Haven Bell Ltd

Cardinals Way

Inspection report

72 Cardinals Way
London
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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

Cardinals Way is a care home / DCA registered for two people and provides care and support for two adults with mental health difficulties and associated needs. There were two live in care workers who rotated with another two live in care workers. There are bathroom facilities, a communal lounge a large kitchen with a dining area and a small garden with access through the kitchen.

At the last inspection on 9 April 2015 the service was rated as good.

At this inspection we found the service remained Good.

People were kept safe from harm and staff knew what to do in order to maintain their safety. Risks to people were assessed and their medicines were safely managed. The provider's staff recruitment procedures ensured that staff were safe to work with the people using the service.

Care workers were well trained and had completed an induction programme before starting at the service. Staff were supported through supervision and were trained to support people.

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 also support this practice. The service operated effective procedures for assessing people's mental capacity and complied with the regulations of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards.

People received on going healthcare support from a local GP and regular visits to the service were undertaken by other health and social care professionals.

People's dignity and privacy was maintained and staff knew how people preferred to be supported. Independence was promoted and people were encouraged to do as much for themselves as possible. People were given information on how to make a complaint and how to access advocacy services. No complaints had been received.

The registered manager carried out regular audits of the service and used these as a means of maintaining high quality care. Any action that was required was taken and the service provider was open and transparent in the way that they communicated with people.

Further information is in the detailed findings below.

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**

Cardinals Way

Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 16 June 2017 and was unannounced. The inspection was carried out by one inspector.

Prior to this inspection, we asked the provider to complete 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. The provider completed this information in full and returned this as requested.

Before the inspection we looked at information that we had received about the service and formal notifications that the service had sent to the CQC. We looked at both people's care records and risk assessments, two staff files, both medicines records and other documented information related to the management of the service. We spoke with the provider, registered manager and two care workers.

During our inspection we met both people using the service although neither wished to speak with us on this occasion. We observed people interacting positively and regularly with staff throughout the almost six hours we were visiting the service.

Good

Is the service safe?

Our findings

Staff had received training about keeping people safe from harm and the staff we spoke with were clear about their responsibility to do so in safeguarding people. Staff were able to describe the process for identifying and reporting concerns and were able to give example of types of abuse that may occur. One care worker said, "We are always able to contact the manager for advice if any concerns arise about anything not just about safeguarding." Policies and procedures were readily available for staff about what to do and how to recognise and report any concerns about possible abuse. The policy and procedure gave clear guidance to staff and details about action they must take. Staff were aware of the whistleblowing policy and how to use it.

Risk assessments had been completed for each person using the service. They included information related to the activities that people had taken part in, risk of harm to self, risk of harm to others, risks of accidents and others risks that may be associated with their mental health needs. Risk assessments were kept under regular on-going review and were updated and changed as may be necessary.

At all times there were two live in care workers to support people at the service. This meant there was always a one to one ratio of care workers to people and staff rotated their periods of live in support on a two weekly rota. Care workers told us this worked well and provided continuity of care. Staff were recruited in a safe way with all of the necessary background checks, including Disclosure and barring service (DBS) being undertaken as well as verification of employment history and qualifications.

Medicines were received, stored and administered according to the medicines policy at the service. Each person's medicines were clearly marked with their name and stored in blister packs supplied by a local pharmacy every two weeks. Individual Medicine Administration Record (MAR) charts included information about allergies and any other considerations for taking the medicines. There was guidance available about medicines that were prescribed to be taken when required. Medicines were well managed and were regularly audited by the manager.

Fire safety, gas and electrical safety checks were carried out and the home was kept clean and well maintained. Normal household cleanliness and infection control procedures were used as the service was not providing nursing care to anyone and would not do so.

Good

Is the service effective?

Our findings

Staff had the knowledge and skills to enable them to support people effectively. They had undertaken induction training before they started working at the service and had, or were in the process of, achieving the care certificate. Staff had access to training, for example, safeguarding, medicines and working with people with mental health difficulties. Guidance and advice from visiting professionals had been provided and this was usually around supporting people effectively and safely. Staff training was geared around the needs of people using the service.

The registered manager maintained a system of appraisals and supervision. Appraisals were scheduled annually and supervision on a one to three monthly basis as staff were generally working two weeks on and two weeks off. Staff told us that there was a very good level of support available in order for them to carry out their work.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff had a good understanding of the Mental Capacity Act (MCA) 2005 and how to support people using the principles of the Act. Staff confirmed they had received training on MCA and DoLS before they started working at the service. One person was fully able to provide consent and had done so in writing. The other person could not provide written consent, this was documented and consent to care had been obtained the placing authority.

The registered manager had good links and liaised well with the local authority Deprivation of Liberty Safeguard Team. This included visiting professionals with regards to any DoLS referrals and this was managed well and in line with the regulations. We saw evidence of this and the registered manager had used an advocacy service for one person that had required support around best interest decisions and deprivation of liberty safeguards.

People were supported by care workers to maintain a healthy diet. Staff discussed food choices with people each day and shopped most days to ensure food was fresh. People often went with staff to do the shopping.

Staff supported people to access health services and to make and attend appointments. People were registered with a local GP. Outcomes from appointments and any follow up action that was required was shared with those professionals who needed to know and this was and recorded in people's care files. Staff worked closely with people using the service around their physical and mental health care needs to ensure they were supported to maintain good health.

Good

Is the service caring?

Our findings

Although people did not wish to talk with us during this inspection we did observe the interactions they had with care staff and the manager. These interactions were relaxed and considerate and staff demonstrated that they knew the people they were supporting.

One member of staff told us "It is so relaxed here. I am new but as the home is so small it is really easy to get to know people."

The environment promoted a warm and homely atmosphere, particularly as staff were living at the service for short periods of time which helped to promote continuity of care. Apart from people's own bedrooms there was no separation between facilities and people were free to use all parts of the building.

People's dignity and privacy was maintained. People were supported with personal care if they required this but were also encouraged to do as much for themselves as possible in order to maintain and increase their independence.

Where people had contact with relatives and friends these relationships were supported and encouraged. We saw evidence on care records and through our discussions with care workers and the manager about how this was achieved.

People had their life histories completed on their care records and these not only told people's life story to date but included the people who were most important to them and their background and cultural heritage. Care workers knew about people's heritage, being white British and Irish. Care workers told us that although no one followed particular religious or other belief practices they were free to do so with staff support if they wished.

Staff described people's family and other relationships and knew who people wanted to have contact with and who was important to them. The service did not assume that people's mental health support needs were a barrier to maintaining relationships. This was viewed as a challenge people faced whilst the service offered as much autonomy for people as possible to pursue their chosen family and other relationships.

Good

Is the service responsive?

Our findings

The care and support people received was responsive to people's needs. Each person had a "Individualised Care Plan" which was tailored to them as unique individuals. Care plans did not generalise between people but did take account of particular challenges that people faced in their day to day lives. The aim of the provider was to support people without placing unnecessary limitations on people's right to have as much autonomy as they could reasonably exercise over their own lives.

Care plans were very detailed and covered areas relating to personal care, social interaction, life histories, mental health, activities and financial matters. Care plan goals were realistic and encouraged people to make positive changes to their way of life and to maximise the control they had over their daily living choices and activities. Care plans included techniques that staff could use to encourage and discuss with people how they could participate in managing their mental health difficulties and behaviour in socially acceptable ways.

Care plans were regularly reviewed and amended as required and a full review was carried out at least once every year. There were details included about the person's own involvement in making care plan decisions as well as any relatives, partners or other professionals who were also consulted.

One person went for regular overnight stays with their partner and this had all been agreed and was actively supported by the service in consultation with the person and their partner. Another person visited family from time to time but did this independently as they did not require staff support to do so. There were regular meetings with people and the staff team, as often as every day in order to plan activities and discuss the food people wanted and any meetings, appointments or other activities that may be planned.

During this inspection it was evident from care records we looked at that people were given opportunities to raise complaints if they had any. There was a clear complaints policy and we noted that no-one had felt the need to make any complaint since the service had been operating.

Good

Is the service well-led?

Our findings

A registered manager was in place at the service. 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.

The registered manager was responsible for this service and another small service. Staff felt supported by the registered manager and said "We are always in touch" and "I have only just started and feel really supported." There were policies and procedures in place to ensure staff had the appropriate guidance required and were able to access information easily. Policies and procedures we saw each had a review date to ensure information was appropriate and current. These policies and all been recently reviewed.

Throughout our inspection visit we observed positive interactions and communication between people using the service and staff, as well as among staff and the provider and manager. These interactions demonstrated that a positive culture existed. People were seen approaching staff who responded to them appropriately and responded to their requests. For example a person was actively encouraged to join staff to prepare their breakfast, which they did, and another was reminded of an activity they had planned to do and this was discussed with them. Care workers communicated well and planned how they were going to support each person. Meetings took place between the staff team members and manager and were regular as the service is small and communication was constant, which we saw occurring during our inspection.

The registered manager had monitoring systems in place to measure quality and to ensure high standards of service delivery. We looked at examples of these audits that included monthly medicines audits, care planning and health and safety records. These audits demonstrated that the registered manager was effectively and regularly reviewing the performance of the service and to underpin this they also carried out regular spot checks.

People's feedback, including written feedback, was obtained and people's views were acknowledged and respected. The provider viewed this feedback as a positive means of assessing and making any changes to the service that may be required as a result, for example the way someone was supported to maintain a relationship.