The Westminster Society For People With Learning Disabilities

Flat C 291 Harrow Road

Inspection report

291 Harrow Road
London
W9 3RN

Tel: 02089687376
Website: www.wspld.org.uk

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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

This inspection was unannounced and took place on 10 July 2018. Flat C, 291 Harrow Road is a 'care home' providing support to people with learning disabilities. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Flat C consists of five separate bedrooms, a communal lounge/dining area and kitchen and an outside seating area/courtyard. There were five people living at the service at the time of our visit.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen."

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our previous inspection of Flat C, 291 Harrow Road in October 2017, we rated the service as 'Requires improvement' overall. You can read the report from our previous inspections, by selecting the 'all reports' link for Flat C, 291 Harrow Road on our website at www.cqc.org.uk.

At this inspection, improvements had been sustained and we found evidence that supported the rating of 'Good' overall.

The service had a registered manager in post who was supported by a deputy manager. She was visible within the service and spent time engaging with people using the service, staff members and visiting healthcare professionals.

Individual care and support plans had been developed for each person using the service and contained a good level of detail around people's individual needs, life histories and personal preferences.

People were protected from avoidable harm because any potential risks to people and/or others had been identified and management guidelines were in place to ensure people were supported in a safe and appropriate manner. Staff knew people well and were aware of the risks to individuals and how these could be managed.

The provider was operating effective procedures to ensure the safe storage, management and administration of medicines. Staff completed appropriate medicines training and competency assessments before carrying out medicines related tasks and were confident supporting people with their medicines.

Staff references were taken up and verified before staff started work, and the provider obtained sufficient proof of identification and carried out Disclosure and Barring (DBS) checks. The DBS provides information on people's background, including convictions, in order to help providers make safer recruitment decisions. There were enough staff deployed to support people with their needs.

Records showed that staff had up to date training in essential areas such as moving and positioning, safeguarding adults, first aid, mental health legislation, fire safety and food safety and hygiene. Some staff members had completed specialist training in diabetes and epilepsy. People were supported by staff whose performance was appraised on an annual basis. Supervision sessions were delivered by the management team in line with the provider's policies and procedures.

People's health and well-being was being promoted. Systems in place ensured that people were seen by the appropriate healthcare professionals at the appropriate time. People were supported to attend annual health checks with their GPs. Where people had complex healthcare needs, staff sought relevant guidance from a range of healthcare professionals such a wheelchair specialists, occupational therapists, dietitians, dentists and opticians.

People were supported to eat and drink enough to maintain healthy, balanced diets. People's weight was monitored regularly and action taken to address any specific diet and weight issues. Guidelines relating to weight management plans were available in people's care records.

People were treated with dignity and respect and we saw evidence of caring relationships between staff and people using the service. Staff used communication passports, pictorial aids, objects of reference, simple language, song and touch to interact and engage with the people they supported.

The premises were well maintained but in need of some refurbishment and redecoration in certain areas. Health and safety checks were carried out regularly and were sufficient to ensure the building was safe.

We saw that accidents and incidents were monitored and reviewed by members of the management team. Staff told us that incidents and accidents were discussed at team meetings and in supervision sessions with a view to promoting understanding and learning.

People's experience of using the service was assessed and monitored on a regular basis. We looked at records of quality assurance checks, quality observation visits, medicines records and health and safety environmental checks.

The provider had a policy in place for managing and responding to complaints.

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 necessary improvements had been sustained to ensure the service was safe.

The provider had clear procedures in place to recognise and respond to abuse.

People were cared for in a safe environment that was clean and regularly maintained.

People received their medicines safely and as prescribed.

Recruitment checks ensured staff were suitable to work at the service and staffing numbers were sufficient to meet people's individual needs.

Is the service effective?

Good

The necessary improvements had been made to ensure the service was effective.

People had access to a healthy and varied diet.

People's healthcare needs were being met. Health and social care professionals were involved in people's care and staff acted on any advice provided.

Staff had received appropriate training to enable them to support people effectively and in a caring manner.

Is the service caring?

Good

The service continues to be caring.

Is the service responsive?

Good

The service continues to be responsive.

Is the service well-led?

Good

The service continues to be well-led.

Flat C 291 Harrow Road

Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 10 July 2018 and was unannounced. One adult social care inspector carried out the inspection.

Before the inspection, we reviewed information we held about the service including statutory notifications sent to us by the registered manager. Statutory notifications include information about important events which the provider is required to send us by law. We used this information to plan our inspection.

During our inspection, we spoke with four care staff, the registered manager, a deputy manager and the service director. We spoke with one person using the service and undertook general observations of how staff supported and delivered care to people at the service. In addition, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed four people's care plans, their risk assessments and medicine management records. We looked at four staff files including recruitment, training, supervisions and duty rosters. We reviewed records relating to the management of the service including quality assurance audits, health and safety documents and policies and procedures. We checked feedback the service had received from people using the service and their relatives, and spoke with a visiting healthcare professional.

Good

Is the service safe?

Our findings

One person who was able to communicate verbally, told us they felt safe, that staff were kind and they were happy living at the service. The service had policies and procedures in place for safeguarding adults and whistleblowing which were available and accessible to members of staff. Staff completed safeguarding training as part of their induction and this training was refreshed as required. Staff were clear about the action required to keep people safe and one member of staff told us they "observe, document and report" any concerns they may have.

People were protected from avoidable harm because staff completed a set of individualised risk assessments for each person using the service. These identified risks in relation to mobility, personal care needs, safety in the community and individual activities. Assessments provided clear instructions to staff on how to reduce any known or potential risks and were updated as and when risks or significant changes occurred in line with the provider's policies and procedures. Management plans were in place for people whose behaviour may challenge the service, and these contained suitable information on possible triggers for this type of behaviour. Staff we spoke with knew people well and were aware of the risks to individuals and how these could be managed.

The provider was operating effective procedures to ensure the proper and safe storage, management and administration of medicines. Staff completed appropriate medicines training and competency assessments before carrying out medicines related tasks and told us they felt confident supporting people with their medicines. Individual medicine administration records (MARs) were in place for each person using the service. MARs contained photographic identity pictures and recorded people's names, date of birth and details of prescribed medicines. Staff demonstrated a good knowledge of people's medicines and the reasons they had been prescribed. People received their medicines as prescribed. MAR charts were initialled by staff and we saw that these were completed accurately and with no evident gaps. Auditing systems were in place in regard to these matters and audits were being carried out on a regular basis. Where people were prescribed 'as and when' (PRN) medicines, we saw that sufficient protocols were in place. The registered manager demonstrated a good awareness of stock control procedures and told us she monitored supplies of medicines closely in order to minimise wastage and reduce any unnecessary expense to the NHS. We also heard how a medicines error had been discussed and used as a learning from mistakes case study.

Staff references were taken up and verified before staff started work, and the provider obtained sufficient proof of identification and carried out Disclosure and Barring (DBS) checks. The DBS provides information on people's background, including convictions, in order to help providers make safer recruitment decisions. These checks were due to be renewed every three years in line with the provider's policy, and a list was maintained of the dates of these which showed the provider was working in line with this requirement. This helped to ensure that staff were suitable to work with the people using the service.

The service was staffed 24 hours a day. A minimum of three staff members were on duty during the day and a 'waking night' staff member covered the night shift. Staff rotas confirmed that staffing levels were sufficient to meet people's needs and on the day of our inspection four members of staff (including the registered

manager) were on duty. On call arrangements ensured staff always had access to support and advice from a senior staff member out of normal working hours.

People's finances were managed safely. People had access to their own money. Staff recorded when money was given to people and if able to, people signed to confirm they had received it. Receipts were kept and there was a process in place to check the balance of money left.

The home was clean and free from odours. Infection control measures were in place and staff had access to disposable gloves and aprons. The building was secure and we were asked to identify ourselves on arrival and sign in and out of the building accordingly. The premises were in the main, well maintained and safe but in need of some refurbishment and redecoration.

Health and safety checks were carried out regularly and were sufficient to ensure the building was safe. Checks were also carried out to address maintenance issues and environmental issues such as the condition of doors and windows.

A copy of the most recent report from the Care Quality Commission was on display at the service and accessible through the provider's website. This meant any current, or prospective users of the service, their family members, other professionals and the public could easily access the most current assessments of the provider's performance.

Good

Is the service effective?

Our findings

People's rights were protected in relation to consent as the service was working in line with the Mental Capacity Act (MCA) 2005. The Act 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. Staff had received training in mental capacity and Deprivation of Liberty Safeguards (DoLS) and understood their responsibilities in this area. Where people were unable to indicate that they had consented to care and support, the provider had taken steps to reach decisions in this regard through discussion and consultation with family members, advocates and health and social care professionals involved in people's welfare.

Care and support plans documented these decisions and provided detailed information around people's likes and dislikes, preferences, wishes and desires. Staff promoted these preferences in relation to people's diet, clothing choices, personal care preferences, activity and leisure pursuits. People's needs and choices were assessed and regularly reviewed.

Staff told us that they were happy with the level of training they received. Records showed that staff had up to date training in essential areas such as moving and positioning, safeguarding adults, first aid, mental health legislation, fire safety, food safety and hygiene. Some staff members had completed specialist training in diabetes and epilepsy. The provider had systems in place to ensure this training was kept up to date, and any further training needs were reviewed in supervision sessions. New staff were required to complete an induction based on the Skills for Care Certificate and were directed to complete classroom and e-learning, access the provider's intranet for sources of information, observe and shadow more experience staff members and discuss their learning experience during supervision.

People's health and well-being was being promoted. Systems in place ensured that people were seen by the appropriate healthcare professionals at the appropriate time. People were supported to attend annual health checks with their GPs and hospital passports and health action plans were in place for people using the service. Where people had complex healthcare needs, staff sought relevant guidance from a range of healthcare professionals such a wheelchair specialists, occupational therapists, dietitians, dentists and opticians A healthcare professional visiting the home on the day of our inspection provided positive feedback about the staff and the standard of care they provided to people using the service. They told us, "We have a good working relationship and excellent communication, there are no problems, staff are willing and helpful." Staff were aware of who to contact in a medical emergency.

People were supported to eat and drink enough to maintain healthy, balanced diets. People's weight was monitored regularly and action taken to address any specific diet and weight issues. Guidelines relating to weight management plans were available in people's care records. Staff were aware of people's individual preferences and where people needed support with their eating and drinking this was provided. Staff were informed about guidelines in place for people who required food cut up and/or pureed to reduce the risks of

choking. People had a choice of hot and cold drinks throughout the day.

Good

Is the service caring?

Our findings

People were treated with dignity and respect. We saw people being supported by confident staff members who were aware of the need to obtain people's consent before supporting people with activities of daily living. Staff understood how to maintain people's privacy. We observed staff asking people's permission, letting people know what they were going to do and making sure doors were shut whilst people were being supported with their personal care.

People had their own bedrooms and were able (with support) to decorate them as they wished. People shared bathroom facilities and hoisting equipment was available when needed. People had access to a large kitchen, sitting room and small courtyard garden. They could, if they chose to, spend their time in the privacy of their own room or with each other and staff members in the communal areas. There was a relaxed and friendly atmosphere within the home during our visit.

We saw evidence of caring relationships between staff and people using the service. Staff communicated with people in a relaxed and calm manner, were patient, encouraging and friendly. People using the service responded positively to the staff supporting them and appeared content and comfortable in their presence.

Staff spoke highly of their roles. One staff member said, "We care, we are friends with all our hearts. It's not about the money. We are one big family." When required, the service worked with advocates to review people's care and support. Advocates work on a person's behalf to explain information and ensure the person receiving support is placed at the centre of the care planning process. This supported the best interests decision making process when important decisions needed to be made about people's healthcare needs.

Staff took time to support people with their personal appearance and accompanied them to appointments with hairdressers and barbers. People were well dressed in appropriate and clean clothing. Where people were able to express clothing preferences these had been adhered to by staff offering support. One person had stated that they liked to wear colours and coordinate this with jewellery. We saw that this person was dressed according to their preferences.

Staff organised house meetings with people using the service to plan menus and activities, to explain upcoming visits and appointments or when changes to the home environment were planned. Records of these meetings demonstrated what choices people had been supported to make and how decisions had been reached.

Relatives were welcomed at the service and able to visit their loved ones at any time. We saw from daily notes that people were supported to stay in touch with family members and encouraged to maintain the connections that were important to them.

Good

Is the service responsive?

Our findings

Before people moved into the service an assessment of their needs was completed by staff, family members (where appropriate) and care managers from learning disability teams to confirm that the service was suited to their needs.

Individual care and support plans had been developed for each person using the service and contained a good level of detail around people's individual needs, life histories and personal preferences. Any potential risks to people and/or others had been identified and management guidelines were in place to ensure people were supported in a safe and appropriate manner.

There was evidence that the provider was aware of their responsibilities in meeting the Accessible Information Standard (AIS). The AIS applies to people who have information or communication needs relating to a disability, impairment or sensory loss. It covers the needs of people who are blind, deaf, deafblind and/or who have a learning disability. It also includes people who have aphasia, autism or a mental health condition which affects their ability to communicate. People's communication needs were addressed in their care records and information was presented in easy read formats. Staff used communication passports, pictorial aids, objects of reference, simple language, song and touch to interact and engage with the people they supported. Staff we spoke with had an excellent understanding of people's communication needs and how they expressed themselves.

Staff were made aware of any changes to people's health and welfare at handover meetings and through the use of daily notes. Health action plans had been completed and were reviewed on an annual basis. Appointment logs and records of correspondence showed that people using the service were seen by speech and language therapists, dietitians, opticians, dentists and GPs when needed and attended hospital appointments when invited to do so. When changes occurred, care plans were reviewed and revised accordingly.

People were assigned a dedicated key worker who aimed to develop a consistent and supportive relationship with the people they supported. Key workers are responsible for overseeing all aspects of the care and support provided and ensuring people's health and well-being needs are being met and promoted. Key workers reported on how people were feeling, what they had been doing and what they had achieved or wished to achieve in the future.

People participated in a range of activities such as art and music groups. Within the home, people played musical instruments, watched television, were visited by a masseuse, enjoyed pampering and nail painting sessions, attended to daily chores, ate together and listened to music. People attended hairdressing appointments, went shopping, ate out in cafes and restaurants and joined trips and visits to places of interest. One person attended a church service on Sundays and others took part in celebrations, birthday parties and local festivals. Plans were being made for people to go away for short breaks to the seaside and elsewhere.

The provider had a policy in place for managing and responding to complaints. The provider had received six complaints since our last inspection took place in October 2017. These related to staff performance and attitude and had been managed through meetings and discussions with the staff members concerned. Staff understood that the people they supported were not always able to verbally complain. Staff ensured they monitored any changes in people's mood, routines, behaviour or health to ensure people's health and welfare was promoted.

End of life plans were in place where this was appropriate. One person had stated what music they would like played at their funeral and what clothes people should wear.

Good

Is the service well-led?

Our findings

The service had a registered manager in post who was supported by a deputy manager. She was visible within the service and spent time engaging with people using the service, talking with staff members and visiting healthcare professionals and carrying out duties specific to her role.

Members of the management team played an effective part in the running of the service and were aware of their responsibilities to comply with the Care Quality Commission registration requirements including notifying us of any serious incidents and safeguarding concerns that had occurred within the home. We had received one notification from the provider since our last inspection took place in relation to a hospital admission.

Staff were positive about the registered manager and senior staff members. Staff comments included, "[The registered manager] is a good manager", "She's very supportive", "The service users are happy and we are all good decent people…it's the best team we've ever had."

The provider worked in partnership with other agencies for the benefits of both people using the service and staff teams. The provider maintained a good working relationship with the local authority learning disability team, district nursing teams and local day centres in order to support people's health and wellbeing.

People were supported by staff who were able to express their views and input ideas as to how the service should be run. Staff records confirmed that supervision and annual appraisal sessions were delivered by the management team in line with the provider's policies and procedures. Records of supervision sessions we looked at were supportive and covered issues such as the provider's values, role expectations, service development, safety and maintenance.

Team meetings took place every four to six weeks and provided opportunities for staff to discuss people's welfare, suggest ideas and discuss any concerns. We saw that accidents and incidents were monitored and reviewed by members of the management team. Staff told us that incidents and accidents were discussed at team meetings and in supervision sessions with a view to promoting understanding and learning.

The provider's policies and operating procedures were appropriate for the type of service and clearly summarised, to help staff when they needed to refer to them. They were reviewed on an on-going basis, were up to date with legislation and fully accessible to staff for guidance.

People's experience of using the service was assessed and monitored on a regular basis. We looked at records of quality assurance checks, quality observation visits, medicines records and health and safety environmental checks. All of these were completed on a regular basis and provided a good overview of how the service was performing. Where improvements were required, action plans were in place to address how the staff and service could deliver more effective and responsive care.