

The Safehouse BD Limited

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Inspection report

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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

About the service

The Safehouse BD Limited is registered to provide personal care. At the time of this inspection, the service was providing personal care to 1 person with mental health needs living in a supported living scheme.

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

People's relatives told us their loved ones were safe. There were effective systems and processes in place to minimise risks to people. The assessments provided information about how to support people to ensure risks were reduced.

The manager and staff knew how to protect people from the risk of harm or abuse. There were enough numbers of staff available to meet people's needs. Staff were recruited safely and received an induction and training to ensure they could meet people's health and care requirements.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There were systems in place to ensure proper and safe use of medicines. People received their medicines as prescribed. We observed from records people received their medicines on time.

People were protected from the risks associated with poor infection control because the service had processes in place to reduce the risk of infection and cross contamination.

There was an effective training system in place. Care workers demonstrated good knowledge and skills necessary for their role.

There was a complaints procedure in place, which people's relatives were aware of. Quality assurance processes such as audits, accidents and incidents, were used to drive improvements.

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

Rating at last inspection

The service was registered with us on 11 August 2021 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about staffing recruitment. A decision was made for us to inspect and examine those risks.

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 effective?

Good ●

The service was effective.

Details are in our well-led findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our well-led findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our well-led findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

The Safehouse BD Limited

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 1 inspector.

Service and service type

The Safehouse BD Limited provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. However, there was evidence the provider was actively recruiting for a registered manager.

Notice of inspection

This inspection was announced.

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 12 December 2022 and ended on 26 December 2022. We visited the location's office/service on 16 December 2022.

What we did before the inspection

We reviewed information we had received about the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

The person receiving care was not able to express themselves verbally because of complex needs. There were no relatives available to speak with us. However, we read feedback from people's relatives. We spoke with a social care professional, the nominated individual, service director, manager and four care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We looked at care records of one person using the service to see how their care and treatment was planned and delivered. Other records looked at included four staff recruitment files. We also looked at records relating to the management of the service along with a selection of the service's policies and procedures.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm and abuse. Systems were in place to safeguard people from harm and abuse.
- The care people received was safe and met their needs. A social care professional told us "Right now I feel this is the best service for the [individual]. The service is providing incredibly person-centred support."
- Staff completed safeguarding training. The service had a safeguarding policy to provide guidance to staff in safeguarding matters.

Assessing risk, safety monitoring and management

- There were adequate systems to assess, monitor and manage risks to people's safety. Risk assessments contained information for reducing potential risks such as those associated with going out into the community and other medical conditions.
- We looked at the risk assessment for this 1 person. This person's home was assessed to ensure that they were supported to live in as safe environment as possible. There was also a personalised risk assessment in place which covered risks associated with particular mental health needs. Guidance was in place for staff to follow to manage this.
 - Risk assessments were reviewed and updated when the person's needs changed. Changes were communicated to staff to ensure they had up to date information about managing risks and keeping people safe.

Using medicines safely

- There were systems in place to ensure proper and safe use of medicines. Medicine administration records (MAR) were completed appropriately and regularly audited.
- At the time of the inspection the service supported 1 person with medicines. We viewed a sample of MARs and noted that these listed what medicines were prescribed with details of how often the medicines were to be taken. There were no gaps in the MARs we reviewed which provided assurance medicines were being given as prescribed.
- Staff had received training to administer medicines safely. They underwent competency assessments to make sure they had the correct skills to support people with medicines.

Staffing and recruitment

- The provider followed safe and effective recruitment practices. Pre-employment checks had been carried out, including references, proof of identity and Disclosure and Barring checks (DBS). The information helps employers make safer recruitment decisions.

- There was evidence the provider had carried checks to make sure staff were suitable for their role where DBS checks results required a risk assessment, a formal risk assessment had been carried out and extra measures in place for monitoring these were included in the risk assessment.

Preventing and controlling infection

- We were assured the service was following current infection prevention and control (IPC) procedures, including those associated with COVID-19.
- Staff had received training about infection prevention and control including COVID-19. This helped to minimise the risk of spreading infection. Staff told us they used Personal Protective Equipment (PPE) effectively and had access to an adequate supply.

Learning lessons when things go wrong.

- There was a process in place to monitor any accidents and incidents. Incidents were infrequent but any that had occurred were responded to appropriately and learning points were discussed and acted upon.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

This is the first inspection for this newly registered service. This key question has been rated as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care and support was delivered in line with evidence-based guidance and relevant legislation. The provider completed a comprehensive assessment either on admission or soon after.
- Care plans showed people's needs had been individually assessed. Care and support plans were personalised and reflected people's needs and aspirations, included physical and mental health needs. People, those important to them and staff reviewed plans regularly together.
- The service ensured the person's individual needs were met and worked alongside external services and professionals to ensure support led to good outcomes for them. A healthcare professional told us, "The staff team are adapting their approach regularly. They listen to advise from myself or any other professionals and action this."
- Information collated included people's specific health and care needs, how they wished to be supported and their protected characteristics under the Equality Act 2010.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant training for supporting people with a learning disability including mental health needs. Newly recruited staff underwent a programme of induction to help ensure they were able to support people in line with their needs. Staff shadowed more experienced staff members prior to providing support.
- Care workers completed a programme of training to ensure they had the necessary skills to support people. Training records showed staff had completed training which included safeguarding adults, bipolar disorder awareness, autism, Mental Capacity Act, infection control and equality and diversity.
- Staff received support in the form of regular supervision and appraisal to enable them to carry out their duties. They told us they were supported by the manager to carry out their work. One care worker said, "The manager is supportive, approachable and always available."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough to meet their needs. Care workers prepared breakfast, and, in some cases, staff were responsible for heating meals and assisting people where necessary.
- People's support plans contained information about their dietary needs and preferences. Whilst it was the policy of the service to consider cultural and religious needs, the person receiving care did not have particular preferences. However, it was the policy of the service to meet people's cultural and religious needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People received the care and support required to meet their health needs. Processes were in place to support people to access health care professionals where required to ensure they received the appropriate support where this was an assessed or identified need. A social care professional told us, "Staff are in regular contact with me. They will refer concerns and issues to me the same day, normally within an hour of incidents occurring and if I do not answer they will contact my duty team or manager, so I have full confidence we have very good communication."
- Staff worked well with other services and professionals to prevent placement breakdown. A social care professional told us, "Right now, I feel this is the best service for [the person]. Their needs are being appropriately met."

Ensuring consent to care and treatment in line with law and guidance

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- The service was currently not supporting anyone who was subject to a Court of Protection application in relation to the deprivation of their liberty. However, where people were considered to have fluctuating capacity to make decisions, the provider worked closely with others to ensure that any decision made was in the person's best interests and supported them in the least restrictive way possible.
- Staff received training in understanding the MCA legislation and its implications for people. Training records confirmed this.
- The care plan we reviewed had clear information about the person's capacity to make decisions and how to support them with this.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. Feedback from a relative confirmed the staff respected the individual's dignity and human rights.
- People felt valued by staff who showed genuine interest in their well-being and quality of life. Feedback from a relative stated the person was treated with dignity, respect, kindness and compassion. This was confirmed by a social care professional, who told us, "[The person] has always expressed positive feelings towards [the manager] and the rest of the staff team. [The person] has made it very clear, he likes the support and the service."
- Staff were patient and used appropriate styles of interaction with people. For example, the service had always sought ways to interact with a person according to their needs. This was acknowledged by a social care professional who told us, "We have been very happy with the support this service has provided and they remain determined to support [the person] in the best way possible. When things go well, they go very well, and we appreciate their ongoing support and flexibility around [the person's] care."
- People received a tailored, personalised level of care that was centred around their individual needs and respected their wishes and preferences. Equality and diversity needs were documented in care plans.

Supporting people to express their views and be involved in making decisions about their care

- The service had processes in place to support and encourage the person they supported and their relatives to express their views and be fully involved in decisions about their care. Feedback from a relative confirmed they took part in making decisions and planning of their relative's care and risk assessments.
- The manager maintained regular contact with the person's relative through telephone calls and reviews of the person's care. The manager ensured they discussed and provided feedback about the care that the person received.

Respecting and promoting people's privacy, dignity and independence

- The service followed best practice standards which ensured people received privacy, dignity, choice and independence. The care plan for 1 person was personalised. It included detailed information about their care needs and preferences and guidance for staff to follow to ensure those needs were met. Staff knew when people needed their space and privacy and respected this.
- Privacy and confidentiality were also maintained in the way information was handled. Care records were stored securely in locked cabinets in the office and, electronically. The service had updated its confidentiality policies to comply with General Data Protection Regulation (GDPR) law.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff provided people with personalised, proactive and co-ordinated support in line with their support plans. However, the manager told us the person receiving care could benefit from regular contact with the community mental health team. The manager advised that a multi-disciplinary meeting was being arranged for an action plan.
- We looked at the care support plan for the person receiving care and noted that this was personalised and met the person's needs and preferences. Staff used person-centred planning tools and approaches to plan with the person how to reach their goals and aspirations.
- Staff discussed ways of ensuring people's goals were meaningful and spent time with people understanding how they could be achieved. For example, there was evidence of house meetings, which provided the platform for the person to discuss their needs and how they wanted to be supported.
- The provider was aware the person could benefit from chosen social and leisure activities on a regular basis. The provider has been proactive in approaching health professionals with a view of supporting the person to engage in choices relevant to the care needs.
- Support plans were regularly reviewed. This helped to monitor whether they were up to date and reflected people's current needs so that any necessary changes could be identified and acted on at an early stage.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The person receiving support did not have communication needs. However, the manager was aware of the importance of information being as accessible as possible to people and told us they always ensured information was provided in a way people understood and needed.

Improving care quality in response to complaints or concerns

- Systems were in place to support and provide people using the service and others, to make a complaint.
- There had not been any complaints about the service. The manager told us that they would ensure that any future complaints would be responded to promptly and effectively and any lessons learnt would be shared with staff.
- Staff knew any complaints and concerns about the service brought to their attention by people, people's relatives or others needed to be recorded and promptly reported to management.

End of life care and support

- At the time of the inspection there was no one receiving end of life care. However an end of life policy was in place. The provider was receptive to our feedback and advised before providing people with end of life care they would ensure staff received the training and support they needed to ensure people received personalised care at the end of their life.

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant that the service was well managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and oversight of the service they managed. A social care professional told us, "The [manager] is a very good service lead. [The manager] has a good relationship with the staff and they all have a high level of trust which is important. [The manager] is proactive and positive in their approach to supporting [the person]."
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support. Staff received regular supervision and appraisal, appropriate recruitment checks had been carried out, and audits were being carried out. These included checks on medicines management, infection control, safeguarding and fire safety.
- The service had a clear management structure. Staff were well informed of their roles and reporting arrangements. Staff described the management in complimentary terms including supportive and approachable. Likewise, relatives were as complimentary. Feedback from a relative stated, "The team is contactable and always supportive."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Management were visible in the service, approachable and took a genuine interest in what people, staff, family and other professionals had to say. There were a range of formal systems to seek input from people or their relatives to improve and develop the service, this included meetings and surveys. Relatives and professionals confirmed their views were acted upon and improvements made.
- There was an open and inclusive approach to the running of the service. Regular staff meetings took place. Staff felt able to raise concerns with the manager without fear of what might happen as a result. Staff we contacted confirmed they enjoyed working at the service and felt respected, supported and valued by the manager, which supported a positive and improvement-driven culture.
- The manager was knowledgeable about the characteristics that were protected by the Equality Act 2010, which we saw had been fully considered in relevant examples. As noted, staff considered less restrictive options before limiting people's freedom.

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 manager was aware of duty of candour expectations, including informing people about any untoward incidents and knew the importance of being open and honest when something goes wrong. Duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

Working in partnership with others

- The service worked well in partnership with other health and social care organisations, which helped to improve people's wellbeing. However, the manager and staff told us further improvements were required and they working to encourage more input from other relevant healthcare professionals.
- The service maintained contact with health and care services to enable multi-disciplinary teamwork. The manager and staff knew when to seek advice from the most appropriate specialist professionals and how to obtain it.