

Ms Kayte Regina Pinto

120 Harrowdene Road

## 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

This was an announced inspection which took place on 17 March 2016. The service was last inspected in July 2014 when it was found to be meeting all the regulations we reviewed.

Ms Kayte Regina Pinto is a domiciliary care service which provides supported living to people living at 120 Harrowdene Road. 120 Harrowdene Road is staffed on a 24 hour basis and provides personal care and support to four women with a learning disability and mental health problems.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service told us they felt safe with the staff who supported them. They told us there were always staff available to support them to participate in the activities which were important to them.

Recruitment processes were robust and should help protect people who used the service from the risk of staff who were unsuitable to work with vulnerable adults.

We saw that risks to people's safety and well-being were regularly assessed. Care records included information for staff to follow to ensure all identified risks were appropriately managed.

Support plans we looked at were personalised and included good information for staff about the goals people wished to achieve as well as how they wished their support to be provided.

Staff had received training in the safe administration of medicines. The competence of staff to administer medicines safely was regularly assessed.

Systems were in place to ensure the safety and cleanliness of all the premises where people who used the service lived.

Staff told us they had received the training and support they needed to carry out their role effectively. New staff received a comprehensive induction to the service. There were systems in place to track the training and supervision staff had received.

All the staff we spoke with told us they enjoyed working in the service and felt valued by their managers.

Staff felt able to raise any issues of concern in supervision or in staff meetings.

Staff we spoke with had a good understanding of the Mental Capacity Act 2005; this legislation is designed to protect the rights of individuals to make their own decisions wherever possible. The registered manager was

aware of the action to take to protect the rights of people who were unable to consent to their care and support.

People who used the service had health action plans in place. Records we reviewed showed that people were supported to attend health appointments where necessary. Systems were also in place to ensure that people's nutritional needs were monitored and met.

We observed positive interactions between staff and people who used the service. People told us the staff who supported them were kind and caring and enabled them to maintain their independence as much as possible.

Staff demonstrated a commitment to providing care which would improve the quality of life of the people they were supporting.

All the people we spoke with told us they would feel able to raise any concerns with the managers in the service and were confident they would be listened to.

The service was based on a set of values which were well understood by staff. There were a number of quality monitoring systems in place. Both staff and people who used the service were encouraged to comment on the service provided and to identify where any improvements could be made.

## 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. People told us they felt safe with the staff who supported them.

Staff had received training in safeguarding adults.

Staff were safely recruited. Staff rotas were flexible in order to support people to take part in activities of their choice.

Systems were in place to help ensure the safe administration of medicines.

### Is the service effective?

Good ●

The service was effective. Staff received the induction, training and supervision they needed to help ensure they provided effective care and support.

Staff promoted the rights of people to make their own decisions. The registered manager was aware of the action to take should people be unable to consent to the care and support they needed.

People who used the service received appropriate support to ensure their health and nutritional needs were met.

### Is the service caring?

Good ●

The service was caring. People told us that staff provided the care and support they needed.

Staff were observed to be kind, caring and respectful of people.

The requirement for staff to treat people with dignity and respect was discussed in supervision and team meetings.

Staff we spoke with were able to show that they knew people who used the service well. Staff demonstrated a commitment to promoting people's independence and choice.

### Is the service responsive?

Good ●

The service was responsive. People told us they received the support they needed to meet their needs.

They told us they were supported to attend activities of their choice and to maintain contact with family and friends.

People who used the service were confident they would be listened to if they were to express any concerns about the support provided.

Systems were in place to record and investigate any complaints received at the service.

**Is the service well-led?**

**Good** ●

The service was well-led. Both staff and people who used the service spoke positively about managers in the service.

Staff told us they felt valued and enjoyed working in the service.

The provider had in place a set of values on which the service was based. They had communicated those values to the employees and people who used the service.

Quality assurance systems were used to drive forward improvements in the service.

# 120 Harrowdene Road

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 17 March 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service to adults with a learning disability or mental health needs. We needed to be sure people who used the service, staff and the registered manager would be available to speak with us.

Due to the nature of the service the inspection was completed by one adult social care inspector.

We spoke with three people who used the service, the registered manager, the deputy manager and one care worker.

Before our inspection we reviewed the information we held about the service including notifications the provider had made to us.

During the inspection we observed interactions between staff and people who used the service.

We looked at the care and medicines records for three people who used the service. We also looked at four staff personnel files and reviewed a range of records relating to how the service was managed; these included recruitment records, staff training records, quality assurance systems and policies and procedures.

# Is the service safe?

## Our findings

All the people we spoke with who used the service told us they felt safe with the staff who supported them. Comments people made to us included, "I feel very safe here", "All the carers make me feel safe" and "I feel safe where I live."

People who used the service told us they were able to raise any concerns they might have about their safety with the registered manager and were confident they would be listened to. One person told us, "I would speak to [name of team leader] if I had any worries."

Staff we spoke with told us they had received training in safeguarding adults. Records we looked at confirmed this to be the case. Staff were able to tell us of the correct action to take if they had concerns about a person who used the service. They told us they were always able to contact managers in the service, including the out of hours on call, to discuss any safeguarding concerns.

We found the service had safeguarding policies and procedures in place to inform staff of what constituted abuse or when and how to report any incidents. Staff had access to a copy of the relevant local authority's safeguarding procedure; this contained the names and telephone numbers for staff to contact should they need to report any concerns. There was also a whistle blowing policy in place. This told staff they had an obligation to report any incidents of abuse and they would not be penalised for doing so. The care worker we spoke with were aware of this policy. She told us, "I would always raise anything out of the ordinary with the manager."

We saw that the provider discussed safeguarding during supervisions. This helped to remind care workers of the procedures for raising any concerns regarding the safety of people who used the service. We saw that safeguarding was also an agenda item for staff meetings.

From the care records we reviewed we saw that people's support plans included information about what care workers should do to help them to stay safe. Risk assessments had been completed for activities people wanted to do such as swimming or shopping as well as those relating to the environment and road safety.

We saw that risk assessments had been reviewed and updated when people's need changed. People who used the service lived in a property which was owned and managed by the provider. We saw there were systems in place to ensure the premises in which people lived were safe and that regular checks were carried out by staff in relation to each home environment. For example we saw that the home was currently undergoing refurbishment and people who used the service told us that they had been consulted in choosing the colour scheme.

Records were also in place to document the checks which had been completed regarding fire safety equipment in the property. We saw that fire training was completed as part of each staff member's induction to the service. The property was clean and well maintained. Staff told us they had completed training in

infection control. They also told us they would always try and encourage people who used the service to take part in cleaning their home.

We looked at the arrangements for recruiting new staff to the service. We reviewed four staff personnel files to check if a safe system of recruitment was in place. The staff files contained proof of identity, application forms that documented a full employment history, a medical questionnaire, a job description and at least two professional references. Checks had been carried out with the Disclosure and Barring Service (DBS) for all staff. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. We noted that the provider encouraged applications from prospective staff who did not necessarily have experience of working with adults with learning disabilities but were able to demonstrate the values of respect and empowerment required by the organisation. If successful at interview, these staff were offered a post and undertook a detailed induction.

People who used the service told us staff were always available to provide the support they needed. Comments people made to us included, "Staff help me to do everything I want to do, I just ask them" and "Staff support me to do cooking and go shopping."

The staff we spoke with told us staffing arrangements were centred on the needs of people who used the service. Staff told us rotas were regularly amended to ensure staff were available to support people to attend appointments and to undertake activities which people who used the service had chosen. One care worker told us, "We juggle rotas to meet people's needs."

The registered manager told us that they don't use agency staff and will always cover with permanent staff to ensure people felt safe and received consistent support.

We reviewed how medicines were managed in the service. We saw that medicine support plans were in place which detailed the level of support each individual required to ensure they were able to take their medicines as prescribed. All the people we spoke with told us they always received their medicines when they needed them. One person told us, "Staff always give me my medicines when I have my breakfast".

We saw there were policies and procedures in place to help ensure staff administered medicines safely. The staff we spoke with told us they had received training in the safe administration of medicines as part of their induction before they were allowed to work unsupervised with people who used the service. Records we looked at showed the competence of staff to safely administer medicines was reviewed on a regular basis by the registered manager and deputy manager. We noted that staff were required to undertake refresher training should any concerns be raised regarding their ability to administer medicines safely.

We looked at the medication administration record (MAR) charts for two people who used the service. We found all the records were fully completed. We also noted that there were protocols in place where people were prescribed 'as required' medicines. These protocols provided guidance and information for staff to help ensure people always received the medicines they needed. We saw that monthly stock checks were conducted by the deputy manager to ensure people had received their medicines as required.



# Is the service effective?

## Our findings

People who used the service told us staff had the necessary skills and knowledge to provide them with the care they needed. All the people we spoke with told us the staff who supported them knew them well. One person told us, "All the staff are great. [The registered manager] knows me really well." Another person commented, "Staff know me well. I wouldn't change anything about living here."

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. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager told us that they had been involved in reviews and discussions with the relevant local authorities regarding people who did not have capacity to consent to the care provided by 120 Harrowdene Road to prove support sign a tenancy agreement. The registered manager told us these discussions and reviews had led to applications for authorisations under the Deprivation of Liberty Safeguards (DoLS) were being made. This was to ensure that the care they were receiving and any restrictions in place were in the best interests of each individual.

The staff we spoke with demonstrated a good understanding of the Mental Capacity Act 2005 and how it applied to the people they were supporting. Staff demonstrated a commitment to promoting the rights and choices of people who used the service. One staff member told us, "I always ask people what they want to do. I give people options." The care worker commented, "The MCA was discussed in supervision."

Staff told us they had attended an induction which included class room based training, competency test and practical training and observations. The staff member told us, "The quality of the induction programme was good and effective." We saw that staff had access to a training programme delivered by the provider. This programme included moving and handling, infection control, first aid and epilepsy awareness. A record of the training staff had attended was held at the property. Staff told us they had received the training they required to be able to carry out their role effectively. The staff member told us, "The training is very good and easy to access."

The deputy manager told us there was a supervision policy in place which stated that staff should have access to six supervisions per year. Records we reviewed showed that although all staff had attended some supervision sessions, this had not always been in line with this timescale; this was mainly due to staff being on annual leave or sick. Staff told us that they were recently given an appraisal form for them to complete. The deputy manager told us that he will arrange appraisal meetings with all staff within the next few weeks.

We asked staff how they supported people to have a healthy diet. We were told that staff encouraged people who used the service to make healthy choices when completing menu planning or shopping for food. We saw that information regarding healthy eating was on display. Staff told us they would assist people to understand this information so that they could make informed choices about the food they ate.

During the inspection we observed staff provided people who used the service with a meal which looked appetising and well balanced. Comments people made to us about the food included, "Staff cook me good food" and "The food is tasty." Records showed that people who used the service were weighed regularly. When necessary staff referred people to the dietician service for advice and support as seen in one of the care plan documents we viewed.

We saw that health action plans were in place on three care records we reviewed. These are documents which record the support an individual needed to stay healthy. We saw that, where they were in place, these plans had been reviewed regularly with people to ensure they remained up to date. We saw that people had access to professionals and specialists. These included hospital consultants for conditions such as epilepsy and diabetes as well as opticians, dentists, podiatrists, GP's and the learning disability team.

## Is the service caring?

### Our findings

People who used the service gave very positive feedback about the staff who supported them. Comments people made to us included, "Staff are very nice. We get on well", "Staff are kind to me" and "All the staff are lovely, my favourite staff is [the person name]."

During the inspection we observed warm, friendly and respectful interactions between all staff and people who used the service. We saw that staff provided consistent and sensitive responses to people when they became upset or agitated.

All the staff we spoke with demonstrated a commitment to providing high quality personalised care and support to people. One staff member told us, "I definitely feel we offer person centred care. We ensure the support we provide is individual to each person's needs and strengths" and "I personally believe we offer good care."

Staff demonstrated respect for the fact that they were supporting people in their own homes. This meant people who used the service were central to any decisions made. We noted that during their induction all staff received training in relation to treating people with dignity and respect; their practice was then monitored when they were observed providing support to people.

We observed care workers sitting with people listen to music, discuss what they did during the day and arranged to bake cupcakes. The atmosphere was relaxed and people appeared to feel comfortable in the presence of staff. We heard a lot of laughing, giggling and joking.

We asked to discuss how they enabled people to achieve the maximum possible level of independence and supported people to express their needs and wants. We saw that dignity was also discussed in team meetings.

We saw that people's care records included information about their family, interests and preferred daily routines. This helped to ensure staff were able to develop meaningful and caring relationships with people who used the service. For example we observed how staff sat with people during the of this inspection and discussed about how they felt and if they wanted to do anything in particular.

People who used the service told us staff always supported them to be as independent as possible. One person commented, "I like to have staff around and help me to do things." Another person told us, "Staff help me to cook and plan my birthday party."

We saw that arrangements were in place to support people to be involved in planning and reviewing their own care as much as possible. We saw that regular residents meetings took place each week These meetings provided a forum for people who used the service to comment on the care they received and provide feedback on the staff who supported them.

# Is the service responsive?

## Our findings

People who used the service told us they received the support they needed to be able to follow their interests, develop their independence and maintain contact with those people important to them. Comments people made to us included, "Staff help me to go out. I can do what I want" and "We go shopping, to the park and I do baking."

The registered manager told us assessments were completed before people were accepted in to the service, including an assessment by the relevant local authority to determine the level of support each person required. We were told care was taken to introduce people slowly to other tenants with whom they might live in 120 Harrowdene Road and to try and match people's interests as much as possible.

All the people who used the service told us they got on well with the other people with whom they lived. One person commented, "We do like each other here, these are my friends [pointing at some of the other people]."

Care records we reviewed contained information regarding people's diverse needs, including their religious and cultural needs. The home supported people to practice their religion and helped them to access regular church services.

Support plans included information about the level of support people needed to meet their needs; this included personal care, physical health, finances and maintaining contact with family and friends. All care plans and support plans viewed had been reviewed in January 2016. Care records included the level of support people wanted from staff and information about how staff should communicate with them. One person who used the service told us, "I have a key worker and we go through my support plan together."

We saw that people were supported to take part in a range of activities including swimming, gym, shopping, cooking and baking. We reviewed the arrangements to encourage people to share their experience and comment on the support they received.

We saw there was a complaints policy in place and that people who used the service had access to an 'easy read' version of this policy. All the people we spoke with who used the service told us they would feel able to raise any concerns they might have with support workers or the registered manager. One person told us that if they raised issues with staff, "They listen and write things down." Another person commented, "I can talk to any of the staff but I wouldn't change anything about living here."

We saw that complaints and compliments about the service were recorded. Where concerns had been raised we saw that action had been taken to investigate and provide feedback to the complainant. The registered manager told us that all complaints were recorded in order to determine any themes and trends; this helped to continuously improve the quality of the service provided.

## Is the service well-led?

### Our findings

The service had a manager in place who was registered with the Care Quality Commission (CQC). They were supported in the day to day running of the service by an experienced deputy manager who was responsible for acting on behalf of the registered manager if she was not available.

The deputy manager told us that the key achievements of the service since the last inspection had been the recruitment and retention of staff. They advised us they now had a much more stable staff team who clearly understood people's needs. They told us a key challenge for the service was the reduction in commissioned hours for some people they supported. However they told us they would regularly challenge the commissioning decisions made by local authorities, involving advocacy services where necessary. This was to try and ensure people received the level of funding required in order to ensure staff were able to meet their needs in a safe and appropriate manner.

All the staff we spoke with told us they enjoyed working in the service and found the registered manager to be approachable and always available for advice or support. Comments staff made to us included, "I get regular supervision from [the deputy manager]. He is approachable and provides excellent support", "[The registered manager] has been a fantastic guide and role model. They have helped me to flourish and progress in my role" and "All the staff are really helpful and supportive."

Records we reviewed showed that regular staff meetings took place in each of the house. Staff told us they were able to use these meetings to discuss any concerns they might have and to make suggestions as to how things could be improved."

The provider distributed an annual satisfaction questionnaire to both people who used the service and their family members. We saw that the majority of responses to the most recent surveys were very positive. We saw that there was a continuous improvement log in place to record actions taken as a result of the feedback received. We saw that there was a process in place to involve people who used the service in contributing to how it was run. We saw that in the most recent report produced following the most recent consultation 100% of people stated they were happy with the services they received. People who used the service had also reported that they felt staff listened to them, responded well to any concerns raised and were caring and respectful.

Records we reviewed showed the deputy manager completed a monthly audit. These audits included checks to ensure that all care records were up to date, staff supervision and tenant meetings had taken place and health and safety checks and personal finances were correct had been undertaken in the properties.

Separate audits were also undertaken by the registered on a monthly basis. The outcome of these audits helped the registered manager to identify areas for service improvement. This helped staff understand the importance of quality monitoring and any plans for service improvement.

We saw that incidents/accidents which had occurred in the service had been documented. These were summarised monthly. The registered manager told us this process helped them to identify any themes and trends and to take appropriate action to avoid further occurrences.