

Learning Disability Network London

Flat A 291 Harrow Road

Inspection report

291 Harrow Road
London
W9 3RN

Tel: 02072862593

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Flat A, 291 Harrow Road provides accommodation and support to up to four people with a learning disability. The building is a four bedroom level access flat with a shared open plan lounge/dining area and separate kitchen. There were four people living at the service on the day we carried out our site visit.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People were protected from avoidable harm. People's relatives told us their family members were safe and well cared for and that staff did "a wonderful job." People were protected from abuse as staff were aware of their responsibility to report any safeguarding concerns.

Staff and professionals provided positive feedback about the management of the service and about standards of care. Staff members told us that team morale had improved under the current acting manager, whom they described as "supportive", "calm", "easy to approach" and "a good communicator."

People were protected from the transmission of infectious diseases including COVID-19 and the service was complying with government policy for safety within care home settings.

There were systems in place to monitor the quality and safety of the service. When areas of improvement were identified, actions were taken to address them.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (published 27 March 2020). At this inspection, the overall rating for this service has not changed and remains good.

Why we inspected

The Care Quality Commission (CQC) has introduced focused/targeted inspections to check specific concerns. We used the targeted inspection approach to look at infection prevention and control measures under the safe key question. We look at this during all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively. As we only looked at part of this key question, we cannot change its rating

from the previous inspection. Therefore, the rating for this key question will remain good.

We undertook a focused inspection approach to review the key question, is the service well-led? This was because we had specific concerns in relation to how the service was managed and the impact of this on people using the service and staff. As no concerns were identified in relation to the key questions, is the service effective, caring and responsive? we did not inspect them on this occasion. Ratings from the previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection, which remains good.

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

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below

Flat A 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 received information of concern about management practices at this service. This was a targeted/focused inspection looking at the provider's management procedures, leadership and governance. We observed how people's care was being delivered and checked that people were safe.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors. The service was visited by one inspector. Following the site visit, a second inspector contacted relatives, staff and other health and social care professionals to gather their feedback about the service.

Service and service type

Flat A, 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. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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. The registered manager was not present at the time of our inspection. A senior team leader from another service run by the same provider was currently the acting manager in post on the day we conducted our inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we held about the service since the last inspection. This included notifications from the provider, which is information about important events which the provider is required by law to send to us. We contacted the local authority and spoke with the safeguarding lead for the borough. Our planning also took account of the information provided by the registered manager during an Emergency Support Framework (ESF) call on 22 July 2020. ESF calls helped us to give targeted local advice, guidance and support to providers and care staff using a structured framework to guide conversations and help them to respond to emerging issues, and to deliver safe care which protects people's human rights. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with the acting manager (senior team leader) and three support staff members. We reviewed a range of records. This included two people's care and support records, communication records along with records relating to the management of the service. We observed interaction between staff and people receiving care and support at the service.

After the inspection

We asked the manager to send us a range of follow up information to review off-site. This included working policies and procedures, staff training data, medicines audits and other quality assurance records. We spoke with the relatives of three people using the service. We contacted two health and social care representatives involved in people's care for their views about the service. We also spoke to a local authority quality assurance officer and reviewed their quality monitoring reports.

Is the service safe?

Our findings

Preventing and controlling infection. How well are people protected by the prevention and control of infection?

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

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same.

The purpose of this inspection was to check a specific concern we had about the management of the service and the potential negative impact this may have been having on people using the service and staff. We received a number of whistleblowing concerns in relation to these matters between December 2020 and February 2021. Whistleblowing is the term used when an employee raises a concern about wrongdoing in the workplace. These concerns were referred to the local authority safeguarding team and investigated internally by the provider. We have requested an update as to the outcome of these investigations and at the time of writing this report are still awaiting a response.

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

- The provider and acting manager were open and transparent with inspectors, local authority representatives and service commissioners.
- Staff were positive about the duties they performed within the service. Negative feedback we received from whistleblowers about the working atmosphere and the way in which the service was managed, was not supported by the feedback we gathered on and off site and during phone calls to relatives and healthcare professionals.
- Staff meetings had recently re-commenced, and staff had opportunities to discuss any concerns they had with the acting manager who operated an open door policy and held weekly reflection sessions. A member of staff told us, "We feel more confident with [Name of acting manager], all is well. We had a meeting a month ago, everyone spoke their mind, it was the best meeting so far, we're all happy."
- Daily handovers and more in-depth clinical meetings were held to discuss and monitor people's clinical risks, health and welfare. Communication logs were well organised with notes written in a courteous and professional manner.

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

- There were systems in place to monitor the level of service satisfaction via regular communication with relatives and an annual survey. Relatives described staff as "responsive", "supportive", "knowledgeable" and "genuinely caring."
- Staff documented and understood people's individual preferences. Care plans included information about people's likes and dislikes and where possible, these preferences were observed by staff delivering care. For example, people had their own food cupboards stocked with their favourite meals and snacks.
- The service had links with the local community and prior to the pandemic, encouraged people to take part

in activities beyond the home. On the day we visited the service, people were listening to music, reading books, counting and clapping. A virtual music session had been booked for later in the day.

Working in partnership with others

- The acting manager and her team worked in partnership with other professionals to improve people's care and treatment. This included GPs, district nurses and pharmacists. A relative told us, "We have multi-disciplinary meetings about [my family member's] care and the GPs and district nurses are keeping a close eye, the care given by the staff is excellent."
- The service promoted people's relationships with their family members. Due to COVID-19 there had been some restrictions on visits. Despite this, relatives continued to be consulted and staff assisted people to maintain contact with family members via skype, communication apps and other devices. One relative told us, "[Staff] have been really accommodating in letting me see [my family member]. Once they brought [my family member] in a black cab up to the outside of my house so that I could see them. It was wonderful."

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

- People's relatives told us they felt their family members were safe. Staff understood the provider's safeguarding policies and procedures and the provider responded appropriately when concerns were brought to their attention.
- The acting manager demonstrated a clear understanding of the legal responsibilities of her role.
- Managers used monthly quality indicators to monitor any accidents and incidents, and review when people were subject to possibly restrictive measures for their safety.
- Checks were in place to monitor the safety of the environment. There were systems of regular checks on key areas of the building, including lifting equipment, infection control and other aspects of health and safety.
- The provider had a suitable infection control policy and managers carried out regular audits of infection control measures. Staff used protective personal equipment (PPE) appropriately, and we observed staff wearing masks at all times. The premises appeared clean and tidy throughout.
- There were systems in place to ensure information was kept up to date. Staff met regularly to discuss planned events and appointments, exchange information and updates and address any potential concerns about people using the service and service delivery.

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

- The service was meeting the requirements of the duty of candour. The duty of candour is a legal duty for providers to act openly and honestly, and to provide an apology if something goes wrong. The provider acted in line with their duty of candour responsibilities and when needed shared information with the CQC in a prompt manner.
- The provider responded to people's complaints in a timely manner. A relative told us, "If I'm not happy, I will speak out. [The provider] is absolutely responsive to complaints." Another relative told us, "I have no concerns and haven't had reason to complain."