

Harrow Council

Harrow Council - 7 Kenton Road

Inspection report

7 Kenton Road
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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 

Overall summary

We undertook an unannounced inspection of Harrow Council – 7 Kenton Road on 16 July 2015.

This service is registered to provide accommodation and personal care for up to six people with mental health needs. At the time of the inspection, six people were using the service and were able to communicate with us.

At our last inspection on 13 December 2014 the service met the regulations inspected.

There was a registered manager in post. 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.

Harrow Council -7 Kenton Road is a rehabilitation service which provides support for people to recover from their

Summary of findings

mental health problems and to regain the skills and confidence to live in the community. People using the service were supported and encouraged to study computer skills, seek employment and move onto live independently in the community.

Safeguarding and whistleblowing policies and procedures were in place and staff had undertaken training in how to safeguard adults. Support workers were able to identify different types of abuse and were aware of what action to take if they suspected abuse.

Support workers had worked at the home for a number of years which ensured a good level of consistency in the care being provided and familiarity to people using the service. There were effective recruitment and selection procedures in place to ensure people were safe and not at risk of being supported by people who were unsuitable.

People were cared for by staff that were supported to have the necessary knowledge and skills they needed to carry out their roles and responsibilities. Support workers spoke positively about their experiences working at the home. They told us “I enjoy it here, I like the team”, “I like it here, I enjoy working here. This feels like it is a home rather than a care home.”

People using the service spoke very positively about the home and staff members. People told us “Staff here are

approachable and give you the time of day. They listen to you”, “They are nice people, they have got your best interests at heart” and “They have a gentle approach, they are pretty good.”

Positive caring relationships had developed between people who used the service and staff. People were treated with kindness and compassion. People were relaxed and at ease and were treated and spoken to with respect and dignity.

People were supported to be independent and develop daily living skills such as cooking, cleaning, doing their own laundry and shopping. People were supported to follow their interests, take part in them and maintain links with the wider community.

There were arrangements in place for people’s needs to be regularly assessed, reviewed and monitored. Records showed the registered manager conducted monthly, six monthly and yearly reviews.

During this inspection, the management structure in place was a team of support workers, team leader and registered manager. Systems were in place to monitor and improve the quality of the service. Checks were being carried out by the registered manager and any further action that needed to be taken to make improvements to the service were noted and actioned. There was an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People told us “They are trustworthy, I feel safe”, “It is comfortable here. I have not had any problems here.”

There were safeguarding and whistleblowing policies and procedures in place. Staff undertook training in how to safeguard adults.

Risks to people were identified and managed so that people were safe and their freedom supported and protected. Individual risk assessments were completed for people using the service.

Care workers had worked at the home for a number of years which ensured a level of consistency in the care and support being provided and familiarity to people using the service.

Good



Is the service effective?

The service was effective. People were cared for by staff who were supported to have the necessary knowledge and skills they needed to carry out their roles and responsibilities.

There were arrangements in place to obtain, and act in accordance with the consent of people using the service.

People were supported to maintain good health and have access to healthcare services and receive on going healthcare support.

Good



Is the service caring?

The service was caring. People spoke positively about the service and told us “Staff here are approachable and give you the time of day. They listen to you”, “They are nice people, they have got your best interests at heart

Positive caring relationships had developed between people using the service and staff and people were treated with kindness and compassion.

People were being treated with respect and dignity.

Good



Is the service responsive?

The service was responsive. People using the service received personalised care that was responsive to their needs.

There were arrangements in place for people’s needs to be regularly assessed, reviewed and monitored.

The home had clear procedures for receiving, handling and responding to comments and complaints.

Good



Is the service well-led?

The service was well led. During this inspection, the management structure in place was a team of support workers, team leader and a registered manager.

Care workers spoke positively about the registered manager and the culture within the home.

Systems were in place to monitor and improve the quality of the service.

Good



Harrow Council - 7 Kenton 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 provide a rating for the service under the Care Act 2014.

This inspection was carried out by one inspector. Before we visited the home we checked the information we held about the service and the service provider including notifications and incidents affecting the safety and well-being of people. No concerns had been raised.

The provider also completed a Provider Information Return (PIR). 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. The PIR also provides data about the organisation and service.

There were six people using the service who had mental health needs. People using the service were able to communicate with us. We spoke to three people using the service and spent time at the home observing the experience of the people and their care, how the staff interacted with people and how they supported people during the day and meal times.

We spoke with two healthcare professionals. We also spoke with the registered manager and two support workers. We reviewed three people's care plans, two staff files, training records and records relating to the management of the service such as audits, policies and procedures.

Is the service safe?

Our findings

All the people we spoke to told us they felt safe living at the home. People told us “They are trustworthy, I feel safe”, “It is comfortable here. I have not had any problems here” and “I feel safe here.”

The provider had taken steps to help ensure people were protected from avoidable harm and abuse. There were safeguarding and whistleblowing policies and procedures in place and training records showed and staff confirmed they undertook training in how to safeguard adults. Care workers we spoke with were able to identify different types of abuse and were aware of what action to take if they suspected abuse. They told us they would report their concerns directly to the registered manager, social services, the police and the CQC.

Risks to people were identified and managed so that people were safe and their freedom supported and protected. Individual risk assessments were completed for people using the service which helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions. Each assessment had an identified risk and measures to manage the risks and were individualised to people’s needs and requirements. The assessments covered areas such as mental health, medicines, self neglect, self harm and nutrition.

The assessments also included information about the signs which could trigger a potential relapse, this is when symptoms of a mental health diagnosis returns or gets worse. The assessments also took into consideration a person’s history of particular behaviours and ensured this was being monitored. This helped staff to know the triggers of a relapse and notice the signs which can help prevent a relapse from occurring or reduce its severity. The risk assessments contained measures for staff to follow including the involvement of relevant healthcare professionals and support agencies.

When speaking with staff, they showed a good understanding of the need to keep people safe from particular behaviours or symptoms people experienced due to their mental health and the support people would need. One care worker told us “We give people support and

keep them safe whether it is from others or from behaviours they display themselves that if left could cause themselves harm. We need to make sure they are safe and are okay.”

Accidents and incidents were recorded and any necessary action had been taken. Records showed an incident had recently occurred involving one person using the service. We found the registered manager had taken the appropriate action and notified the relevant authorities including the CQC. The person was referred to the relevant support agency and risk assessments were updated outlining why this may have happened and actions staff would need to take if there was another reoccurrence. This helped ensure the person was safe and helped minimise the risk of harm to that person.

There was an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others. We saw there were systems in place for the maintenance of the building and equipment to monitor the safety of the service. Portable Appliance Checks (PAT) had been conducted on all electrical equipment and maintenance checks and fire drills and testing of the fire alarm completed.

There were suitable arrangements in place to manage medicines safely and appropriately. We looked at a sample of the Medicines Administration Records (MAR) sheets and saw they had been signed with no gaps in recording when medicines were given to a person. Records detailed what the medicines were, the reasons why people were taking the medicines and any possible side effects. There were arrangements in place with the local pharmacy in relation to obtaining and disposing of medicines appropriately. There were appropriate systems in place to ensure that people’s medicines were stored and kept safely. The home had a separate medicine storage facility in place. The facility was kept locked and was secure. Records showed that medicines were checked by staff during staff handover and by the registered manager.

We found the service supported people who wanted to self administer their own medicines. One staff member told us “Some people like to take their own medicines and some like us to support them with it. It is whatever they feel comfortable with and how we can support them.” Records showed there were specific guidelines for people on how they wanted to take their medicines and any risks involved were highlighted in the person risk’s assessment. We asked

Is the service safe?

staff how they ensured people who self administered took their medicines on time. A member of staff told us they conducted a weekly audit to make sure the person had taken their medicines and we saw records which confirmed this. One person using the service told us “They make sure I have my medication.”

We asked support workers whether they felt there was enough staff in the home to provide care to people safely. Generally support workers thought the staffing levels were sufficient, however one support worker did tell us “More staff would be nice especially during the night time so we could have one waking night and one sleep in.” Support workers told us the rotas were done monthly and cover was generally not an issue. They told us “We all try and cover for each other” and “We work more as a team and the team pulls together.” The rota showed there was one support worker in the morning and one support worker for the evening. During the inspection, we observed this was being followed. The registered manager told us he also was part of the team and supported people when needed.

Support workers had worked at the home for a number of years which ensured a good level of consistency in the care being provided and familiarity to people using the service. Support workers told us “We don’t want to use agency staff as that’s not good for people as they need staff who they can trust and be familiar with” and “All the team have plenty of experience. We don’t use agency workers. There is no issues with cover. We all pull our weight.”

There were effective recruitment and selection procedures in place to ensure people were safe and not at risk of being supported by people who were unsuitable. We looked at the recruitment records for two support workers and found appropriate background checks for safer recruitment such as proof of identity and right to work in the United Kingdom had been obtained. Enhanced criminal record checks had been undertaken to ensure staff were not barred from working with vulnerable adults.

Is the service effective?

Our findings

People using the service spoke positively about the staff. One person told us “They are very supportive. They are good and listen to me. They are trustworthy. I trust them.”

People were cared for by staff that were supported to have the necessary knowledge and skills they needed to carry out their roles and responsibilities. Support workers spoke positively about their experiences working at the home. They told us “I enjoy it here, I like the team”, “I like it here, I enjoy working here. This feels like it is a home rather than a care home.”

Training records showed that support workers had completed training in areas that enabled them to fulfil their roles and responsibilities for example health and safety, medicines, first aid, infection control, mental capacity, safeguarding adults and mental health and substance misuse. We looked at two staff files and saw support workers received supervision and an annual appraisal to monitor their performance. Records also showed that staff had obtained National Vocational Qualifications (NVQs) in health and adult social care. However support workers did tell us “I get the training, we’ve done the NVQs. It would be nice to have some help with further education” and “Yes we get enough training but would be good to have additional training for people who have dual diagnosis such as alcohol. It would good to be able to support people with those issues as well as it does affect their mental health.” The registered manager told us he would review any further training staff would be able to receive.

There were arrangements in place to obtain, and act in accordance with the consent of people using the service. Care plans and consent forms to agree their care and support had been signed by people using the service. Records showed that any support people received was provided after the person had consented, for example there were consent forms signed by people to agree to staff to help them with their medicines and for staff to have access to their rooms if needed.

When speaking to the registered manager and support workers, they showed a good understanding of the Mental Capacity Act 2005 (MCA) and issues relating to consent. Training records showed and staff told us they had received MCA training.

The registered manager told us all the people using the service had the capacity to make their own decisions and were able to give consent for their care and treatment. Care plans contained some information about people’s mental state and levels of comprehension and outlined areas where people were able to make their choices and decisions about their care. However this information was limited and sometimes unclear why a person would need support in specific areas. For example in one person’s risk assessment, it stated “Person has little insight into their medication and requires support from the care coordinator”, In another person’s care plan it stated “[Person] is not able to cook without support”, the care plans did not state why the person would require the support and whether it was because of the person’s level of mental capacity, a particular mental health need, safety reasons or was it the person’s choice to want such support provided for them. We raised this with the registered manager and he told us he would review the care plans and ensure more detailed information was included about people’s levels of mental capacity and mental health so it would be clearer why people needed specific support as part of their daily lives.

Records showed appropriate arrangements were in place to manage the finances of people using the service. A staff member showed us records and explained that the support workers recorded all the transactions and kept the receipts which they would check on a weekly basis. Records also showed that people managed their own finances and support workers provided support only if people requested it. People using the service told us “I have my own wallet here. I manage my own money and do it all myself. I buy my own clothes” and “I withdraw my own money and my bank statements come to the home.”

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes which protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. DoLS authorisations had not been applied for as people using the service were deemed to have capacity and there were no areas of people’s care in which their liberties were being deprived. During the inspection, we saw people using the service were not restricted from leaving the home on their own. There was evidence that showed people went out and enjoyed various activities and community outings. One

Is the service effective?

support worker told us “The people here are often out and about. They have their own mobile phones and if they are late or wish to stay over at their family or friends homes, they can just call and let us know. This is just to let us know that they are okay and safe.” When speaking to people using the service, they confirmed this and told us they went wherever they wanted to and there were no restrictions. Support workers showed a good understanding of the difference between lawful and unlawful practices.

People were supported to maintain good health and have access to healthcare services and received ongoing healthcare support. Care plans detailed records of appointments with healthcare professionals including GPs, psychiatrists, mental health and substance misuse agencies. One person using the service told us “They are very good, they help me with my health and are very supportive.”

People were supported to get involved in decisions about their nutrition and hydration needs. People’s eating and drinking needs and preferences were recorded and their weight monitored. One person using the service told us “They are excellent cooks. There is good healthy food and always a variety.” People using the service told us they had one day during week where they would go shopping for the food of their choice. There was a weekly menu in place and people were able to choose what they wanted to eat and a weekly menu would then be drawn up based on people’s wishes. One person using the service told us “On Thursday, I say what I want for next week.”

We found the home accommodated people’s religious and cultural needs. One person using the service was

vegetarian and they told us “We go shopping once a week and get my vegetarian food.” Another person using the service was also aware of this person’s needs and told us “One other person is vegetarian and their food is always accommodated for.”

We observed people were supported and encouraged with the preparation of their own meals. The registered manager told us the home only provided the evening meal and breakfast and lunch people would make themselves. The registered manager added that this was to encourage people to be more independent and develop their daily living skills. During lunchtime, we observed people using the service having their lunch as they wished and their choices were respected by staff. One person made a sandwich, another person had a take away and other people had gone out for the day. During the evening meal, we observed the food was freshly cooked. People using the service ate independently and ate everything on their plates indicating they enjoyed their meal. We saw people were not rushed and were left to eat at ease and at their own pace. There was a relaxed atmosphere and one support worker sat with people at the table and ate with them.

We asked the support workers how they monitored what people ate to ensure they had a healthy and balanced diet. Support workers told us people always chose what they wanted to eat and a general food shop on top of people’s weekly shop was also done to ensure food was always readily available in the home. Records were also completed on a daily basis outlining what people had eaten and drank throughout each day and evening.

Is the service caring?

Our findings

People using the service spoke very positively about the home and staff members. People told us “Staff here are approachable and give you the time of day. They listen to you”, “They are nice people, they have got your best interests at heart” and “They have a gentle approach, they are pretty good.”

Positive caring relationships had developed between people who used the service and staff. People were treated with kindness and compassion. We observed people were relaxed and at ease. We observed people were treated and spoken to with respect and dignity. People using the service told us “They are really nice people understanding and professional as well” and “They are pleasant, friendly, chatty and very helpful.” We saw people’s privacy was respected and if people wished to stay in their rooms they were able to do so without any disturbance or interruption from other people.

People using the service were supported to be independent and develop their daily living skills. People did their own washing, shopping, cooking and went to see their families and friends. People were also encouraged to manage their finances and medicines. Support was only provided if the person needed it and had provided consent for a support worker to do so.

People were supported and encouraged in making decisions about their care, treatment and support. All the people using the service were able to verbally communicate their wishes. People’s care plans detailed

information that would help them to understand and express themselves. In one person’s care plan, it stated the person “...does think everything through and may need support and encouragement. [Person] finds it difficult to handle too much information in one go but likes to take their time to process what [person] has heard and said.”

People using the service were supported to express their views. Records showed there were one to one meetings between people using the service and their keyworkers. People were encouraged to say what they liked and didn’t liked and were asked if they were any issues or concerns they had. Records also showed that subjects such as safeguarding and fire safety were also discussed at the one to one meetings. People using the service told us “I have meetings with my key worker, it is very helpful”, “We can get things off our chest”, “It is a chance to talk and for them to know what I am doing” and “Yes every week we have a meeting and even talk about things about fire safety and what we need to do.”

Meetings were also taking place between the person using the service, their keyworker, registered manager, family and local authority representatives where aspects of people’s care were discussed and any changes actioned if required. We spoke with two healthcare professionals and they told us they had no concerns about the service and that the service did well at providing personalised care to suit people’s individual needs. They also told us the service was very co-operative and the communication between them and the home was very good. If staff had any concerns about people using the service, they would contact the relevant healthcare professional straight away.

Is the service responsive?

Our findings

People using the service spoke very positively about the support they were receiving at the home. People told us “They have really turned me around here and they know what they are doing”, “They pick you up and turn you around, they really are a valuable resource” and “They balance professionalism with personality.”

People received the care and support that was responsive to their needs and wishes. We looked at three care plans of people using the service, each contained a personal profile which provided information on the person’s life and medical background and support plans which outlined the support the person needed with various aspects of their daily life such as health, emotional and cultural needs, eating and drinking, mental health and mental well-being and community participation.

Although the information contained in the care plans were specific to each person and their needs, the information was limited and sometimes difficult to follow. For example in one person’s care plan for their cultural and religious needs, it stated “no support required” as the person manages this themselves and goes to a meditation centre. However there was no further information as to how else the person practised their religious needs and their preferences. The care plan also stated the person needed support with anger management and has access to psychology sessions. There was some information in the person’s risk assessment about the person being verbally aggressive however it was not clear what type of anger management the care plan was referring to as this had not been explained. In another person’s care plan, for a person’s emotional and psychological needs, it stated “None identified. No support required.” It was not explained clearly why the person would not need any support in this area. We spoke to the registered manager and discussed the need for care plans to clearly reflect how and why people would like to receive their support. The reasoning why support was needed or not needed should be clearly recorded and show what people did for themselves which enabled the decisions to be made that support would not be needed for that person in specific areas. The registered manager told us he would review the care plans and ensure the information was more detailed and clearer.

People were supported to be independent and develop daily living skills such as cooking, cleaning, doing their own laundry and shopping. People using the service told us “I do my own shopping list and get my own food. I buy my own clothes” and “I can cook and have an electronic tablet in my room which I can use to look at the internet.” People were able to visit family and friends or receive visitors and were supported and encouraged with maintaining relationships with family members. During the inspection, we observed people doing things independently such as making lunch, going out into the community and visiting family relatives. One person using the service told us “I can go and see my friends and family. My family can come to see me here.”

People were supported to follow their interests, take part in them and maintain links with the wider community. During the inspection we found people were supported and encouraged to study computer skills, go the gym and seek employment. People using the service told us “They want to support you, motivate you to achieve and maximise your independence” and “They want to support you and make you independent.” During the inspection, we found the service was supporting one person who wished to have a job and had recently attended a job interview. This person told us “I am looking for a job and they are helping me. I went for an interview”. The person also went on to tell us “The manager said he was going to set up mock interviews for me so I can practise”. We found this person also travelled to different places to attend football matches for the team they supported. Another person using the service attended a local mental health pre vocational work centre which supports people to develop their work skills and are able to access training at local colleges.

However during the inspection, we observed some people were out, one person had spent most their time in their room and one person had very little to do during the day. The staff spent most of their time in the office. It was not evident that people’s activities were being monitored effectively as records did not detail what activities a person had been engaged with during the week. Records did show people went to football sessions and shopping but did not show what else the person had been engaged with during the day and when the person was at home. However we did note in performance audits conducted by the registered manager this had been identified and alternative solutions were being considered. One action plan stated the need to increase people’s community activity. We

Is the service responsive?

raised the issue of a lack of activities and engagement with people and whether any activities involving people using the service had been considered in the home. The registered manager and support workers told us that most of the times people were always out but sometimes it was very difficult to get people to want to engage in different activities because of lack of motivation. The registered manager and support workers told us they would review this area and seek alternative ways to get people involved in meaningful activities especially when people were at home.

As part of people's care plans, each person had a 'Move on Plan' which gave people the opportunity to decide what type of accommodation they would like to move onto once it was felt the person was ready to do so. During the inspection, one person using the service told us how they were looking forward to move into a Shared Lives scheme which involves the person moving into the home of a Shared Lives carer and enables them to share in family and community life and promoting independent living. The person told us "I am looking forward to moving there. I have been there a couple of times with my care coordinator and on my own to see if I settle in okay." Another person using the service was also in the process of moving on, the person told us "I am having an assessment done so they can find out what type of accommodation would be best suited for me."

We noted from people's care plans that they had as much choice and control as possible in deciding in what they wanted to do. In some people's care plans, there was no move on plan as the person did not feel they were ready. Records showed that the staff respected people's decisions and people were encouraged to give their views and act upon them in relation to their levels of independence and quality of life. Records showed that staff encouraged and prompted people to be independent but did not put any

pressure on the person to make a decision to move on. The registered manager told us "The focus is about them. We work towards that goal of them living independently. They must be ready to move on if not, they stay until they are ready. The person that is moving onto shared lives, I have already told the person, there is a bed here, if they felt it was not working and needed to come back. We reassure them and let them know we haven't just left them once they have moved out." One person told us "They have turned my life around. They really are a valuable resource."

There were arrangements in place for people's needs to be regularly assessed, reviewed and monitored. Records showed the registered manager conducted monthly, six monthly and yearly reviews. This included reviewing areas such as mental health, physical health, social, emotional and important relationships, medication, education, employment and activities. Records showed when a person's needs had changed, the person's care plan had been updated accordingly and measures put in place if additional support was required. Support workers also told us there was a handover after each of their shifts. We saw daily notes for each person had been completed by support workers detailing people's health and wellbeing and support provided for that day.

There were procedures for receiving, handling and responding to comments and complaints. Support workers showed awareness of the policies and said they were confident to approach the registered manager. They felt matters would be taken seriously and the registered manager would seek to resolve the matter quickly. There had been one complaint received about the service. Records showed that the registered manager had investigated and responded appropriately. People using the service told us they had no complaints about the service and felt able to speak to staff if they had any concerns or were not happy about something.

Is the service well-led?

Our findings

During this inspection, the management structure in place was a team of support workers, team leader and registered manager. Support workers spoke positively about the registered manager and told us “He is very hands on and a perfectionist”, “We all get along with the manager” and “You are always able to off load, seek advice and he is always there at the end of the phone.”

Support workers spoke positively about the open and transparent culture within the home and the provider. They told us “It is all open and transparent here”, “I am able to speak my mind freely, the manager listens I can confidently say that about him”, “I don’t feel that I go to anyone and share my concerns and feel that I am not being heard” and “Everything is done in a constructive way, not a blame game.”

Records showed staff meetings were being held and minutes of these meetings showed aspects of people’s care were discussed and staff had the opportunity to share good practice and any concerns they had. Support workers told us “The team meetings are a regular forum for many things. Staff can get together and discuss things”, “It is a good chance to speak about things you are not happy about” and “The manager is open to ideas and suggestions, if he can sort it, he will sort it out too.”

Systems were in place to monitor and improve the quality of the service. We saw evidence which showed quarterly audits were being conducted by the registered manager. Records showed that various aspects of the service were reviewed such as the quality of care being provided to people using the service, health and safety, medicines, care plans, risk assessments, finances, staff records and training. The audit also identified areas where the home was doing well and areas where improvements could be made to meet people’s needs effectively. For example cooking sessions for people using the service had been reviewed as it was recognised that one person cooking for a group was becoming an onerous task for some people and this was changed so that people cooked a meal for themselves. When speaking to people, they confirmed they cooked their own meals on particular days of the week and was something that they enjoyed.

Records showed that questionnaires had been sent out to relatives and positive feedback had been received about the service. The registered manager told us that he welcomed and reviewed any feedback received as he wanted to ensure the home provided good quality care and support for people using the service and enable them to live their lives as well and as independently as they could.