cinema,

bowling and swimming as part of the organised activities. In the communal room there was a pool table, books, sound system and television. The walls had framed photos of activities such as days out and people's birthdays.

- We saw activity planning was a standing item on the peoples' meeting agenda, which gave them the opportunity to give their views and suggestions for activities.

Improving care quality in response to complaints or concerns

- People using the service were satisfied their complaints were responded to. One person said, "If I have a complaint I can tell [the registered manager]. I have made complaints and they get back to me or see me at the time. The complaints have been resolved." Another person said, "If you want to complain you can just approach staff and tell them. There is a complaints box if you want to put it in writing, but I don't have any complaints. I don't really think they could do anything better."
- Everyone using the service had a resident information pack with a complaints form in their room. The registered manager told us from time to time the complaint procedures are discussed at residents' meetings to remind people of these.
- The provider kept a complaints log with a summary and action taken. Complaints were investigated and where appropriate other agencies were involved such as the police and local authority.

End of life care and support

- The home did not provide end of life care to people, but each care plan had a record of an advanced statement about end of life wishes. We saw that most of these were not detailed. When we raised this with the provider they agreed to update the advanced wishes for people using the service with more detail. After the inspection they emailed us evidence that they were making improvements in relation to end of life care 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

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

• ☐ The registered manager and team leader were available to people using the service and promoted an open and transparent culture. All the stakeholders we spoke with indicated the service was well run.

• ☐ The registered manager had relevant qualifications in social care and had worked with the organisation since 2011. People using the service said, "[The registered manager] is very good. He's around during the day and sometimes in the evenings. I respect him. He's a very fair man", "[The registered manager] does a good job. He's around a lot of the time" and "[The registered manager] is very good. I am confident in him."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

• ☐ Policies and procedures were up to date. The provider had various processes to monitor the quality of services provided in the home so any areas that needed improvement were identified and addressed. These included a number of audits and checks. Audits provided information on how the provider could improve service delivery and were actioned by the registered manager or team leader for follow up. We saw evidence of a service user care plan log which indicated when reviews were due and another one for risk assessments. These were diarised to be checked weekly. The training data base was updated monthly to ensure staff training was up to date.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

• ☐ People using the service had the opportunity to provide feedback and said, "We have a community meeting one a month. That's where we discuss everything including the menu" and "I do attend the resident meetings. We talk about atmosphere, complaints, repairs and cooking."

• ☐ A staff member said, "I enjoy working here. The support that I get from the team makes me feel valued. My views are valued and I get satisfaction from service users when they have done something. [The registered manager and director] have supported me to develop my career." We saw evidence of staff meetings that gave staff the opportunity to provide feedback.

• ☐ Results from the last service user satisfaction survey were posted on a wall and all of the categories indicated over 90% satisfaction with the home. The registered manager also had a summary of areas that needed improving. A comment from the family survey stated, 'I am extremely happy with the care my

[relative] receives. I find all the staff very friendly and helpful.' We also saw satisfaction forms around the home for people to provide feedback to an external company that collated information about the home.

Continuous learning and improving care

- There were weekly audits such as medicines but also an annual audit completed by the director. The registered manager said they focused on both remedial and long term action.
- The registered manager spoke about promoting people's involvement in the service. The provider was planning to involve people using the service at the next staff interviews as, "This is their house and we want them to have a sense of belonging."
- The team leader told us how they saw a hospital report with a relapse care plan so began to incorporate that into the home's care plans. He also noted, "We improved our care plans and made it more personalised and risk assessments have become more detailed."

Working in partnership with others

- The provider worked in partnership with various other health and social care professionals. Since 2018, people using the service had been attending indoor and outdoor events organised by the Hounslow Mental Health Wellbeing, Recovery & Placements (WRAP) Team every month. The registered manager told us, "These events have been successful as they provide a platform for both social workers and residents to meet and socialise in a relaxed atmosphere where recreational activities are on the agenda."
- In addition, the registered manager had been attending a provider's forum organised by the Mental Health Team and CCG, "to discuss and identify areas of improvements and the various challenges we face as providers."