Learning Disability Network London

Flat C 291 Harrow Road

Inspection report

291 Harrow Road
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12 July 2022

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service responsive?	Inspected but not rated
Is the service well-led?	Good

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service
Flat C 291 Harrow Road is a residential care home providing personal care to four people at the time of the inspection. The service can support up to five people.

People's experience of using this service and what we found
Right support
• The service supported people to have the maximum possible choice, control and independence.
• Staff supported people to achieve their aspirations and goals.
• Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs.
Right care
• Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
• The service had enough appropriately skilled staff to meet people's needs and keep them safe.
• People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.
Right culture
• People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff.
• People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes.
• People's quality of life was enhanced by the service's culture of improvement and inclusivity.
• Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

Why we inspected
We carried out an unannounced comprehensive inspection of this service from 9-24 June 2021. Breaches of legal requirements were found in relation to safe care and treatment, person centred care and good governance.

We undertook this focused inspection to check if the provider had made improvements and if they were now meeting the legal requirements. This report only covers our findings in relation to the key questions safe, responsive and well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Flat C 291 Harrow Road on our website at www.cqc.org.uk.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service responsive?

Inspected but not rated

At our last comprehensive inspection this key question was rated good. We have not changed the rating as we have not looked at all of the responsive key question at this inspection.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Flat C 291 Harrow Road

Detailed findings

Background to this inspection

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

Inspection team
The inspection was carried out by two inspectors.

Service and service type
Flat C 291 Harrow Road 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 we looked at both during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed records of recent contact with the service, including information of serious incidents the provider is required to tell us about.

This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

Inspection site activity started on 29 June 2022 and ended on 30 June 2022. This included a visit to the service outside of normal hours. We visited the provider's main office on 12 July 2022.

We spoke with three people who used the service and attempted contact with two relatives about their experience of the care provided. People using the service who were unable to talk with us used different ways of communicating including body language, photos, objects of reference and communication book.

We spoke with four members of staff including the registered manager. We also spoke with the operations manager and the director for people.

We used the Short Observational Framework for Inspection (SOFI) and spent time observing people. SOFI is a way of observing care to help us understand the experience of people who could not talk with us

We reviewed a range of records. This included four people's risk management plans, care records and medicines records.

After the inspection
We reviewed four people's person centred plans and care plans. We reviewed records of premises safety, infection control and records relating to staff training and recruitment.

Good

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection we have rated this key question good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management
At our last inspection we found the provider had failed to ensure that risks to people's wellbeing were safely managed This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was now meeting this regulation.
- There were improved systems for ensuring people's safety. Risk management plans had been reviewed with input from specialist professionals. Measures to keep people safe had been included in people's care plans and reviewed to ensure these were consistent with current guidance. Where people were at risk from skin breakdown there were suitable plans in place to manage this risk, with people supported to change position regularly where appropriate.
- Staff we were knowledgeable about how to keep people safe. We observed care workers following people's plans, including ensuring people were supported to eat and drink safely with staff supervision in line with guidance from speech and language therapists. Care workers had received suitable training in moving and handling and had access to detailed moving and handling plans.
- Equipment and premises had been checked to ensure that they were safe for people. The provider checked that moving and handling equipment was safe to use, with clear guidelines for which equipment should be used for each person and how it should be maintained. The provider had arranged for improvements to be made to the premises, including a new kitchen, lifting bath and flooring.

Systems and processes to safeguard people from the risk from abuse; Learning lessons when things go wrong
- People were safeguarded from abuse. Care workers had received training in safeguarding adults and understood their responsibilities to report suspected abuse.
- The registered manager promoted a culture of speaking up about abuse and poor practice. Where concerns had been raised the provider had investigated these transparently with the involvement of the local authority.
- Measures to keep people safe were reviewed regularly, including in response to incidents and accidents.

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 MCA 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.
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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.
● The provider was working in line with the MCA. People's capacity to make decisions had been assessed and staff understood how to support people to make decisions. Where people were not able to consent to their care the provider followed a best interests process, involving people's families and other professionals.
● The provider ensured that people were only deprived of their liberty where appropriate authorisations were in place. People's care had been assessed in detail to explore whether any interventions or measures to safeguard people may constitute a deprivation of people's liberty.

Staffing and recruitment
● There were sufficient staff to safely meet people's needs. The provider worked with the local authority to assess the staffing hours each individual required and ensure that staffing levels reflected this. We observed sufficient staffing was in place on the day of our inspection and did not see people left unattended in a way which could be unsafe. Care workers told us that they felt there were usually enough staff on duty and that there were measures in place to provider cover due to staff absences.
● The provider ensured that staff were suitable for their roles. This included carrying out checks of people's identities, their right to work in the UK and obtaining suitable references. The provider carried out Disclosure and Barring Service (DBS) checks before staff started work. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
● The registered manager ensured that agency staff were suitable to work in the service. Where staff could not be recruited a small number of agency workers were used regularly in the service with a suitable induction, and the registered manager obtained evidence that the agency had carried out checks of the staff member's suitability.

Using medicines safely
● Medicines were safely managed. The provide had assessed people's medicines needs and had a clear medicines profile in place for each person. This included details of what medicines people took and how they should be supported to do so. There were suitable protocols covering the administration of medicines taken as needed (PRN medicines) and evidence that the provider had sought suitable authorisations to crush medicines and to give these covertly where appropriate.
● Care workers knew how to give medicines safely. Staff had received training in medicines administration and shift planning was clear on who was responsible for administering and checking medicines. Staff completed appropriate medicines administration charts to record the support people had had to receive their medicines.
● There was suitable oversight to ensure that medicines were given safely. Staff carried out regular checks on medicines records and stocks to detect and prevent errors and anomalies.

Preventing and controlling infection including the cleanliness of premises

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was meeting shielding and social distancing rules.

● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was using PPE effectively and safely.

● We were assured that the provider was accessing testing for people using the service and staff.

● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

● We were assured that the provider's infection prevention and control policy was up to date.

Inspected but not rated

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.
At our last comprehensive inspection we rated this key question good. We have not changed the rating as we have not looked at all of the Responsive key question at this inspection.

The purpose of this inspection was to check if the provider had met the breach identified at the last focussed inspection. We will assess the whole key question at the next comprehensive inspection of the service.

At our last inspection we found the provider had failed to provide care that met people's needs and preferences. This was a breach of Regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was now meeting this regulation.

Planning personalised care

- People received personalised care which met their needs. People showed us examples of how their preferences had been met, in particular with regards to the decoration of their rooms, their clothing choices and jewellery. Staff we spoke with understood people's preferences for their care and how to promote and develop their strengths.
- People were supported to communicate their wishes and preferences for their care. We saw examples of objects of reference, signs and pictures being used to help people express themselves and make choices. Staff understood well how people communicated and how best to communicate with people.
- The service had developed more detailed systems for recording how they delivered personalised care. People's daily logs included details of how they had interacted with staff, how they had expressed choices and participated in the wider community and the outcomes and impacts from intensive interactions and activities with staff.

Supporting people to develop and maintain relationships and to avoid social isolation; Support to follow interests and take part in activities that are socially and culturally relevant

- People were supported to develop and maintain their interests. The provider had supported people with person centred planning to identify their interests and develop activity plans. People showed us examples of activities they took part in and places they liked to go and we observed people being supported to take part in activities inside and outside the home. People had access to a wider range of activities, including baking and music sessions in the home. Staff demonstrated how they engaged people in activities and outings.
- The provider helped people to identify and set goals for what they took part in. This included interests, holidays and social activities. Sometimes goals were set for people which were quite vague and broad and lacked clear detail on exactly how the goal should be achieved. For example a person's goals included "Baking session", without breaking this down to what this might involve and a timescale. However, we saw a detailed examination of how people had engaged in particular tasks, what could be improved and what care workers and the person had gained from the engagement.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection we have rated this key question good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection we found the provider had failed to ensure the quality and safety of the service. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was now meeting this regulation.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had worked to develop the culture of the service. This included using recognised toolkits to support the team to implement a positive culture and promote better communication and constructive criticism. Care workers told us they felt there had been significant changes since the last inspection but some staff felt overworked. Comments included "Flat C has really improved compared to before" and "I put the needs of service users first but we're exhausted, the solution is to balance [the work] out a bit."
- The provider used values based recruitment to ensure that staff joining the team reflected the values of the organisation. Candidates were invited to spend time at the service and with other staff so that managers and care workers could see how they interacted with people who used the service.
- Systems and processes within the service had been revised to ensure they were focussed on achieving good outcomes for people. This included identifying goals for people and ensuring that daily logs reflected people's engagement with activities and the wider community and how this had supported people to achieve their desired outcomes.

Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Since our inspection the provider had introduced a continuous learning and development plan. There was detailed action for how to develop the service, including addressing the issues highlighted in the last inspection and ensuring that the wider culture of the service changed.
- The registered manager understood her responsibilities under the duty of candour. When things had gone the service shared information on what had happened and the measures which would be taken in order to address this and prevent a recurrence.

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

● Care workers were clear about their roles. Care workers had particular responsibilities such as leading shifts and supporting individuals with care and activities. Responsibilities on each shift were allocated by a shift leader using an established shift planning system. Care workers had been allocated particular "champion" roles to develop and improve areas of practice. This included allocating one member of staff to recognise the early signs of constipation in individuals and implement a plan for early intervention.

● There were suitable systems of audit to check the performance of the service and ensure that the action plan was being developed. This included regular visits from a senior member of staff who carried out observations and audits of people's care.

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

● We observed more positive involvement with people who used the service. Staff communicated well with people and ensured that they were supported in line with their wishes, and involved people's families where applicable to review and develop their care. People were supported to complain when they felt other services had not met their needs.

● There were suitable systems to engage with staff. This included regular team meetings and supervisions where staff were encouraged to reflect on their practice and their values. Where training needs were identified the provider arranged for the whole team to attend these, such as specialist intensive interaction training.

Working in partnership with others

● The service worked in partnership with others. This included working with the local authority to plan people's support hours and working with a range of specialist health teams to develop suitable guidelines and care plans to safely meet people's needs.

● The service had worked with other professionals to support a person at the end of their lives. By working with palliative care professionals and the GP, the service was able to support a person to leave hospital and spend their final days at home in line with their wishes. We saw examples of how the service had celebrated the person's life and helped to arrange a memorial for them.