

Learning Disability Network London

Flat B 291 Harrow Road

Inspection report

291 Harrow Road
London
W9 3RN

Tel: 02072665396

Date of inspection visit:
10 June 2021
14 June 2021
24 June 2021

Date of publication:
26 August 2021

Ratings

Overall rating for this service	Inspected but not rated
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Is the service safe?	Inspected but not rated
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Summary of findings

Overall summary

About the service

Flat B 291 Harrow Road is a care home for people with learning disabilities. It provides accommodation and support for up to four people. At the time of our inspection there were four people using the service.

People's experience of using this service

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This was a targeted inspection that considered aspects of the safety of the service. Based on our inspection of these areas we did not identify any areas of risk to people's safety.

There were suitable systems to prevent and detect abuse. Staffing levels were appropriate to meet people's needs and planned activities. The provider reviewed staffing levels with the local authority. The provider followed safer recruitment processes to ensure staff were suitable for their roles.

Risks to people's wellbeing were assessed and management plans had been put in place and reviewed with the support of health professionals. Staff were familiar with the contents of these plans, although we saw some examples of low risks which had not been fully assessed.

The provider had an appropriate plan to protect people from the risks of COVID-19. This included enhanced cleaning within the premises and promoting safe access to the community and contact with family members. The provider supported people and their care workers to be tested and to receive a vaccination. Recording of staff testing was not always fully complete and the provider agreed to review this.

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

Rating at last inspection:

The last rating for this service was good (published 4 November 2017).

Why we inspected

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

The service is located on the same site as two other registered locations managed by this provider. We

received information of concern regarding staff levels and safeguarding about the other two services, but not about this service. Our information indicated there were some shared staff and management practices between the three services. We therefore undertook this targeted inspection to check that this service remained safe.

We found no evidence during this inspection that people were at risk of harm from this concern. The overall rating for the service has not changed following this targeted inspection and remains 'good'.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Flat B 291 Harrow Road

Detailed findings

Background to this inspection

This was a targeted inspection to check on a specific concern we had about staffing levels and safeguarding issues.

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

The inspection was carried out by three inspectors.

Service and service type

Flat B 291 Harrow Road is a 'care home'. 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.

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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We had received information of concern relating to two locations based on the same site managed by the same provider. We met with the local authority to discuss the concerns raised about this service and the provider's systems for managing risks to people. Due to the nature of the concerns raised, we made a decision to inspect all three locations the provider operates on this site. We used all of this information to plan our inspection.

During the inspection

Inspection site visits took place on 10 and 14 and 24 June 2021. We met and had introductions with the four

people who used the service and made observations of their care as they were not able to fully communicate with us. We looked at records of care, risk and medicines management for the four people who used the service. We checked the provider's infection control procedures and spoke with the manager and a service director.

After the inspection

We visited the provider's head office and reviewed records of recruitment for five staff members. We continued to seek clarification from the provider to validate evidence found related to risk management plans, records of infection control and staff testing for COVID-19.

We spoke with three relatives of people who used the service and three staff members.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse and improper treatment. Care workers we spoke with told us they had received training in safeguarding and had no concerns about the safety of the service. A care worker told us "I have no concerns about safety, I have been there so long. I would notice if something seemed not right." Comments from relatives included "There is always someone in the room" and "I have no concerns."
- There were suitable processes for reporting concerns Staff told us they felt confident raising concerns with the manager or, if necessary, senior managers. Comments from relatives included "If we had a concern we would let [the manager] know" and "I would speak with [director] if I had concerns."

Assessing risk, safety monitoring and management

- There were suitable processes for managing risks to people's safety. The provider had carried out comprehensive risk assessments for identifying possible risks. Where appropriate risk assessments informed detailed plans about specific areas of risk. These included care plans for managing people's health conditions and supporting people who had behaviour which may challenge. People's plans were written with the guidance of specialist teams such as health colleagues, and care workers told us they understood their contents.
- A small number of risk assessments were not in place, but these did not represent significant risks. For example, one person did not have a missing persons risk assessment, but in practice was unlikely to leave the building independently. Another person did not have a financial risk assessment as their money was managed by the local authority, but in practice staff did handle small amounts of money on their behalf. We discussed this with the provider who said they would review these risk assessments.
- There were systems in place to ensure the environment was safe. Health and safety checks were carried out as part of the shift plan at a suitable frequency, and these were checked by a manager. On our first day we noticed a cupboard used to store cleaning materials was left unlocked. We discussed this with the manager and this was rectified by the next time we visited.

Staffing and recruitment

- Staffing levels were planned in line with people's needs and activities. Care workers told us that additional staff were on duty to support people safely when activities were planned. The provider had worked with the local authority and commissioning bodies to review staffing levels to meet people's changing needs.
- Staff were recruited safely. The provider carried out appropriate pre-employment checks to ensure staff were suitable for their roles. This included obtaining proof of identity and the candidate's right to work in the UK, obtaining evidence from previous employers and carrying out a check with the Disclosure and Barring Service (DBS). The DBS provides information on people's backgrounds, including convictions, to help employers make safer recruitment decisions.

Preventing and controlling infection

- The provider took suitable steps to protect people from infection, including the risk of COVID-19. Staff received training in infection control and received up to date advice from the registered manager on how to keep safe. Care workers had access to personal protective equipment (PPE) and were observed to be using this safely.
- Measures were in place to promote a safe environment. Staff carried out daily cleaning of frequently touched surfaces and regular audits were carried out of infection control measures by the service manager. People were supported to maintain contact with family members, including the use of video calls when in person visiting was not possible. The provider had assessed the risk to people of accessing the community without the need to self-isolate on their return.
- People were protected from COVID-19 by vaccination and testing. People using the service had been supported to receive a vaccination against COVID-19 by staff, who were also supported and encouraged to receive the vaccination. People using the service were supported to test regularly for infection using polymerase chain reaction (PCR) tests. Care workers received frequent PCR tests and were required to undertake Lateral Flow Device (LFD) tests twice weekly. Records of these were managed centrally, but at times the service's test records were not fully complete. We discussed this with the provider who undertook to review how this information was held and managed.