

Idelo Limited

# Idelo Limited - 8 Courtenay Avenue

## Inspection report

8 Courtenay Avenue  
Harrow  
London  
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28 February 2019

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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:

Idelo Limited-8 Courtenay Avenue provides accommodation and personal care for three adults who have learning disabilities, some of whom live with mental health needs. At the time of the inspection three adults were living in the care home.

People's experience of using this service:

The care home had been registered before Registering the Right Support and other best practice guidance had been developed. Registering the Right Support guidance focuses on values that include choice, inclusion and the promotion of people's independence so that people living with learning disabilities and/or autism can live a life as ordinary as any other citizen. However, it was evident that people living in Idelo Limited-8 Courtenay Avenue were provided with the support that they needed to make decisions about their lives, develop their independence and to participate fully within the local community.

People using the service told us that they felt safe and staff were respectful and kind. They spoke of being happy living in the home and leading busy lives. People's relatives were also positive about the staff and the service provided to people. They told us that staff understood people's needs including their cultural and religious needs.

People's care and support plans were up to date and personalised. They included details about people's individual needs and preferences and guidance for staff to follow so people received personalised care and support that met their individual needs and preferences.

Staff knew people well and had a caring approach to their work. They understood the importance of treating people with dignity, protecting people's privacy and respecting their differences and human rights.

People were protected from the risks of harm, abuse and discrimination. Staff knew what their responsibilities were in relation to keeping people safe.

Systems were in place to ensure that people received their prescribed medicines safely. Medicines training was provided to staff and their competence to administer medicines was assessed.

Staff had the skills and knowledge to provide people with the care and support that they needed. They received a range of training and the support that they needed to enable them to carry out their roles and responsibilities.

Staff understood their obligations regarding the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way

possible; the policies and systems in the service supported this practice. People were supported to have choice and control over their day to day lives. Staff gained people's agreement before providing them with assistance with personal care and other activities.

People received the support they needed to stay healthy and to access healthcare services.

Staff encouraged and supported people to actively participate in activities, pursue their interests and to maintain relationships with people that mattered to them. People told us that they felt a part of their local community. A person told us that they used public transport and accessed a range of community facilities and amenities.

Rating at last inspection: Good. The report was published 25 October 2016. The service was rated good overall but was rated improvement in Safe. This was because some risk assessments had not been reviewed regularly, medicines training for staff was not consistently taking place and references for new staff had not always been followed up to confirm their authenticity. We found during this inspection that management had taken appropriate action to address these issues.

Why we inspected: This was a scheduled planned comprehensive inspection.

Follow up: We will continue to monitor the service through the information we receive.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://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 effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Idelo Limited - 8 Courtenay Avenue

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection team consisted of one inspector.

Service and service type:

Idelo Limited-8 Courtenay avenue is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of the inspection the service had two managers 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. One of the registered managers told us that they would be making an application to deregister as manager for this location but would continue as registered manager for another of the provider's locations.

Notice of inspection:

This was a comprehensive inspection, which took place on 27 February 2019 and was unannounced.

What we did:

Before the inspection we looked at information we held about the service. This information included any statutory notifications that the provider had sent to the CQC. Statutory notifications include information about important events which the provider is required to send us by law. The provider had completed a Provider Information Return [PIR] in September 2018. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this, the previous inspection report and information from a recent quality check that was carried out by the host local authority to plan our inspection.

During the inspection we spoke with the both registered managers, three care workers and three people using the service. Following the inspection, we spoke with two relatives of people using the service.

We reviewed a variety of records which related to people's individual care and the running of the service. These records included care files of the three people using the service, four staff employment records and quality monitoring records.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

### Assessing risk, safety monitoring and management

- Risks to people's safety were assessed. Risk assessments included risks of people using public transport and risks to do with people's behaviours that challenged the service. There were also general risk assessments, which included risks associated with health and safety issues. This included the risk of falls from open windows and smoking. Risk assessments were reviewed regularly and included details of the least restrictive risk management plans to minimise the risk of people and staff being harmed.
- Staff were aware of the strategies and protocols in place to help staff manage people's difficult behaviours. For example, one person's behaviour support plan included details of early signs of behaviour that challenged the service and details of how staff should support the person to minimise the risk of that behaviour escalating.
- Staff knew that they needed to report any concerns to do with people's safety to management.
- Service checks of the gas, electrical and fire safety systems were carried out as required. Each person using the service had personal emergency evacuation plan which included details of the support that they needed from staff to leave the premises in an emergency. People using the service took part in regular fire drills so that they were familiar with fire safety procedures.

### Staffing and recruitment

- There had been no staff recently recruited. Staff records showed appropriate recruitment and selection processes had been carried out to make sure only suitable staff were employed to care for people. A range of checks were completed. These included obtaining references and undertaking a criminal record check to find out whether a prospective employee had been barred from providing a regulated activity such as personal care to adults.
- Through our discussions with the registered managers, staff, people using the service and people's relatives it was clear that the service provided sufficient staffing. A registered manager told us that staffing levels were determined by the needs of people using the service. They informed us that staffing numbers were flexible to ensure people had the support that they needed to attend appointments and take part in a range of activities and social events. A person using the service told us that staff were always available to provide them with assistance when they needed it.

### Using medicines safely

- The service had a policy in place which covered the recording and safe administration of medicines.
- People received the support that they needed with their medicines. A person using the service was knowledgeable about their medicines. They told us that they always received their medicines on time.

Medicines administration records indicated that people received their medicines as prescribed.

- Staff we spoke were knowledgeable about the procedures for administering PRN medicines (medicines prescribed to be administered to a person when needed). We saw some written protocols for administering PRN medicines but not for all. A registered manager told us that they were waiting for a healthcare professional to complete one person's written protocol and would follow that up. Following the inspection, a registered manager told us that guidance for all PRN medicines had been completed.
- Records showed staff received medicines training and that their competence to administer people's medicines safely was assessed.

#### Systems and processes to safeguard people from the risk of abuse

- The provider had policies and procedures in place to safeguard people from abuse. Staff received training in safeguarding people. They were knowledgeable about types and signs of abuse. Staff knew that they needed to report any suspected abuse and/or discrimination to the registered manager, and if necessary the host local authority, safeguarding team, police and CQC.
- The provider had a whistleblowing policy. Staff told us they would not hesitate to use it, should it be necessary. They told us that they would always report to management any poor practice from staff to ensure people were safe.
- Staff told us they were confident management would act on any concerns reported to ensure people's safety.

#### Preventing and controlling infection

- Systems were in place to minimise the risk of infection. Staff had received training in infection prevention and control. Protective clothing, including disposable gloves, were available to staff. Staff used these when carrying out tasks that included assisting people with personal care.
- Staff carried out a schedule of daily cleaning tasks. The environment was mostly clean. We found one area which was significantly dusty. This was quickly addressed by a care worker.
- A person using the service was observed to wash their hands. The person told us about the importance of washing their hands before preparing their packed lunch.

#### Learning lessons when things go wrong

- Systems were in place to ensure that accidents and incidents were responded to appropriately. Staff knew that they needed to report all accidents and incidents to management. Records indicated that appropriate action had been taken in response to incidents and to minimise the risk of them recurring. A registered manager told us that any lessons learnt from incidents were always shared with staff. There had been no recorded incidents since May 2018.



# 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

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

- People using the service had lived in the home for several years. They told us that they received the care and support from staff that they needed and wanted. A person using the service told us, "I like it here."
- People's care and support plans showed that people's needs had been individually effectively assessed. They contained the information and guidance that staff needed to deliver the care and support that people needed. Details of people's individual needs, including their daily routines, cultural, religious, dietary, relationship needs, and preferences were included in their support plans. This helped staff more fully understand people's individual needs and effectively provide the care that they needed.
- People's health and support needs were regularly reviewed with their involvement and updated in their care records.
- Staff were supported by management to apply their learning in a consistent way and effectively in line with best practice, so that people received the support they needed to achieve their aspirations and have a good quality of life.
- People told us that they made choices about their lives and these were respected by staff. People told us that they made choices about the food that they wanted to eat, what they wanted to do and the clothes they wanted to wear.

Staff support: induction, training, skills and experience

- People were supported by skilled and competent staff. Staff received an induction that included shadowing experienced staff to learn about their role in supporting each person and completing care duties effectively and safely. A registered manager told us that the Care Certificate standards were incorporated in the induction programme for new staff. The Care Certificate includes a set of standards that care staff should abide by in their daily working life when providing care and support to people.
- Staff told us, and records showed that care staff had completed a range of training relevant to their role and responsibilities in meeting people's individual needs. Staff also had opportunities for continued professional development, such as with achieving qualifications relevant to their role. One care worker told us, "I have had a lot of training, it has improved me."
- Staff told us that were well supported by management. They received regular supervision and appraisal of their development and performance. Staff supervision meetings included discussion and learning to do with a range of matters, such as their well-being, teamwork, risk management, quality of people's care and health and safety.

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

- People's nutritional and dietary needs were assessed and understood by the service. People told us that they liked the meals provided by the service. Staff understood and supported people's cultural and religious dietary needs. They consulted with people about the types of food that they preferred and ensured healthy foods were available to meet people's diverse needs and preferences.
- People's weight was monitored closely. Staff knew that they needed to report all changes in people's weight. A person who has particular nutritional needs received the assistance they needed with eating their meals.

Staff working with other agencies to provide consistent, effective, timely care

- Staff engaged with people, their families where appropriate, and with other agencies to meet the health and care needs of people. Records showed that the service had regular contact with community healthcare and social care professionals about people's needs. Staff worked with these professionals to ensure people were provided with the care and support that they needed.
- The host local authority had recently carried out checks of the service. The service had taken action to address shortfalls found.
- Changes in people's needs were shared with commissioners [representatives of public bodies that purchase care packages for people], when needed.

Adapting service, design, decoration to meet people's needs

- People using the service told us that they were happy living in the home and were satisfied with their bedrooms. People's bedrooms were personalised with items and furnishings of their choice. One person told us "I have a nice room."
- Some areas of environment were 'tired' looking. A registered manager told us that there were plans to redecorate the interior communal areas.

Supporting people to live healthier lives, access healthcare services and support

- There was detailed information in people's care files to inform staff about people's health, behaviour and general wellbeing. Guidance was in place for staff to recognise when there was deterioration in those needs and to provide people with the support they needed. The actions for staff to take were clear, person centred and described how to provide effective support.
- Records showed that people using the service had seen a range of health and social care professionals including, GPs, psychiatrists, dentists and community nurses. One person using the service told us that they had seen a doctor when they had been unwell.
- Each person using the service had a 'Hospital Passport' that included detailed information about what was important to them and details about their health and other needs. The document provided information for hospital staff about, so they could provide the support people needed if ever they were admitted to hospital.

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 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.

- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). Management knew when to apply for DoLS authorisations. One person had a DoLS in place.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People told us that they had no restrictions on their liberty. We noted that the front door was locked due to the risk to a person's safety if they left the home unaccompanied. A registered manager told us that other people using the service had access the front door key if they wished to go out. The registered manager told us that this information would be detailed in their care and support plans.
- People's capacity to make decisions about their care and support were assessed on an on-going basis in line with the MCA. When the service was concerned about a person's behaviour and lack of capacity to make decisions and manage their emotions, they had worked closely with other health and social care professionals and developed guidance to support the person with this need.
- People's capacity to consent had been assessed and best interest discussions and meetings had taken place. For example, a person needed significant dental treatment and a decision had been made in the person's best interest by family members, healthcare and social care professionals for the person to receive the treatment that they needed.
- Staff told us that they always asked for people's agreement before supporting them with personal care and other tasks.

# 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

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 using the service told us that staff treated them well. They spoke of liking the staff. One person told us about their keyworker and of the support they provided them with. It was evident from observation and talking with people that people had positive relationships with the staff who supported them.
- Staff understood the particular communication needs of people. They explained that one person spoke few words but was able to communicate their needs by gestures and behaviour. Staff engaged positively with this person during the inspection.
- Staff had received equality and diversity training. They were knowledgeable about people's differences and knew about the importance of respecting people's diversity and human rights. They spoke of how they ensured people's individual cultural and religious dietary needs were met by the service. A care worker told us that they treated people, "equally." Another care worker spoke of respecting people's protected characteristics including sexuality, religion and beliefs (Equality Act 2010).
- People's relationships with family members and friends were supported by the service. People's relatives told us that they felt that people were very happy living in the home. One person's relative spoke of regularly visiting a person and speaking with them by telephone.

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

- People told us, and records showed that people made decisions about their care. A person using the service told us that they felt listened to by staff and were fully involved in decisions to do with their life.
- A registered manager told us that they would ensure that people were provided with a copy of their care plan if they wished to have one.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff were considerate and respectful of their privacy. During the inspection staff were attentive to people's needs and supported them in a manner that maintained their privacy and dignity. People's decision to spend time alone in their room was respected by staff.
- People's support plans included information about promoting and supporting people's independence. Staff told us about the support that was being provided to a person to develop their confidence in using public transport. Staff gave us examples about how they involved people in doing 'day to day' household tasks including, cooking, personal laundry, cleaning and tidying their bedrooms to help them develop their skills and independence.

- Staff understood the importance of confidentiality. They knew not to speak about any people using the service unless they were involved in the person's care. People's care records were stored securely.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us that they received personalised care and support. People's care and support plans detailed their individual needs and included clear guidance about how staff needed to support them. Staff we spoke with were knowledgeable about each person's needs and knew how to provide them with the care and support that they needed.
- People and their relatives were involved in regular reviews of people's needs to ensure that the service knew how to meet people's individual current care needs and wishes, so that they received personalised care.
- People told us about the activities they participated in. One person spoke about the enjoyment they had from attending a day resource service and of going out in the local community. They told us, "I like shopping. I get two buses". They told us that they took part in many different activities that including shopping, going to the cinema, crayoning, jigsaw puzzles, eating out and gardening. One person spoke very positively about their plans for celebrating their forthcoming birthday. People using the service regularly had holidays. One person using the service spoke about enjoying a recent holiday.
- All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service who have information or communication needs because of a disability, impairment or sensory loss. The registered manager told us that currently all the people using the service understood English so understood verbal communication from staff. Some documentation included pictures to help with accessibility of the information.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure. People using the service and their relatives knew how to make a complaint. One person using the service told us that they would speak with their keyworker or a relative if they had a worry or complaint. People's relatives were confident that any issues to do with people's care and other aspects of the service would be taken seriously by management and addressed. There had been no recent complaints recorded. Care staff knew that they needed to report to management any complaints and concerns about the service that were brought to their attention by people using the service, people's relatives or others.

End of life care and support

- The service was not currently providing end of life care. One registered manager told us that they would ensure that staff received the training and support that they needed to provide people with personalised care if they needed end of life care. They told us that people's relatives, staff, healthcare professionals such

as GPs, community and palliative nurses would be fully involved in supporting people with their end of life care and wishes when this was required.

# 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

The service was consistently 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

- Both registered managers were clear about their roles and had the skills, knowledge and experience to lead the service. One registered manager told us that they were in the process of completing a management and leadership qualification. Care staff also had knowledge and understanding about their roles and responsibilities. All staff were committed to providing a caring, effective and responsive service to people.
- There were systems in place to monitor the quality of the service and any risks to people's safety. Maintenance issues were addressed promptly.
- One registered manager told us that they were in the process of developing and improving the service's quality review and improvement systems. They informed us that they would be carrying out a comprehensive review of all areas of the service shortly.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Management ensured that staff had the information and up to date guidance that they needed to provide people with the care that they needed and wanted. Staff confirmed that they received the information that they needed to deliver personalised care.
- The registered managers knew the importance of being open, honest and transparent with relevant persons including people's relatives, in relation to the care and other services that they provided to people, and of taking responsibility when things go wrong. They knew when they needed to report notifiable incidents to us.
- People's relatives told us that they were listened to. They spoke highly of the management of the service and told us that they were kept well informed about people's needs and fully involved in decisions to do with people's care.

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

- People's relatives told us that they were actively encouraged to be involved with the care of their family member. People using the service had opportunities to feedback about the service by completing satisfaction questionnaires, taking part in resident meetings and reviews of their care needs.
- People's equality and diversity needs were understood by the service and supported. Staff meetings



provided staff with the opportunity to feedback about the service and to discuss the service and best practice.

- Community healthcare and social care professionals had been consulted or kept up to date with developments to do with people's care and support needs.

#### Continuous learning and improving care

- One registered manager spoke of the developments and improvements of the service that had recently been put in place. These included improved processes for reviewing areas of the service, which had led to better and more robust systems for handling people's monies so minimising the risk of financial abuse.
- Frequent discussions with the people using the service, the staff team, family members and healthcare and social care professionals about people's needs contributed to the development and improvement of people's care by the service.
- One registered manager spoke of the learning and improvements that they had made to the service in response to the findings from checks of the service carried out by the host local authority. These included the development of better water checks to reduce the likelihood of Legionella bacteria developing in the water systems.

#### Working in partnership with others

- The service worked in partnership with health and social care professionals to improve outcomes for people. Staff had worked with healthcare and social care professionals and family members to develop strategies to support people with their behaviour needs and reduce incidents of challenging nature. One person's behaviour and mood had significantly deteriorated following a change in prescribed medicine. The service worked with health and social care professionals to address this and achieve a positive outcome for the person using the service.