

Clover Residents Ltd

Clover Residents - 63 Kingsley Road

Inspection report

63 Kingsley Road
South Harrow
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Middlesex
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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	

Overall summary

We carried out this inspection on 22 January 2015. This inspection was unannounced.

The previous inspection of the service took place on 10 April 2013 when it was found to meet all the required standards.

63 Kingsley road is a care home registered to provide accommodation and personal care for three adults with

learning disabilities. On the day of our inspection there were two people living at the service. Care is provided on two floors in singly occupied rooms, some of which are spacious. Each person's room is provided with all necessary aids and adaptations to suit their individual requirements. There are well appointed communal areas for dining and relaxation. There is also a well maintained garden area to the back of the property.

Summary of findings

The service has a registered manager. 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.

People told us they felt safe in the home and we saw there were systems and processes in place to protect people from the risk of harm.

The registered manager had been trained to understand when applications for Deprivation of Liberty Safeguards (DoLS) authorisations should be made, and in how to submit one. We found the location to be meeting the requirements of the DoLS.

We found people were cared for, or supported by, sufficient numbers of suitably qualified, skilled and experienced staff. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

Medicines were managed safely and staff received training in the safe administration of medicines.

Suitable arrangements were in place and people were provided with a choice of healthy food and drink ensuring their nutritional needs were met.

People's physical health was monitored as required. This included the monitoring of people's health conditions and symptoms so appropriate referrals to health professionals could be made.

People's needs were assessed and care and support was planned and delivered in line with their individual care

needs. The care plans contained a good level of information, setting out exactly how each person should be supported to ensure their needs were met. Care and support was tailored to meet people's individual needs and staff knew people well. The support plans included risk assessments. Staff had good relationships with the people living at the home and the atmosphere was happy and relaxed.

We observed interactions between staff and people living in the home and staff were kind and respectful to people when they were supporting them. Staff were aware of the values of the service and knew how to respect people's privacy and dignity. People were supported to attend meetings where they could express their views about the home.

A wide range of activities were provided both in-house and in the community. We saw people were involved and consulted about all aspects of the service including what improvements they would like to see and suggestions for activities. Staff told us people were encouraged to maintain contact with friends and family.

The manager investigated and responded to people's complaints, according to the provider's complaints procedure. People we spoke with did not raise any complaints or concerns about living at the home.

There were effective systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the registered manager which included action planning. Staff were supported to challenge when they felt there could be improvements and there was an open and honest culture in the home.

Summary of findings

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 was safe. People told us that staff treated them well. Staff were aware of what steps to take if they were concerned about people's safety and contact numbers for reporting concerns were on display.

Both on-going and specific risks were monitored. Staff completed behaviour records for behaviours that challenged the service.

People told us and we saw that there were sufficient staff on duty to meet the needs of people using the service.

People received their medicines safely.

Good



Is the service effective?

The service was effective. Staff had a programme of training and were trained to care and support people who used the service safely and to a good standard.

Staff we spoke with had a good understanding of the Mental Capacity Act 2005 and how to ensure the rights of people with limited mental capacity to make decisions were respected.

The service was meeting the requirements of the Deprivation of Liberty Safeguards.

People's nutritional needs were met. The menus we saw offered variety and choice and provided a well-balanced diet for people living in the home.

People had regular access to healthcare professionals, such as GPs, physiotherapists, opticians and dentists.

Good



Is the service caring?

The service was caring. People told us they were happy with the care and support they received. They told us their needs were met. It was clear from our observations and from speaking with staff that they had a good understanding of people's care and support needs.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

We saw people's privacy and dignity was respected by staff and staff were able to give examples of how they achieved this.

Good



Is the service responsive?

The service was responsive. People's health, care and support needs were assessed and individual choices and preferences were discussed with people who used the service and/or a relative or advocate. We saw people's care plans had been updated regularly when there were any changes in their care and support needs.

People had an individual programme of activity in accordance with their needs and preferences.

People were given information on how to make a complaint. We saw complaints were responded to in a timely manner.

Good



Summary of findings

Is the service well-led?

The service was well led. The systems for monitoring quality were effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

Staff were clear about the standards expected of them and told us their manager was available for advice and support.

Regular quality checks ensured that quality of care was monitored and improvements were made if required.

Good



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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 inspection took place on 22 January 2015 and was unannounced.

This inspection was carried out by one inspector. At the time of our inspection there were two people living in the home. We spent some time observing care in the lounge and kitchen to help us understand the experience of people who used the service. We looked at all areas of the home including people's bedrooms, communal bathrooms and lounge areas. We spent some time looking at documents and records that related to people's care and the management of the home.

We spoke with two people living in the home, one relative, one member of staff and the registered manager.

Is the service safe?

Our findings

We spoke with two people who used the service. One person told us “Staff go out with me and make sure that I am safe, I asked them to go out with me makes me feel better.” Another person told us “Yes, I am safe here, it’s my home.”

Posters and flowcharts for raising concerns were on display in the dining room. These contained contact numbers for reporting concerns. Staff told us they would take any concerns to the registered manager and would also follow the procedures stated in the flowchart. The provider had a safeguarding policy and a copy of the London multi-agency policy and procedures to safeguard adults from abuse. Staff told us they had attended safeguarding training which was confirmed in the training records that we saw on the day.

Staff told us that although people displayed behaviour that challenged the service, they felt confident in dealing with these situations. Staff were clear on what steps they would take to manage behaviour that challenged the service. The service recorded any challenging behaviour on behaviour charts, which looked at what happened before, during and after the episode of challenging behaviour. We saw good evidence of the use of these charts. We also saw evidence that challenging behaviour displayed by one person in particular had reduced considerably. The registered manager told us that this was due to person becoming more settled and staff responding consistently to challenging behaviour.

The provider followed appropriate risk management procedures. Risk assessments were completed for people using the service and they were reviewed regularly. We saw that the provider considered risks for both on-going and one-off situations. For example, we saw evidence where a

person who regularly visited family had a risk assessment specifically carried out for this. We also saw that risk assessments had been carried on how to respond to verbal aggressions and how to improve the quality of life for a person. In addition fire risk assessments and regular safety checks on the fire equipment and gas appliances were carried out, which helped to ensure that the risks to the service were considered.

People using the service told us that there were enough staff available to support their needs. Their comments included “There are always staff around; I get on well with them.” Some people using the service asked to have staff to go out in the community. We saw that their needs with regards to staff support were being met. We looked at staffing rotas for the previous month and saw that staffing levels were consistent with what the registered manager told us. There were two staff available during the day, including the registered manager. Two staff were available in the evening and one staff member was on waking nights.. We looked at two staff records and saw that the provider carried out appropriate police and identity checks which helped to ensure that people were kept safe through robust recruitment of staff.

People using the service told us they received their medicines with staff support. One person said, “Medicines are fine. I take mine.” Staff told us that all the people using the service were happy to take their medication and no one received their medicines covertly. We looked at the medicines administration record (MAR) charts for all the people using the service. Staff completed MAR charts correctly and the amount of medicines that we counted correlated to the recording that we saw. Medicines were stored safely in a lockable medicines cupboard, which could only be accessed by staff. Staff told us and records confirmed that regular medicines training was provided.

Is the service effective?

Our findings

People were very positive about the staff. One person commented, "I get on very well with all of the staff, they look after me very well. I am happy here."

Staff told us that the organisation provided a good level of training in the areas they needed in order to support people effectively. One member of staff told us, "Everyone is well trained here. Training is very regular." Staff told us about recent training they had undertaken including safeguarding adults, mental capacity and moving and handling. We saw training certificates in staff files which confirmed the organisation had a mandatory training programme and staff told us they attended refresher training as required.

Care records showed that care staff had good written communication skills and could effectively describe the care given and the person's well-being on a day to day basis.

Staff were given appropriate supervision and support which helped to ensure they were able to provide effective care. Staff told us they felt well supported in their role. We saw records which showed that staff were receiving regular supervision in line with the organisation's supervision policy. Staff told us that discussions in supervision covered their goals, performance and whether they were happy in their job. Staff received appropriate training which included manual handling, medicines awareness, and safeguarding and fire safety. The registered manager told us that within the first six weeks new staff received an induction, this was confirmed by care workers spoken with. There were opportunities for staff to undertake training in other subjects related to the needs of people. For example, the registered manager told us that the home had arranged for end of life training in the near future. This was in response to a recent death which happened at the service

Policies and procedures were in place in relation to the Mental Capacity Act (MCA) 2005 and we saw the home had a copy of the MCA 2005 Code of Practice. Staff had received training in the MCA 2005 and were able to describe some of the key principles of the Act. The MCA 2005 is a law that protects and supports people who do not have the ability

to make decisions. Our observations indicated that people were able to give consent and were outspoken if the treatment or care provided was not according to their wishes.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. We saw in one of the care folders viewed that the home had applied for a standard authorisation of the deprivation of liberty for one person. We saw that the relevant processes were followed and the standard authorisation was in place until 01 October 2015. The registered manager was aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

People had care plans in relation to their capacity and abilities to consent. Part of the assessment process was to assess people's capacity to make decisions for particular areas such as going out, taking part in activities or choose what to eat. These plans considered how people could be involved in making decisions about their care and who they might like to support them with this process.

There was a strong emphasis on nutrition in maintaining people's wellbeing. Appropriate steps had been taken to identify those people who could be nutritionally at risk. The home had liaised with professionals such as speech and language therapists (SALT) or dietician to inform nutrition plans and manage identified risks such as swallowing difficulties if required.

People told us that the food was tasty and was provided in sufficient quantities. Options were offered at breakfast, lunch and supper and we saw that drinks were available throughout the day. Fresh fruit was available in the kitchen and we saw people being offered to eat this. One person said, "The food is appetising and we have plenty of choice." Another person said, "We can have something different if we ask." One person enjoys Asian food, the menu viewed reflected this and the person told us "I love rice and chapatti, which I have regularly."

The home had developed effective working relationships with a number of health care professionals to ensure that people received co-ordinated care, treatment and support

Is the service effective?

including support to manage challenging behaviour. People's families were involved in the care and their feedback was sought in regards to the care provided to their relative. We saw that people had health action plans which stated what support they required to maintain their health and wellbeing. People attended regular

appointments to see their GP or audiologist to ensure that their health care needs were met. Where necessary action was taken in response to changes in people's needs. For example, we saw that when people were unwell, staff had made arrangements for them to be seen by their GP.

Is the service caring?

Our findings

People told us that they were well cared for. One person told us, “I feel they take good care of us. They [staff] are so kind and careful.” Another said, “I am very happy here and I have a good relationship with people who live here and staff.”

People were supported by kind and attentive staff. Staff treated people with dignity and respect and we saw that care was delivered in an unhurried and sensitive manner. Staff were courteous and people appeared relaxed and comfortable in the presence of their care workers. We observed that staff clearly knew people well and spoke with them about the things that were meaningful to them. We observed friendly, light hearted discussions and banter. One person told us, “I am pleased to talk to the carers, they are my friends.”

Staff had time to deliver person centred care and knew people well. For example, one person asked staff to resolve a difficult situation they were having with another person. We observed staff to be taking their time discussing with the person the issue of concern and helping the people to resolve the situation between them.

Staff encouraged and enabled people to complete tasks for themselves, for example we observed one person preparing their own lunch and saw in another person's care

plan that domestic tasks were part of their weekly programme. Staff told us that where possible, they encouraged people to care for themselves, even if this was by completing a small task. A care worker told us, “Whilst It is tempting to intervene, it's important that people think and do things for themselves.” The registered manager told us that people could access advocacy services if required. However people had strong links with their families, who were fully involved in their care. If people did not have a family that was involved, the provider worked to establish links with relatives and where this was not possible, people were referred to advocacy services.

People were involved, in decisions about their care, which helped them to retain choice and control over how their care and support was delivered. Where people were unable to express their views and wishes, relatives were consulted to support people to make well informed decisions about their care. We saw correspondence between the home and relatives, which showed where necessary relatives were always consulted in people's care. One relative told us that the home always consulted them about the treatment and care provided. We saw evidence in people's care records that family members were promptly informed when their relative was unwell. The home encouraged people to visit family members regularly. For example one person returned from a regular visit to their relative on the day of our inspection.

Is the service responsive?

Our findings

People's needs were regularly assessed and reviewed and they were involved in the assessment of their needs. One person told us, "They [staff] always tell me what is going on and ask what I would like to do." A relative told us "I meet regularly with staff and we plan together what happens in the future."

Care plans were based on people's choices and preferences. Each person had a person centred plan. The person centred plan detailed people's personal history and their spiritual and cultural needs, their likes and dislikes, activities and information of people who were important to them. This helped to ensure that staff knew the preferences of the people they were caring for and enabled them to be responsive to their needs. We saw that staff knew people very well and understood their needs, including behavioural strategies. In one example, we observed how staff resolved an altercation between two people, which demonstrated their knowledge of the care needs of the people.

We saw that care plans provided information about the care and support people needed and how this should be provided. For example, we saw that there was a comprehensive care plan for the management of one person's behaviours which was evidence based and in line with relevant quality standards.

People were involved in decisions about their care which helped them to retain choice and control over how their care and support was delivered. Care plan documentation

encouraged people to express what was important to them in relation to their care. The care planning format ensured that people were comprehensively reviewed and every aspect of their care and support, including, their dietary preferences, their environment and social activity were assessed.

People were offered a range of social activities in-house or in the community. People attended day centres regularly and told us that this was important to them. One person told us that going to the shops was important to them and we saw in their records that this had happened regularly. We observed the person leaving the home to the shops during the day of our inspection. We asked the person if they were concerned about the cold weather, and the person told us "I enjoy going to charity shops, this is important to me, I just wrap up warm."

People knew how to make a complaint and information about the complaints procedure was included in the service user guide, including how to raise concerns with the Care Quality Commission. People were confident that any complaints would be taken seriously and action taken by the registered manager. One person told us, "I've no complaints, everything is fine here, but I would go to the [registered manager] if anything is wrong." We looked at the complaints records and found that the home had not received any complaints since our last inspection.

The registered manager told us that regular resident's meetings were held. People told us that their concerns were noted and acted upon. One person said, "I always go to the 'residents meeting' and have my say."

Is the service well-led?

Our findings

People and their relatives spoke positively about the registered manager. Comments included, “The manager always listens to what I have to say, she takes her time.” Another person said, “Her door is always open.”

Staff were positive about the leadership of the home. One member of staff told us, “You are able to raise concerns, she listens to you, she is a very caring person, she spends time out on the floor and helps, and she knows the residents personally.”

The registered manager of the home had worked in the home for a number of years and initially started as a care worker. We found that the registered manager maintained a strong and visible presence within the home and actively encouraged feedback from people and staff and used this to make improvements to the home. We saw that meetings were held with people on a regular basis. We saw that their concerns or comments were noted and acted upon. For example, we saw that during the residents meeting in October 2014, activities and dinner were discussed. The last satisfaction survey undertaken with people, relatives and care staff was in December 2014. We saw that the response was very positive and no areas of improvements were highlighted by the respondents. However, the registered manager showed us the recent service development plan of the home, which highlighted areas for improvements for people who used the service, the environment and staff development. These included improving communication skills for people who used the service, ensuring regular safety checks for the environment, redecorating the home and increasing the staffing levels.

Staff told us that they attended regular staff meetings and found these meetings relaxed. They told us that

communication was focused and effective. Staff were encouraged to ask questions or offer comments or suggestions, which they told us were listened to. This helped to ensure that there was an open and transparent culture within the home and meant that the engagement and involvement of staff was promoted within the home.

We observed that the registered manager was supportive of all staff and was readily available if staff needed any guidance or support. The registered manager ensured that staff had opportunities to continuously learn and develop. For example, one of the care workers we spoke with told us they were undertaking a competency based health and social care qualification. We saw other similar examples of staff development. This helped to ensure that staff were able to carry out their duties effectively so that people received good care and treatment.

A range of systems were in place to monitor and improve quality and safety within the home. For example, health and safety checks, care plan audits and medicines audits. The provider carried out quarterly quality audits which ensured care was regularly monitored and assessed. This helped to ensure that the registered provider was able to make effective changes to the quality of life of people who used the service. The quality audits were undertaken to monitor the effectiveness of aspects of the home, including care documentation, nutrition, medicines and infection control. Health and safety audits were undertaken to identify any risks or concerns in relation to fire safety.

The registered manager told us that they were proud of the care provided and of the staff team. She told us that staff had worked so hard to make improvements and had remained committed to the on-going development of the home.