

People Who Care Limited

Harrow

Inspection report

Suite 6
184 Acton Lane
London
NW10 7NH

Date of inspection visit:
30 January 2019

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30 April 2019

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:

People Who Care Harrow is a small domiciliary agency that provides supported living services people with learning disabilities and other cognitive impairments. At the time of our inspection the service was supporting four people living in a shared house.

People's experience of using this service:

People told us they were happy with the support they received. They spoke positively about their support workers and the service's manager.

The support provided by staff was person centred and reflected people's individual needs. People's support plans and risk assessments were person centred. They had been reviewed regularly and updated where there were changes in people's needs.

Staff members were knowledgeable about people's needs and preferences and how these should be supported. They understood their roles and responsibilities in ensuring that people were kept safe from harm or abuse.

People were supported to make decisions about their support. People told us that they were involved in developing their support plans.

The service was meeting the requirements of the Mental Capacity Act (2005). Information about people's capacity to make decisions had been recorded in their care files. An authorisation under the Deprivation of Liberty Safeguards (DoLS) for one person had been made by the Court of Protection.

Staff communicated well with people. They supported a person who was unable to communicate verbally in ways which the person understood.

Staff were knowledgeable about people's needs and preferences and how these should be supported. They understood their roles and responsibilities in ensuring that people were kept safe from harm or abuse.

Staff had received training in a range of core skills and this was updated regularly. Newly recruited staff members did not commence work until checks on their suitability had been carried out. Regular supervision from a manager had taken place to support staff to carry out their roles and responsibilities effectively.

Staff supported people to take their prescribed medicines safely. Accurate records of medicines administration had been completed.

People planned and shopped for their food. Staff supported people to cook and prepare meals where required. A person told us that they shopped for and prepared the meals that they preferred.

People had good healthcare support. When people were unwell staff had immediately contacted healthcare professionals. Staff had supported people to attend healthcare appointments. Where guidance had been provided in relation to people's needs this was included in their support plans.

Regular quality assurance monitoring of the service had taken place and any actions arising from this had been addressed promptly.

People had been asked about their views of the service. These surveys showed high levels of satisfaction.

Rating at last inspection:

The service was rated Good (Report published 7 February 2017)

Why we inspected:

This was a planned inspection based on our rating at the last inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to inspect as part of our re-inspection programme.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Harrow

Detailed findings

Background to this inspection

The inspection:

Our inspection took place on 30 January 2019. We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by a single inspector.

Service and service type:

The service is a registered domiciliary care agency supporting young adults with learning disabilities and autism. Support is provided in a shared house.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection site visit because this is a small service for people with learning disabilities who may be out during the day.

What we did:

Before our inspection we reviewed records that we held about the service. These included:

- Notifications and other information provided by the service and other stakeholders such as commissioning local authorities.

During our inspection we:

- Spoke with two people living at the home, the registered manager and two members of the care team.
- Looked at the care records for two people, three staff records and other records relating to the management and quality of the home.

Following our inspection we:

- Spoke with a representative of a local authority.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- The service had a policy and procedure to ensure that people were safe from the risk of abuse.
- Staff members had received safeguarding adults training.
- The registered manager and staff we spoke with understood their roles and responsibilities in ensuring that people were safeguarded from the risk of harm or abuse.
- Safeguarding records showed that concerns were immediately reported to the local authority safeguarding team. Notifications about safeguarding concerns had been sent to CQC.

Assessing risk, safety monitoring and management

- People had individual risk assessments. These were reviewed regularly and included guidance for staff on how to reduce risk to people.
- The registered manager told us that the service aimed to support people to become more independent and people's risk assessments reflected this aim.
- The service had sought support from other professionals to enable staff to understand how best to support behavioural risks to people.
- A person said, "Staff remind me about what I need to do to be safe when I go out."

Staffing and recruitment

- Checks to ensure that staff were suitable for the work they were undertaking had been carried out before they started working at the service. These included references and criminal records checks.
- We saw that there were sufficient staff available to ensure that people were supported. People did not have to wait for support when they required it.
- The staffing rotas for the home showed that there were always two members of staff on shift during each day and evening. One staff member 'slept in' overnight and was on call if people required support.

Using medicines safely

- The service supported people to take their prescribed medicines. Individual medicines risk assessments had been carried out and these showed that, at present, people using the service were unable to safely look after their own medicines.
- People's medicines were safely stored in a locked cabinet. Medicines administration records (MARs) were accurately completed. There were no gaps in the records.
- Staff had received training in safe administration of medicines. They knew what people's medicines were and why they had been prescribed. The registered manager told us that they were about to undertake checks of staff competency in administering medicines to people.
- One person had been prescribed medicines to assist with their anxiety as required. Guidance on when

these should be used was contained in their care plan. These were rarely used as staff had acted to support the person to reduce their anxieties without the need for medicines.

Preventing and controlling infection

- Staff supported people to keep their bedrooms and the communal living areas clean and tidy.
- Staff had received training in infection control. They used disposable gloves and aprons when they were carrying out tasks such as cleaning.
- Staff supported people to store their food items safely to prevent the risk of infection.

Learning lessons when things go wrong

- Records of incidents and accidents showed that actions had been taken to reduce risk to people. For example, the service had liaised with specialist teams and training companies to ensure that staff had the information and skills they required to provide positive behavioural support.

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

Good: 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

- The service had assessed people's needs and preferences when they started to receive support. These assessments had been regularly reviewed and updated when there were any changes.
- People had been involved in their reviews. Their family members and other health and social care professionals had also been invited to review meetings where required.
- Information about people's individual needs and cultural and other preferences had been included in their care plans. Staff members were knowledgeable about these.
- Staff assisted people to make choices, for example in relation to the activities that they wished to do within the local community. They helped people to arrange activities and provided support to enable their participation where they required.

Staff support: induction, training, skills and experience

- All staff members had received training to support them in their roles. This was updated regularly. New staff had completed an induction linked to the Care Certificate which is a nationally recognised standard for staff working in health and social care services.
- Additional training was provided where required. For example, training in positive behaviour management had been commissioned for the staff team.
- Staff members had received regular supervision from the registered manager where they were able to discuss their work and personal development. A staff member said, "The manager is here a lot and I can phone him if I need support quickly."

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

- People were supported to have a healthy balanced diet.
- People shopped for their own food. Three people chose to eat shared meals and they were supported by staff members to agree a weekly menu. Another person said, "I like South Indian food and I make my own food or buy takeaway."
- Staff were aware of people's health needs in relation to food and nutrition. A person with diabetes was supported to make healthy choices. A referral to a dietician had been made where staff had concerns about a person's weight loss. The person had been involved in developing their own nutritional guidance and had recently gained weight.
- People prepared their own food where they could do so with encouragement and support from staff.
- Staff reminded people to drink regularly throughout the day. We observed the registered manager prompting a person to make their own cup of tea safely.

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

- Staff had worked with other agencies to ensure that people had the support that they needed.
- Referrals to other professionals such as GPs, dieticians and a local specialist behavioural team had been made promptly where there were concerns. People's support plans had been updated to reflect guidance agreed with other professionals.

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

- Staff supported people to make and attend regular health appointments.
- Staff supported people to exercise regularly and eat a healthy diet.
- People's care plans contained information and guidance about their health needs. Staff were knowledgeable about these.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- People's support plans included assessments of their ability to make decisions. The support plans described the decisions that people could make for themselves.
- A DoLS authorisation was in place for a person using the service. This was provided through the Court of Protection which is the DoLS authorising body for this type of service.
- Staff members had received training on 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

Good: 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

- Staff supported people in a friendly and respectful way. They demonstrated that they understood people's needs and preferences.
- There was a relaxed atmosphere at the service. Staff members chatted with people about their interests and responded quickly when people asked questions or requested support.
- Staff spoke positively about the people they supported. One staff member said, "I feel I am helping them to be more independent and I like seeing how they progress."
- Staff members understood people's individual preferences and cultural needs. For example, a person liked to have a balloon in their bag when they were going out. Staff had ensured that a the person was enabled to purchase a regular supply of balloons. A person told us that staff had supported them to attend the cultural activities that they preferred.

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

- People were supported to express their opinions about their daily routines and choose what they wished to do.
- People were involved in agreeing their support plans. People told us that they had been involved in reviewing their plans.
- Regular house meetings had taken place where people were asked for their views about the service.
- A person said, "I always know what is happening. The staff ask me what I think."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff spoke with people in a respectful way. When people were in their rooms staff members knocked on their doors and asked for consent to enter.
- People were supported to chat privately with staff members when they had any concerns.
- People's personal information was stored securely. The registered manager and staff understood the importance of confidentiality.
- People's support plans included information about the things could do without support. Staff supported and prompted people to undertake tasks as independently as possible.

Is the service responsive?

Our findings

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

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

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

- People had support plans which identified the assistance that they required in their day to day lives. Support plans included guidance for staff on enabling people to maintain and develop skills to increase their independence.
- Information about people's cultural needs was included in their support plans. For example, a person liked to regularly attend a place of worship in another area and required support from staff to go there. The person said, "They help me to go to temple every week." Another person described how staff had supported them to cook foods from their culture and freeze them for future use.
- Information about people's communication needs was included in their support plans. We observed staff members communicating with a person who was unable to verbalise their needs and wishes. We saw that they did so in a way that the person understood, using objects to assist their understanding where required.
- People's care plans included information about their personal relationships and sexuality wishes and preferences. Staff had supported people to express their preferences in a safe way. A person said, "They talk with me about how I behave with ladies."
- People were supported to arrange and participate in activities in their local community. During our inspection people went shopping, to the local library and for a walk in the park. A person told us about the college courses they attended. They said, "I go on my own but the manager helped me find what I wanted to do."

Improving care quality in response to complaints or concerns

- The service had a complaints procedure. This was available in an easy to read version.
- People told us they knew what to do if they had a complaint. One person said, "I tell the manager if I am not happy. He sorts it out for me."
- The service's complaints records showed that complaints had been resolved immediately.

End of life care and support

- People using the service were young adults. Staff had not been involved in supporting anyone at the end of life.
- The registered manager told us that they were planning to discuss wishes and preferences regarding end of life support with people in the near 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

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

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

- The registered manager was committed to providing high quality support for people in an environment where they felt at home. They told us that the main objective of the service was to support people to develop skills to reduce the need for staff interventions and support.
- A person told us about how they had been supported to become more independent. They said, "I have achieved so much thanks to the manager."
- Staff members understood the importance of supporting people to develop their independence. They told us that they valued the support that they received from the registered manager.
- The registered manager was aware of their responsibilities to provide CQC and the local authority with important information and had done so in a timely manner.

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

- The registered manager had carried out regular quality assurance monitoring of the service. This included reviews of people's support and monitoring of records and health and safety at the service.
- Staff members understood their roles in supporting and developing a high-quality service. Regular team meetings had taken place where staff were able to discuss practice and quality issues.
- The registered manager had notified CQC about incidents and concerns where appropriate.

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

- Surveys of people's views about the service had taken place. These showed high levels of satisfaction.
- People told us that they had been asked for their views about any changes to the service. A person said, "They asked me about new staff and I was happy with that."
- The registered manager told us that they were about to commence a survey of the views of family members and professionals.

Continuous learning and improving care

- Actions identified through quality assurance monitoring had been addressed and improvements had been made. For example, the service had made arrangements to ensure that people were supported independently to manage their monies.
- Staff members met regularly with the registered manager to discuss issues in relation to ensuring that

people's needs were fully supported.

- People's support records showed that actions had been taken to support people to become more independent.

Working in partnership with others

- The registered manager and staff had good working relationships with other health and social care professionals.
- Information about people's health care appointments and the outcomes of these was included in their care records.
- Professional advice had been sought to support people with their health and social needs.