

Haven Bell Ltd

Cardinals Way

Inspection report

72 Cardinals Way
London
N19 3UY

Tel: 07534913485

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27 January 2020
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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

72 Cardinals Way is a care home registered for three people living with enduring mental health and associated needs. There were three live in care workers who rotated with other live in care workers. There were shared bathroom facilities, a communal lounge a large kitchen with a dining area and a small garden with access through the lounge adjacent to the kitchen.

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

Staff understood their responsibility to protect people in their care from abuse and report any concerns they had. They knew how to recognise and report any concerns they had about people's safety and welfare.

Systems were in place to make sure there were enough suitable staff to support people at different times of the day. Staff received the support, training and guidance they needed to provide people with personalised care.

People received the support they needed to take their medicines.

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 caring and considerate relationships between people using the service and the staff that supported them. The ease with which people communicated was evident in all interactions we observed during this inspection and by what people told us.

The service demonstrated how well they provided for person centred care that was tailored towards each person's specific needs. Improving people's independence and experience of day to day life was at the centre of the way the service worked with people and had resulted in notable improvements to how people lived their lives. People were supported to maintain positive mental health, having each previously experienced prolonged mental ill health.

The provider had systems in place to manage and resolve complaints. People knew how to make a complaint and told us about who they would speak with if they wanted to raise anything.

The provider maintained diligent oversight of the service, identified and responded to care and other day to day matters as these arose.

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 29 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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 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.

Cardinals Way

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 Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

72 Cardinals Way 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, who was also the nominated individual of the service provider who was registered with the Care Quality Commission (CQC). This means that the provider is 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.

Our inspection activity started on 29 January 2020 when we visited the home's location and ended 6 February 2020. We visited in February in order to meet people using the service and offer them an opportunity to tell us what they thought about their care.

What we did before the inspection

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. Other information we reviewed included the previous inspection report. This information helps support our inspections. We used all this

information to plan our inspection.

We had not requested the provider to send us a provider information return prior to this inspection. 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 other information about the service such as notifications of significant events and other information received through contact with the provider and other partner agencies to plan this inspection.

During the inspection

We spoke with the registered manager who was also the nominated individual for the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with each of the three people using the service, two support workers, the registered manager and the provider. We reviewed a variety of records which related to people's individual care and the running of the service. These records included each person's care file, five staff employment records, medicines records, quality monitoring records and some policies.

After the inspection

We continued to seek clarification from the provider to validate evidence found. The manager supplied us with details of action they had taken to address the deficiencies we found in some record keeping. We also looked at some policies.

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. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider took all necessary and reasonable measures to safeguard people from abuse and took the necessary action to respond to any potential concerns.
- People told us they felt safe with care staff. A person told us "I used to be in a very bad way before I came here, I'm a lot better now."
- All staff we spoke with demonstrated a clear understanding of what to look for in terms of potential indications of possible abuse and knew that they needed to report safeguarding concerns, and who these should be reported to.
- Care staff knew about whistleblowing procedures. A member of the care staff team told us that they knew what whistleblowing was and would use that procedure but had never had a reason to.
- Management staff were aware of their responsibilities to protect people from the risk of abuse and had shared concerns with local safeguarding teams and CQC.

Assessing risk, safety monitoring and management

- The provider understood the need to consider potential risk that people faced to their ongoing health and wellbeing and day to day activities. There were clear risk assessments in place, for example the risk of deterioration to their healthcare needs, leaving the home alone and day to day activities that people engaged in.
- Action was taken in consultation with people using the service to minimise potential risks and to look at positive risk that people could take, not least in terms of engaging with new activities and increasing independence.
- Environmental risk assessments of the home were carried out. These considered any factors in the home such as trip hazards, equipment and people and staff general day to day safety.
- The provider had a contingency plan to ensure continuity of care should an event occur which impacted on service delivery. Care staff knew what to do in the event of an emergency, including who they should contact to seek guidance and advice.

Staffing and recruitment

- Safe and appropriate recruitment practices were used which helped to ensure that only suitable staff were employed to care for people.
- There were systems in place to ensure there were suitable numbers of appropriately trained staff to effectively meet people's care needs and to keep them safe at different times of the day.
- There were arrangements in place to cover any staff absence including annual leave and sickness.
- There was an on-call system which ensured staff could obtain information and advice at any time from a

senior member of staff at the service.

Using medicines safely

- Staff received medicines training and competency assessments to help ensure that they prompted or administered people's medicines safely.
- People's care plans included details of the support they needed with their medicines. Two people told us about staff helping them to take their medicines and did not have any concerns about how this was done. One person told us that they were going to see their GP shortly as they had questions about whether their medicines were helping them and a member of staff had arranged this.
- Staff completed medicines administration records (MAR) which showed people received their prescribed medicines at the right times of day.
- Staff were able to tell us what they did to support people to take their medicines and that their ability to do this safely was assessed.

Preventing and controlling infection

- Staff received training in the prevention and control of infection. They were aware of their responsibility to prevent avoidable infections. They knew about the importance of washing their hands.
- People were protected from the risk of infections. The home was clean. Disposable personal protective clothing such as disposable gloves were available when needed.

Learning lessons when things go wrong

- All staff we spoke with knew what they should do if any concerns about people's welfare arose. Systems were in place to monitor and review any incidents, near misses or other welfare concerns to ensure that people were safe.
- People's risk assessments and care plans had been updated if there were any concerns arising from an incident or identified changes to people's care and support needs. Staff responded quickly and made changes to support needs that were identified and emphasised positive changes for people as being important in this process.

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.

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

- Assessment of people's needs was carried out before they started receiving care and support from the home, as had happened for a person who had moved into the home since our previous inspection.
- People's needs, and choices were assessed in line with current legislation and guidance in a way that helped to prevent discrimination. Details about people's cultural, religious, disability, age and relationship needs and personal preferences were included in their care plans. This helped staff to fully understand people's individual needs, so they could effectively provide the care people needed in line with best practice guidance and the law.
- Care staff told us they spoke with people, read and updated people's care plans and followed guidance to ensure they delivered care in the way people needed and wanted.

Staff support: induction, training, skills and experience

- People received care and support from staff who had the training, skills and experience to care for them.
- Staff told us they had been provided with the induction they needed to carry out their roles and responsibilities. Their induction had included shadowing more experienced staff assisting people with personal care.
- Staff undertook training that supported them to have the knowledge and skills to do their job well and effectively meet people's needs. Staff spoke positively about the training they received and that this training effectively enabled them to support people in the best possible way.
- Staff had received regular supervision where their practice and development had been discussed. Appraisals had been completed in 2019.

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

- People received the support they needed to prepare their meals. People's dietary needs and preferences were described in their care plans and these were met. People told us they chose what to eat.
- Staff told us they always ensured people were supported to eat and drink enough to ensure their nutritional needs were met, not least for a person whose health could be seriously affected if they did not adhere to a specific diet. The person who needed to be on a special diet confirmed that they were supported to eat the right things.

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

- The facilities in the home were suitable for people using the service. People's own rooms were decorated and furnished in the way that people individually preferred. There was ample space for people to use to engage in communal activities, to socialise and to have private space to receive family and friends.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Care plans provided staff with the guidance they needed to provide people with the support they needed with their personal care and health conditions.
- Staff liaised very well with healthcare professionals about people's healthcare needs and reported any changes that occurred. One person needed support for a complex healthcare condition and the staff team worked diligently with helping this person to stay well.

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 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. We checked whether the service was working within the principles of the MCA.

- At the time of our inspection, the service supported two people who were legally deprived of their liberty.
- People's capacity to make decisions relevant to their care and support were assessed and documented.
- Care staff knew that if a person did not have the capacity to make a decision it could be made in the person's best interests by their representatives, healthcare professionals and others involved in the person's care.
- Care staff told us that they always sought people's agreement before supporting them with any aspect of their care and respected the decisions they made. One person using the service told us about how staff did this and how they appreciated what was done.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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's care plans included detailed personalised information about their background, routines, cultural and religious preferences, emotional health and well-being.
- Care staff spoke of the importance of understanding people's differences and always treating them with respect. We were told in detail about people's needs and the specific methods used to approach each person and consider how they are feeling at any given time.
- Care staff knew people well. They were knowledgeable of people's needs and preferences. They spoke of the importance of gaining people's trust and listening to them. One of the care staff said, "I put myself in person's situation. This morning I sang with a client, which made them happy."
- People told us they were respected by staff. One person told us that they consider specific staff who work with them as members of their own family. They went on to tell us about something they had wanted to do for quite a number of years to visits a relative's grave, which staff had supported them to do.

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

- People were involved in their care. They told us they received the care and support they needed and wanted.
- Details of the ways people communicated and their ability to make choices about their care were included in people's care records.
- Staff we spoke with demonstrated a sound knowledge and understanding of people's individual care needs and preferences and acknowledged that the way people thought about their care could change.

Respecting and promoting people's privacy, dignity and independence

- Staff spoke about how they ensured people's dignity was supported and maintained when providing personal care. People's preference regarding the gender of staff assisting them with personal care was respected.
- Care and management staff were aware of the importance of confidentiality. People's information was stored securely, mostly in the form of electronic records and these were password protected and encrypted to minimise the risk of unauthorised access.
- People were encouraged to maintain their independence. Care staff spoke about the ways they supported people to do things for themselves, and the increasing independence that people had developed since living at the home.

Is the service responsive?

Our findings

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

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

- People were given choice and control over their care. Two people told us specifically that staff listened to them and they could speak with staff whenever they wanted to.
- Staff knew people very well. They were knowledgeable about people's individual preferences, the most appropriate ways of engaging people in decisions and about their activities and spoke of the importance of providing people with personalised support.
- An example of how the service successfully worked was the way in which a person with very complex health and personal care needs had been supported. The person had first come to the home with a complex and potentially life threatening health condition. This had been managed well, the person's need for twice weekly visits to hospital for treatment was fully supported with two staff attending to support them.
- This support and engagement with the person to maintain their health and adopt a healthier lifestyle and cooperate with treatment had achieved a notable positive benefit and their quality of life had greatly improved. The person told us about what their life had been like before coming to Cardinals Way and how much things had changed in a good way since living at the home and that they now thought that they had a more rewarding and fulfilling future. This person's previous lifestyle meant that they had not been considered suitable for more complex treatment by medical professionals. However, the positive changes that they had been supported by the service to make meant that they were now considered to be a candidate for advanced treatment by medical professionals.
- Two people living at the home had historically experienced difficulties with their physical mobility. As a result of the thorough work of the staff at the service the mobility for each of these people had significantly improved. Staff had sought assessments and advice from healthcare professionals on how to promote improved mobility and looked at the root cause of the mobility difficulties and planned care to promote improvements. This work had been successful and meant that one person no longer required the use of walking aids and the other had reduced their use of walking aids other than in particular circumstances. This work had significantly benefitted each of these people and resulted in these people increase their independence to a greater extent than they had previously experienced.
- People were supported to build individual living skills such as budgeting and managing their personal finances in a safe way. The service assisted people to improve daily living skills such as cooking and managing other domestic skills such as laundry, with staff on hand to assist.
- The service had quickly responded to a concern that a person using the service may have been exploited by a local shop keeper when out on their own in the community. The service had discussed this with the person, the local authority and police in order to ascertain what had been occurring. Staff had then advocated in the best interests of the person to ensure the situation was resolved. We were told by the registered manager that there had been no repeat of this issue although the whole staff team were aware

and were mindful of the person's safety should the concern re-emerge.

- People's care plans were reviewed with them and where applicable other important people in their lives.
- Care plans were updated to reflect changes in people's needs, not just as a result of planned care plan reviews.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Details about people's communication needs were included in people's care records.
- Management staff were aware of the Accessible Information Standard. The manager told us they would always ensure information was provided to people in a format that was accessible to them and met their communication needs. The people using the service at the moment could communicate and understand information verbally.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service worked very well with people to focus on and encourage continued positive mental wellbeing. This achieved an outstanding degree of success as no one, since living at the home, had experienced a relapse requiring admission for treatment to any mental health treatment facilities.
- Each person had a significant history of repeated and prolonged mental ill health difficulties requiring admission to psychiatric treatment facilities. The service had worked well with people to break these cycles which enabled people to establish mentally well lifestyles and take steps to engage with their lives and make plans for what they wanted to do and achieve. Two people who had been using the service for a few years had not experienced any significant relapse in the time they had been using the service. The person more recently admitted to the service had settled well and their mental wellbeing had remained stable.
- An example of this is how staff had responded to a person's behavioural support needs. The staff team recognised that a person may not have understood or have been able to manage the way in which their behaviours influenced how other people saw them. This was addressed through conversations and assurance given to the person that they would be supported to re-engage positively with the local community. The service had provided specific staff support in order to help this person address their behaviours which had alienated them from other people in the past. This support had been successful. We were told by staff that people in the community had commented about how differently and positively the person interacted with them which had meant that the person could once again use local amenities and services that they enjoyed. This had the benefit of reversing the social isolation that the person had previously experienced in the community.
- People were supported to maintain and develop friendships and relationships with people who mattered to them. People were supported to have contact with relatives, partners and other people important in their lives.
- One person told us that they used to work but had now decided to stop this as they had other activities they preferred to do. They visited a drop in centre that they enjoyed and could go out in the community on their own and did not need staff to go with them. Another person preferred their activities and trips out in the community to be done with their partner. The service placed no restrictions on this and staff were on hand to provide practical support and go out with them and their partner if needed.

Improving care quality in response to complaints or concerns

- There were policies and procedures in place to ensure people's concerns were investigated and

addressed in a prompt and appropriate manner.

- Formal complaints were rare at this service which was borne out by the ease with which people told us about being able to talk with staff about what they wanted to. A person told us "If I was worried about anything, I would talk to staff I suppose, but haven't done that, no need."

End of life care and support

- No one was receiving end of life at the time of this inspection.
- End of life care had never been provided since the service began operation. However, the service was prepared to respond to this if the need arose in the future.

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. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People told us they were satisfied with the care they received, which met their needs and preferences.
- Care staff spoke of the positive culture of the service and that there was a high degree of trust among the team, regardless of their role or experience.
- Records showed that during reviews of their care plan, people had been involved and that their views about their care were taken seriously and that they mattered.
- People's outcomes were not only good, but often more so due to the positive impact the service had on people's lives. The open and inclusive culture of the service was evident, not only because the ease of communication we observed, but the trust people had in those who supported them.

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 registered manager understood the duty of candour and knew they had a legal responsibility to be open and honest with people when something goes wrong.
- The registered manager, as well as other staff, were aware of when they needed to notify CQC and/or other agencies of incidents and significant events within the service and had done so whenever the need to arose.

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

- The manager and all staff we spoke with were clear about their roles and responsibilities. The team was not hierarchal and there was open and professional communication, which we observed throughout our time at the home.
- The service was adaptable, being able to provide for people's day to day support needs and make arrangements to address planned events. Staff told us about their willingness to respond to unplanned events and provide support in as flexible a way as they could to respond to people's needs. The service had suitable staff available to provide the support currently needed by people, including a person being supported by two staff during the day. Other staff could be called upon to provide additional support if or when necessary.
- The provider had systems in place to assess, review and monitor the quality of the service provided to people. These included checks of the recruitment and selection systems, staff training and the day to day response to providing care and support to people. These quality checks were effective.

- People told us that they were asked if they were happy with the service provided.
- Care staff understood their roles. They spoke very positively about their jobs and of the support they received from management staff. Care staff told us of the core values they held in working as a team which supported the best interests of the people they cared for.

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

- People's care and support were planned effectively with their involvement so that they received effective personalised care that met their equality and diversity needs.
- The registered manager spoke of the importance of good communication and of being open and inclusive with people, which was confirmed in conversations we had with people using the service and staff.
- Staff told us they felt valued and teamwork and communication between them, management and people using the service was very good. They told us that they were kept informed of changes to do with the service and felt confident to speak up about anything to do with the service. Staff felt certain they were listened to and that their views were respected.
- People's care and support were planned effectively with their involvement so that they received effective personalised care that met their equality and diversity needs.
- The registered manager spoke of the importance of good communication and of being open and inclusive with people.

Continuous learning and improving care

- The registered manager was aware of the importance of continuous learning and improving care. For example, the manager had promptly addressed issues about people's care and wellbeing. This helped to ensure that that day to day care was maintained to a high standard but also if support from other services that worked with people needed to be raised to improve care.

Working in partnership with others

- People's care records showed that the registered manager, and staff team as a whole, engaged with health and social care professionals about any concerns to do with people's care or changes in their needs.
- A health and social care professional who provided feedback told us that they were impressed by the person centred and bespoke way in which the service worked with people.