

Clover Residents Limited

# New Beginnings Residential Care - 6 Harrow View

## Inspection report

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16 March 2018

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 9 and 16 March 2018. New Beginnings Residential Care - Harrow View is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission [CQC] regulates both the premises and the care provided, and both were looked at during this inspection. At the time of the inspection there were two people who had learning disabilities living in the home.

Our previous inspection on 7 March 2017 found three breaches of regulation and made one recommendation. We rated the home as "requires improvement".

The first day of our inspection was unannounced. On this day we observed that two people were in the home and there were two care staff on duty. However, there was no manager on duty. As a result we went back to the home on 16 March 2018. The second day of the inspection was announced.

This inspection on 9 and 16 March 2018 found that the provider had made improvements to the home and care provided. However, we found that there was a lack of consistent management presence in the home.

There was no registered manager in post at the time of this inspection. 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 and associated Regulations about how the service is run.

Our previous inspection found that there were some aspects of the care provided that were not safe. We previously found that fire safety arrangements were not adequate and we found a breach of regulation in respect of this. During this inspection in March 2018, we noted that the home had taken action in respect of this and had implemented fire safety checks and staff had received the necessary training.

Our previous inspection also found that medicines were not stored appropriately and we found a breach of regulation in respect of this. During this inspection, we noted that the home had made improvements in respect of this. However, we observed that there were two errors on one MAR chart we looked at for the day of the inspection. We raised this with the operations manager and she advised that she would speak with the member of staff concerned.

Accidents and incidents had been recorded. However, we noted that the remedial action following the incident was not documented. It was therefore not evident what the service had done to prevent the reoccurrence. We made a recommendation in respect of this.

We looked at the staffing rota and noted that it did not accurately reflect the staffing arrangements in the home. For example; the rota stated that the operations manager would be working from 9am to 5pm on the

first day of our inspection. However, this was not accurate as the operations manager was away on leave. We were therefore not satisfied that management were always deployed as required to meet people's needs and we found a breach of regulation in respect of this.

Risk assessments had been carried out which detailed potential risks to people and how to protect people from harm.

Our previous inspection found that people's care plans lacked information about what support people required and we made a recommendation about this. During this inspection, we noted the home had made improvements. They had implemented a new format support plan for people which included information about what support people required as well as how they wished to be supported with various aspects of their daily life.

Our previous inspection found that there were significant gaps in staff training and a lack of appraisals and we found a breach of regulation in respect of this. During this inspection, we noted that the home had made improvements and staff had completed the necessary training and where required they had received an appraisal.

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. Our previous inspection in March 2017 found that there was a lack of information about people's mental capacity and communication in people's care records. During this inspection in March 2018, we found that information about people's communication and their capacity to make decisions was documented in care support plans.

The arrangements for the provision of meals were satisfactory. We saw that there was a weekly menu. We looked at the menu for the week of the inspection and noted that there was a variety of meals available. On the first day of the inspection we observed both people in the home prepared their breakfast with the support of a member of staff.

Each person in the home had an individual varied activities programme which was devised based on their interests. On the first day of the inspection we noted that one person went to a day centre and another person went to visit their family.

Our previous inspection found that there was a lack of evidence to confirm that regular audits were carried out in respect of various aspects of the care provided and we found a breach of regulation in respect of this. During this inspection, we found that the home had undertaken checks and audits of the quality of the service in areas such as health and safety, staff files, fire procedures, medicines management and care documentation.

During the first day of the inspection we found that there was a lack of management presence and we were not confident that there was a consistent and regular management structure in place in the home.

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

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

We always ask the following five questions of services.

### Is the service safe?

Requires Improvement 

The home was not always safe. There were arrangements in place for the management of medicines. However, we found an error with the completion of a MAR.

There were processes in place to help ensure people were protected from the risk of abuse.

Appropriate risk assessment were in place.

Appropriate systems were in place to manage emergencies.

### Is the service effective?

Good 

The home was effective. Staff had received training, supervisions and appraisals which supported them to carry out their role effectively.

People's nutrition was monitored and dietary needs were accounted for.

People had access to healthcare professionals to make sure they received appropriate care and treatment.

### Is the service caring?

Good 

The home was caring. People's privacy and dignity were respected.

Staff had an understanding of people's care and support needs.

Care plans provided details about people's needs and preferences.

There were arrangements for complying with the Accessible Information Standard.

### Is the service responsive?

Good 

The home was responsive. Care plans were person-centred and specific to each person's individual needs. People's care preferences were noted in the care plans.

People had access to activities and they were supported to access the community.

Quarterly reviews of care plans had taken place to ensure that the care provided met their needs.

**Is the service well-led?**

The home was not always well led. There was a lack of management presence at the home. There was a lack of evidence that there was a continuous management structure in place at the home.

Regular checks and audits were carried out in respect of various aspects of the care provided.

Staff told us they were supported by their colleagues.

**Requires Improvement** 

# New Beginnings Residential Care - 6 Harrow View

## **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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 9 and 16 March 2018. The inspection carried out on 9 March 2018 was unannounced. However, the inspection carried out on 16 March 2018 was announced.

The inspection visit was carried out by one inspector.

Before the inspection visit we looked at all the information we held about the service. This included notifications of significant events and the last inspection report.

During the inspection we met with two people who lived at the home. Communication was however limited. We therefore observed how they were cared for and supported by care staff. On the first day of our inspection, the operations manager was not present. We therefore spoke with two care support staff on the day. The consultant and director of the service were unable to attend the home on the first day of the inspection. People in the home had plans to go out and therefore nobody was present during the afternoon. We therefore went back to the home on 16 March 2018 to complete our inspection. On the second day of the inspection the operations manager, consultant and the director were present. We also spoke with one senior care staff and two care staff.

During the visit we looked at the care plans and records for two people, records of staff recruitment for two members of staff, support and training documentation, accidents, incidents and other records the provider used for monitoring and managing the service. We also looked at the environment and how medicines were managed and stored.

# Is the service safe?

## Our findings

We asked one person who used the service if they felt safe in the home and around staff. This person nodded in response. On both days of our inspection, we observed that people appeared comfortable in the home and in the presence of staff. There was a relaxed atmosphere in the home.

Our previous inspection found that there were aspects of the care provided that were not safe. Fire arrangements in the home were not adequate and we previously found a breach of regulation for this. We found there was a lack of evidence to confirm that regular fire alarm tests were carried out. During this inspection, we found the home had made improvements in this area. There was documented evidence the home had carried out weekly fire alarm tests. A fire drill was last carried out in October 2017 and we saw documented evidence that a fire drill was scheduled for March 2018. We also found evidence that following the previous inspection; a comprehensive fire risk assessment had been carried out by an external organisation in March 2017. The operations manager confirmed that minor areas that had required improvement had been actioned by the home.

There were plans in place for a foreseeable emergency. The fire emergency evacuation plan detailed the layout of the home, evacuation points, the assembly point and details of action to take in the event of fire. There was a no smoking policy in the home and nobody who lived in the home smoked. Personal emergency and evacuation plans (PEEP) had been prepared. These were detailed and informative. Care staff had completed fire safety training with an external organisation in May 2017.

Risks associated with the premises were assessed and relevant equipment and electrical installation checks had been carried out. We noted that the gas safety record detailed that it had been checked on 13 March 2017 and expired on 13 March 2018. We raised this with the operations manager. Following the inspection, the operations manager provided documented evidence that a gas inspection had been carried out on 20 March 2018.

Our previous inspection found that there were some deficiencies in respect of medicines management in the home and we found a breach of regulation in respect of this. We previously found that medicines were stored in a locked kitchen cupboard and not in an appropriate designated medicines cabinet. During this inspection, we noted the home had taken action and purchased a new medicines storage cabinet. We found that medicines were appropriately stored in this cabinet.

There were arrangements for the recording, administration and disposal of medicines. Daily storage temperatures had been recorded and were satisfactory. We checked some of the medicines in stock and these were accounted for.

Where people were prescribed PRN (when needed) medication, we found that the home had guidance for staff about how and when this should be administered. Our previous inspection found that there were two unexplained gaps in medicine administration charts (MAR) and it was therefore not evident if the person had received their prescribed medicine. We also found that comprehensive medicines audits were not carried

out.

During this inspection, we looked at MARs for two people from December 2017 until the day of the inspection. We noted that there were no gaps in these. However, we saw that two errors had been made when completing the MAR for one person on the second day of our inspection. We saw that this MAR had been signed to say that one medicine prescribed at bedtime had been administered early in the day. Further, on the same MAR we noted that another medicine had been signed to say that it had been administered on the morning of 17 March 2018 when it should have been signed on 16 March 2018. We raised this with the operations manager and she confirmed that the medicines had been administered correctly, but explained that an error had been made when completing the MAR. She confirmed that she would speak with the care worker concerned. She also explained that as the error had been made on the second day of the inspection, the audit had not yet been carried out but she said that the audit would have identified this error.

Since the previous inspection, the home had introduced two medicine audits; one medicine audit checked ordering, administration, recording, storage, temperature checks, controlled drugs and disposal of medicines and another medicine audit checked people's individual MARs to ensure they were completed correctly. We noted that these audits were carried out monthly and we saw evidence that these had been carried out consistently.

We looked at the staff rota for various dates from 19 February 2018 to 25 March 2018. We noted that on the first day of our inspection, the rota stated that the operations manager would be working from 9am until 5pm. However, the operations manager was on leave from 8 March 2018 until 13 March and did not work during this time. This was not reflected on the staff rota. The rota also indicated that the operations manager was working at the service from 9am until 5pm on 22 February 2018 but we noted that she did not work at the home on this day.

The above demonstrates that the staff rota did not accurately reflect the management staffing arrangements in the home. We were therefore not satisfied that staff were always deployed as required to meet people's needs. This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was evidence that the home had assessed potential risks to people. We saw that people's care files included risk assessments. Risk assessments covered behaviour that challenges, going out in the community, seizures and choking. Risk assessments included details of the level of risk, potential consequences, hazard controls which detailed action required by staff for adequate control of the risk.

The home had a comprehensive safeguarding procedure in place and we noted that necessary contact details to report safeguarding concerns were clearly displayed in the home. Training records indicated that care staff had received safeguarding training in May 2017. Staff told us how they would recognise abuse and what they would do to ensure people were safe. They said that they would report their concerns to management. They were also aware that they could report their concerns to the local safeguarding team, police and the CQC.

We looked at the staff recruitment records for two members of staff to see if required checks had been carried. We found background checks for safer recruitment including enhanced criminal record checks had been undertaken and proof of their identity and right to work in the United Kingdom had also been obtained. Two written references had been obtained for staff.



We saw evidence that accidents and incidents had been recorded. This included details about the incident and who was involved. However, we noted that some forms were incomplete and lacked information about the remedial action taken. It was therefore not evident what action the home had taken to prevent reoccurrence.

We recommend that the home review their accident/incident procedures to ensure that subsequent action taken is documented.

During the inspection we found the premises were clean and no unpleasant odours were noted. There was an infection control policy and measures were in place for infection prevention and control. We noted that window restrictors were in place on the first floor and radiator covers to protect people from burns were in place. The temperature of the water prior to people being given a shower or bath had been recorded to ensure people were not at risk of scalding.

There were some areas of the environment that were 'tired' looking. The bathroom on the first floor was in need of renovation. We also observed that the front living room area was bare. There were sofas and a television but no other ornaments to make the room feel homely.

# Is the service effective?

## Our findings

We asked one person how it was living in the home. This person responded, "It's good." When asked if they were satisfied living in the home, this person said "Yes."

Our previous inspection in March 2017 found that there were gaps in staff training and staff had not received yearly appraisals. Staff were therefore not always supported to fulfil their roles and responsibilities through training and appraisals and we found a breach of regulation in respect of this.

During this inspection in March 2018, we found evidence that the home had made improvements in respect of staff training. Staff had received necessary training and there was a training matrix in place which enabled management to monitor what training staff had received and when refresher training was due. Training records showed that care staff had completed training in areas that helped them when supporting people. Topics included first aid, safeguarding, fire safety, health and safety, the Mental Capacity Act 2005 (MCA 2005) and medicine administration. The training was a combination of internally and externally provided training. Staff spoke positively about the training they had received and said that they had carried out various training sessions since the previous inspection and certificates we saw confirmed this.

We also found that care staff had received an appraisal where necessary and had an opportunity to discuss their individual objectives, performance and development.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Our previous inspection in March 2017 found that there was a lack of information about people's mental capacity and communication in people's care records. During this inspection in March 2018, we found that the home had implemented new format care support plans which included information about people's communication and their capacity to make decisions. There was documented evidence to confirm that staff had received MCA in March 2017.

We also found that, where people were unable to leave the home because they would not be safe leaving on their own, the home had applied for the relevant authorisations called Deprivation of Liberty Safeguards (DoLS) for all people. These safeguards ensured that an individual being deprived of their liberty through not being allowed to leave the home without staff supervision, is monitored and the reasons why they are being restricted is regularly reviewed to make sure it is still in the person's best interests. We noted that one person in the home required a DoLS authorisation in place. This person's DoLS authorisation had expired on 1 March 2018. The operations manager advised that she had made a further application and had sent this to the local authority.

People's healthcare needs were monitored by care support staff. Care records contained important information regarding medical conditions, behaviour and allergies. Care records included a record of appointments with healthcare professionals such as people's dentist, optician and GP. We saw documented evidence that people had recently attended hospital, doctors, optical and podiatry appointments.

The arrangements for the provision of meals were satisfactory. There was a four weekly menu. However, the operations manager explained that there was flexibility in relation to the weekly meal menu and often people decided when and what they wanted to eat on the day itself. On the first day of our inspection, we observed people prepared their breakfast with the support of a member of staff. People appeared relaxed as they had their breakfast. On the second day of inspection, one person told a member of staff that they wanted to have fish and chips for dinner and the care staff responded by saying that they would arrange this. We noted that this person's care support plan detailed that they did not like to eat meat on Fridays and instead preferred fish and chips.

People's weights were recorded monthly so that the home was able to monitor people's nutrition. This alerted staff to any significant changes that could indicate a health concern related to nutrition.

At the time of the inspection, the kitchen was clean and we saw there were sufficient quantities of food available. Further, we checked a sample of food stored in the kitchen and saw they were all within their expiry date. Food that had been opened and stored in the fridge was appropriately labelled with the date they were opened so that staff were able to ensure food was suitable for consumption.

# Is the service caring?

## Our findings

On both days of the inspection we observed that staff were pleasant and interacted well with people. People appeared comfortable and at ease with care workers. We saw positive interaction between staff and people living in the home. Staff respected people's choice for privacy and independence and we observed staff knock on doors before entering people's room.

Staff communicated appropriately with people and appeared to know people well. Care staff and the operations manager were also aware of non-verbal signs which one person used when communicating with people. For example, this person tapped their lips which indicated that they understood and agreed to something.

People's care documentation included information about people's specific methods of communicating with staff. Care records were person centred and included information about how people wished to be supported in their daily lives. Staff we spoke with were knowledgeable about people's likes, dislikes and preferences and this was also clearly documented in care records.

There was a comprehensive policy on ensuring equality and valuing diversity within the service. We found that care support plans included information about people's interests and their background to help ensure that equality and diversity was promoted and people's individual needs met. People's individual cultural and spiritual needs was clearly documented in their care support plan within the "religious/cultural needs" section. For example, one person's care support plan detailed that they were supported to attend the church.

Care staff we spoke with were aware of the importance of equality and diversity and respecting the choices people made regarding their daily routine and activities they wanted to engage in. Staff had an understanding of treating people with respect and dignity. They also understood what privacy and dignity meant in relation to supporting people with personal care. Staff were able to give us examples of how they respected people's dignity and wishes. One care staff told us, "I always give people their privacy when it comes to personal care. I ask them what they would like. It's about their choices. I speak to them nicely. We are here for them. Listening is important. I am here to improve their quality of life. Another care staff said, "I always talk to people. Ask them what they want. Give them options."

We discussed the steps taken by the home to comply with the Accessible Information Standard. All organisations that provide NHS or adult social care must follow this standard by law. This standard tell organisations how they should make sure that people who used the service who have a disability, impairment or sensory loss can understand the information they are given. We noted that some policies were available in easy ready format. Further, the home used pictures to encourage people to choose foods they liked to eat and what activities they wanted to do.

# Is the service responsive?

## Our findings

Our previous inspection found that people's care plans contained limited information about people and their health needs. There was a lack of information about what support people wanted and how they wanted the home to provide the support for them. We made a recommendation in respect of this.

Our inspection in March 2018 found that the home had made improvements in respect of this. The home had implemented a new format support plan for people. This support plan included information about people's communication, nutrition, interests and activities, medication, health needs and cultural/religious beliefs. Care records also included information about what outcomes people wished to achieve, what support they required and detailed who would be involved.

We observed that people's care records included a "behavioural plan". This included information for staff on how to support people with various aspects of people's care as well as details of ways to encourage people and improve communication and relationships with people. This clearly documented primary (routine, staff, environmental approach to minimise anxiety levels), secondary strategies (triggers and responses) and reactive strategies. These outlined practical steps and guidance for staff when supporting people with their daily routines such as going out into the community and communication whilst respecting people's right for respect and independence.

Each person had an activities timetable detailing what activities they participated in. Activities included going to the day centre, gym, local karaoke and local nightclub. On the first day of the inspection, one person went to the day centre. On the second day, one person went out to the day centre and the other person spent the day with their family. Activities were recorded in people's daily notes.

Daily log books were consistently completed. These included information about personal care, meal intake, finances, daily living skills, behaviour and medication. The operations manager explained that completing these enabled staff to monitor people's progress and identify any changes immediately.

There was a complaints policy which was clearly displayed in the home and detailed the procedures for receiving, handling and responding to comments and complaints. We noted that the policy was also available in easy read format. There was a system in place for documenting and resolving complaints.

The operations manager explained that they had sent formal satisfaction surveys to relatives in 2017 but had not received responses. She explained that the home carried out quarterly review meetings looking at various areas of people's care such as general health, health appointments, medication, personal care, activities, religion/culture and finance. These enabled staff to review people's care with their input and ensure that necessary changes were implemented. We noted that these reviews were documented consistently.

## Is the service well-led?

### Our findings

The home did not have a manager registered with the Care Quality Commission. 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.

Since the previous inspection, the home had made an application to the CQC to register the operations manager as the registered manager. However, the CQC refused the application as the operations manager did not meet regulations in respect of qualifications, experience and competence.

On the first day of the inspection we noted that the director, consultant and operations manager were not present at the home. Conversations with care staff indicated that the operations manager was still managing the home.

During the second day of the inspection, we met and spoke with the director of the company who explained that home had submitted an application to the CQC to cancel the registration of the home from the CQC register as the organisation was looking to move towards providing supported living through another of their registered services. He explained that the home had employed a consultant who was overseeing the management of the home along with the operations manager until the home closed.

The director, consultant and operations manager explained to us that since the previous inspection in March 2017, the organisation had worked hard to make improvements. The consultant explained to us that they had focused on providing person centred care and had carried out a lot of work on the documentation.

At the time of this inspection, the home had been operating without a registered manager in post for over a year. Therefore it was not evident that there was a suitable management structure in place at the home. We also found discrepancies in the staff rota about when the operations manager was working at the home. We could not be confident that the home was being managed effectively.

Our previous inspection in March 2017 found that there were some areas where the quality of the service people received was not effectively checked and the service had failed to identify their failings. We found a breach of regulation in respect of this. Since the inspection in March 2017, the home had made some improvements in respect of their medicines management, fire safety, staff training and care documentation. These improvements are detailed in this report.

The home also undertook checks and audits of the quality of the service in attempt to make improvements. We saw evidence that they carried out regular checks in areas such as health and safety, fire procedures, staff files, medicines management and care documentation.

Care staff we spoke with told us that the morale within the home was good and that staff worked as a team. They told us that they felt able to contact the operations manager if they had concerns or queries. One member of staff told us, "I can talk to her. I have no issues. She is supportive." Another member of staff said, "[The operations manager] is a very caring person. She is very supportive."

Staff told us that things had improved at the home in the last year. One member of staff said, "The quality of people's lives has improved. Documentation has improved. We have more staff now so there is a work/life balance."

Care staff told us that communication was good in the home and they received up to date and relevant information from management and their colleagues. The most recent meeting took place in February 2018 and we saw the minutes for this meeting. However, we did not see evidence that other meetings had been documented.

Our previous inspection found that home's policies and procedures were out of date and in need of updating. During this inspection, we noted that the home had taken action and reviewed and updated policies where necessary.

We noted that the local authority had varied out various monitoring visits since the previous inspection and they had co-operated with these visits.

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 18 HSCA RA Regulations 2014 Staffing  There was a lack of evidence to confirm that sufficient numbers of staff were deployed to meet people's needs.