

Achieve Together Limited Harding House

Inspection report

70 North Side Wandsworth Common
Clapham
London
SW18 2QX

Tel: 02088703653

Date of inspection visit:
29 September 2022
01 November 2022

Date of publication:
10 January 2023

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

Harding House is a care home providing accommodation and personal care for up to 10 people. At the time of our inspection, there were 9 people using the service. The service supports deaf adults with mental health needs.

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

People felt safe living at Harding House. Staff were trained in how to identify, prevent and report abuse. The service assessed and managed risks to people effectively.

Medicines were managed safely. People received their medicines as prescribed. The home was clean and hygienic, and staff followed best practice guidance to control the risk and spread of infection.

There were enough staff to meet people's needs in a timely way. Appropriate recruitment procedures were in place and pre-employment checks were completed before staff started working with people.

People's needs were met by staff who were competent, trained and supported in their job role. 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.

People's dietary needs were met, and they received appropriate support to eat and drink enough. They were supported to access healthcare services when needed. Staff worked well with other healthcare providers to help ensure continuity of care and supported communication between people and health professionals.

People said they liked living at Harding House. Staff knew people well and built positive relationships with them. Staff used British Sign Language (BSL) to effectively meet people's communication needs.

Staff protected people's privacy and dignity. They encouraged people to remain as independent as possible and involved them in planning the care and support they received.

People and professionals who had regular contact with the home felt it was run well. Staff were organised, motivated and worked well as a team. They enjoyed working at the home and told us they felt valued.

There were effective quality assurance systems in place to help ensure the safety and quality of the service.

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

Why we inspected

This service was registered with us in July 2021 and this is the first inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Harding House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Harding House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The first day of inspection was unannounced.

We visited the location on 29 September and 1 November 2022.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service since the service was registered. We sought feedback from the local authority. We used this information to plan our inspection.

During the inspection

With the support of an interpreter, we spoke with 9 people using the service about their experience of the support provided. We also spoke with the registered manager, operations manager and 4 members of staff.

We reviewed a range of records. This included 2 care records and 3 staff files in relation to recruitment. We also looked at a variety of records relating to the management of the service and quality monitoring.

We continued to seek clarification from the provider to validate the evidence found. We also contacted staff and involved health and social care professionals by email to ask their views about the service. We received a response from 1 staff member and 1 health and social care professional.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Policies and procedures were in place for staff to follow.
- Staff had received training on identifying and reporting abuse and knew what action to take if they needed to report a safeguarding issue. One staff member said, "As a support worker, I can say people we support at Harding House are safe. Whistle blowing is part of safeguarding training; I have done the online training and the face to face one is booked next month. I am confident that my manager would deal appropriately in case abuse is reported."
- People told us they felt safe living at Harding House and said staff treated them well. One person said, "The staff are lovely – they treat me very well."

Assessing risk, safety monitoring and management

- People were kept safe as individual risks to people were assessed regularly and steps put in place to mitigate any identified risks. The registered manager and staff knew people well, so they could quickly spot changes in their health and well-being.
- Risks associated with the safety of the environment and equipment were also identified and managed appropriately. Regular health and safety checks were undertaken by allocated staff to help ensure the safety of the premises. For example, fire and water safety systems were regularly checked and maintained.

Staffing and recruitment

- Staff were recruited safely and there were enough staff to safely support people.
- New staff had appropriate pre-employment checks in place which included requesting references and a Disclosure and Barring Service (DBS) check before they were employed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staffing levels were regularly reviewed against people's support needs. People told us there were enough staff on duty. One person commented, "The staff are very helpful. I have no issues."

Using medicines safely

- Medicines were managed safely. Regular checks on people's medicines were carried out to make sure they were being administered in line with national best practice, the provider's policy and the prescriber's instructions.
- Staff received training in administering medicines and had their competency assessed.
- People told us that they received their medicines as prescribed.

Preventing and controlling infection

- We were assured that the provider was using personal protective equipment (PPE) effectively and safely. Staff were provided with appropriate protective equipment, such as face masks and disposable gloves.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People could visit the care home in line with current government infection prevention and control (IPC) and COVID-19 guidance.

Learning lessons when things go wrong

- Lessons were learned from incidents and learning was shared with the staff team to prevent similar incidents occurring.
- Accidents and incidents were electronically recorded, fully investigated and outcomes from these were used to improve the support provided.

Is the service effective?

Our findings

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

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

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

- People had their needs fully assessed and support plans reflected their choices and the support they required from staff.
- Each support plan included a comprehensive assessment of each person's physical and mental health needs completed prior to admission and kept under review.
- Support plans contained person-centred information including a personal identity profile. Any triggers which impacted on people's wellbeing were identified, as well as techniques for staff to use to reduce any behaviours which may require a response.

Staff support: induction, training, skills and experience

- People were supported by staff who were competent and had received appropriate training and support. One person told us, "I ask staff and they will help me. They've saved my life. The aim is for me to have independence."
- The providers training matrix documented a high level of compliance for all staff in topics such as medicines administration, safeguarding and food hygiene.
- Staff felt supported by the registered manager and had ongoing opportunities to reflect on their working practices and professional development. This included regular supervision meetings and an annual appraisal of their overall work performance.

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

- People were supported to maintain a balanced diet. Support plans addressed any nutritional issues with goals identified such as learning new recipes and developing cooking skills.
- Some people told us they were supported to go shopping and to learn to cook for themselves. One person said, "They've [staff] taught me to cook. We have a session every week." Other people said the staff cooked for them with comments such as, "It's good food" and, "They helped me with my diet."

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

- People were supported to access other healthcare professionals and services.
- Support workers accompanied people or arranged visits to hospitals and appointments with GPs as appropriate.
- Care records included details about people's medical history and their ongoing health needs. A record of appointments was kept and there was evidence of collaborative working with healthcare services.
- The service involved health and social care professionals when needed and responded to

recommendations from them. A health and social care professional told us, "Service users do well in this environment, their independence is promoted, and right level of support maintained to keep their wellbeing and quality of life."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Support was delivered in line with MCA. People's capacity was assessed, and the least restrictive option always considered when supporting individuals, balancing safety and risk. One person commented, "No-one forces us to do anything here. Staff always ask if they can help."
- Staff had received training around MCA and DoLS.

Is the service caring?

Our findings

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

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

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

- People were treated and supported well. People we spoke with told us that staff treated them well. One person told us, "We have a good rapport."
- Equality and diversity policies were implemented to make sure everyone was treated fairly, regardless of their age, sex, race, disability or religious belief and staff followed this.
- Support plans included information about people's diverse needs, such as religious and cultural needs, where relevant. For example, one person's plan referred to their place of worship and the support they required to access this.

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

- People's choices and decisions about their care were listened to, respected and documented in their support plans. The registered manager and staff knew people well, so they could quickly spot changes in their health and well-being.
- Support plans addressed what people were able to do for themselves. People told us they were able to maintain their independence and monthly documented key worker meetings enabled them to set support goals with staff. One person said, "They help me with my bills, keeping my room, buying the foods I like."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and independence was respected. Care records were kept securely, and access was limited to those with responsibility for the day-to-day care of people.
- Staff told us they ensured people's privacy and dignity were maintained. A staff member commented, "I ensure I treat people with dignity and respect by involving them in making decisions about their care, respect their personal space, ring their bell and wait for them to answer before going into their room."

Is the service responsive?

Our findings

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

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

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

- There was a strong emphasis on promoting people's choices and independence where possible. Support plans clearly described the level of support each person required. For example, their preferred routines, general interests, where they liked to go and indicated any potential risks.
- Support plans were comprehensive and fully addressed people's health, emotional, behavioural, medical, and mental health needs.

Meeting people's communication needs

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

- A key aspect of the service was the ability of staff to communicate with deaf people. People using the service used British Sign Language (BSL) as the main form of communication, with some using it in an individual way. The service employed a mix of deaf staff and hearing staff who mainly communicated with people using BSL.
- People had their communication needs fully assessed by staff. Strategies were in place for staff to follow to support people with communication including using picture and video formats. If staff were not able to communicate using BSL, they were supported to attend courses to learn this language and people using the service were encouraged to support them with their learning. Two staff told us how people using the service had helped teach them BSL. One staff member commented, "They gave me lots of support."
- A health and social care professional commented, "I have been delighted with the care and support provided at Harding House, in a BSL environment, promoting a positive self-image for deaf service users, as the staff team have native BSL users, with hearing staff who are competent in BSL, this is a very supportive environment for a deaf service user."

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 supported people to attend activities in the local community and maintain relationships that were important to them.
- Participation in organised activities and trips varied from person to person. Some people told us that staff encouraged them to go out or engage in activities but said they were happy just being at home. Other people said they were independent and just liked to go out by themselves.

Improving care quality in response to complaints or concerns

- People did not have any concerns about the service and knew how to raise a complaint if they needed to. A person said, "The [registered] manager helped me. He was right in assessing the situation properly [when person had concern]."
- Any complaints or concerns received were used by the organisation to improve the service provided and shared with staff to improve the overall care delivery.

End of life care and support

- At the time of inspection no one was receiving end of life care and support. The provider had an end of life policy and people's individual wishes were obtained as part of assessment and support planning.
- This helped to ensure that people were cared for in a culturally sensitive and dignified way when people reached the end stages of their life

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- There was a positive staff culture which helped to achieve good outcomes for people. One staff member said, "We get on well." Another staff member said, "It's always improving. We share best practice. The team are very supportive."
- People told us the registered manager was approachable and responsive. One person commented, "I speak to the manager. He is very happy and makes time for me."

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 organisation had a duty of candour policy and the provider understood their responsibility to be open and honest if something went wrong.
- Outcomes from investigated incidents / accidents, complaints, safeguarding and audits were used to improve the quality of the service.

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

- The registered manager was fully aware of their legal responsibilities and was open and transparent. They submitted notifications to CQC for significant events that had occurred at the service as required.
- There was good organisational oversight of the service. The registered manager undertook a full range of audits to assess care quality and safety. These were recorded electronically with action plans generated and monitored by the organisation.
- People were happy with the management and staff. One person told us, "They are ok. The manager chats to me and staff help me."

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

- The service involved people using the service. The registered manager listened to feedback and acted on it to improve the service. People had the opportunity to discuss things that were important to them through meetings and individual key working sessions.
- The registered manager held regular team meetings with staff where their views were heard.
- The registered manager listened to feedback and acted on it to improve the service. The provider carried out surveys across the organisation seeking people's views of the support provided and what was important

to them. It was however noted that the latest organisational survey results supplied to CQC were not specific to the service which may limit their usefulness. This was highlighted in our feedback to the registered manager.

Continuous learning and improving care

- The registered manager and staff team completed regular checks to ensure the quality of support provided and make improvements where needed.
- Action plans were in place which identified changes that could help improve the quality of care. Action plans were overseen by senior managers, which helped ensure any improvements made were beneficial to people and sustainable.

Working in partnership with others

- Staff worked in partnership with people, relatives and other healthcare professionals.
- Care records showed involvement from other agencies and staff had used the advice/guidance provided to help with people's support planning.