

# The Westminster Society For People With Learning Disabilities

## Flat A 291 Harrow Road

### Inspection report

291 Harrow Road  
London  
W9 3RN

Tel: 02072862593

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29 January 2020  
14 February 2020

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Flat A, 291 Harrow Road provides accommodation and support to up to four people with a learning disability. At the time of our inspection four people were using the service. The building is a four bedroom flat with a lounge, kitchen and dining area.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

### People's experience of using this service

People's relatives gave good feedback about the care workers as well as the quality of the service. The provider had identified and appropriately mitigated risks to people's health and safety. The provider supported people with their healthcare and nutritional needs. The provider had appropriate systems in place for reducing the risk of abuse and care workers were aware of these. People's medicines were managed safely. The home was clean and tidy on the day of our inspection and the provider had appropriate systems in place to reduce the risk of infection. The provider properly managed and learned from accidents and incidents.

The provider conducted appropriate pre-employment checks and ensured there were enough staff supporting people. Staff received the support they needed to conduct their roles. The home was appropriately designed and decorated to meet people's needs.

The provider was proactive in ensuring people's needs and preferences were met. 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 cultural and religious needs were met and the provider took action to support them to express their views. People's privacy and dignity were respected and promoted and people were encouraged to be as independent as they wanted to be.

The provider had detailed communication care plans in place and had developed personalised communication techniques with people. The provider was meeting the requirements of the Accessible Information Standards (AIS) and was able to provide information to people in different formats when needed. People's social interests were met and there were clear and appropriate complaints and end of life care policies and procedures in place.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Staff and people's relatives gave excellent feedback about the registered manager. All staff members understood their responsibilities. The quality of care was effectively monitored.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

The last rating for this service was good (published 09 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Flat A 291 Harrow Road

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Flat A, 291 Harrow Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager 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

This inspection was unannounced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed the last inspection report and any notifications the provider had sent us about the service. We used all of this information to plan our inspection.

#### During the inspection

We spoke with the registered manager and two care workers. We reviewed a range of records. This included two people's care records and two staff files in relation to recruitment and staff supervision. We also

reviewed a variety of records relating to the management of the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We communicated with two relatives and five health and social care professionals.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- The provider had clear processes in place to safeguard people from the risk of abuse. Care workers received safeguarding training annually and demonstrated a clear understanding about their responsibilities to safeguard people from abuse. One care worker told us "I would flag up anything that isn't right."
- The provider had an up to date safeguarding policy and procedure which stipulated their responsibilities to investigate and report concerns. Each person had a financial risk assessment which detailed their risk of financial abuse and included measures to mitigate this. We saw each person had a financial appointee and there were clear processes in place for managing people's money.

Assessing risk, safety monitoring and management

- The provider had systems in place to identify and mitigate risks to people's health and safety. Each person had personalised risk assessments completed in relation to different areas of their care needs. This included their risk of leaving the building on their own as well as their risk of sustaining burns, scalds or cuts in the home among many others. We saw risk assessments included information about the level of risk as well as clear risk management guidelines for care staff to mitigate these.
- Care workers had a good level of knowledge about the risks to people's health and safety and gave us examples of how they managed these.
- The provider completed environmental risk assessments as well as checks of equipment people were using. We saw all equipment was serviced annually and there were no concerns identified in relation to the environment.

Staffing and recruitment

- The provider ensured there were a sufficient number of staff in place to work with people. On the days of our inspection we saw each person had at least one care worker supporting them. Staff told us and rotas demonstrated that some people were required to have the support of two staff members when they left the building. Rotas accounted for these requirements and staff told us these were adhered to.
- Care staff told us there were enough scheduled to work with people. One care worker said "We always have more than enough staff."
- The provider conducted appropriate pre-employment checks before allowing staff to work with people. We reviewed two staff files and saw these contained evidence of employment histories, two references, their right to work in the UK as well as criminal record checks.

Using medicines safely

- People's medicines were managed safely. People had their medicines prescribed in blister packs which

covered 28 days. Care workers were clear about the procedures they were required to follow when administering medicine to people and we saw Medicines Administration Record (MAR) Charts were completed after administration. These were clear and fully completed.

- Medicines were stored appropriately within a locked cupboard. PRN or 'as required' medicines, were accompanied with a protocol which included guidance about the circumstances in which they were supposed to be given. The provider kept records which demonstrated the reasons for administration, which included those required for the relief of anxiety. Care staff were clear and consistent about the purposes of these medicines as well as the typical reasons for administration.
- Care staff received annual medicines administration training, and had a check of their competency to administer medicine every six months.

#### Preventing and controlling infection

- The provider took reasonable action to prevent the risk of infection. We saw care staff wore Personal Protective Equipment (PPE) during our inspection and we saw they washed their hands. Care workers gave us examples of how they maintained good levels of hygiene and we saw the home was visibly clean and tidy.
- The registered manager completed infection control audits to ensure appropriate standards of hygiene were being adhered to. We reviewed the previous infection control audit and saw where issues were identified, plans were put in place to effectively manage these.

#### Learning lessons when things go wrong

- The provider took reasonable action to learn lessons when things went wrong. We reviewed a sample of accidents and incidents that took place within the home and saw the circumstances of the incident was recorded, along with actions taken and lessons learned.
- The registered manager confirmed she reviewed accidents and incidents to identify any trends and gave us an example of actions she took in the past to manage incidents that related to one person.
- The provider had a clear accident and incident policy and procedure in place which stipulated the provider's responsibility to investigate and learn from incidents.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider assessed people's needs and choices before they started using the service. Each person had been living at the service for a number of years. The registered manager told us, and records confirmed, that prior to anyone using the service, staff would obtain information about their current care and treatment and speak to relatives and other people involved in their care. Upon reviewing this information, the provider would arrange a number of visits to settle the person into the home and to identify any issues.
- People's needs and choices were assessed on an ongoing basis and their care plans were updated as required.
- The provider delivered care in line with current standards and the law. Staff received annual training to ensure they were given up to date information and we saw policies and procedures were in place and updated when needed.

Staff support: induction, training, skills and experience

- The provider supported staff to do their roles. Care workers told us they received an induction which followed the principles of the Care Certificate. This is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Care workers confirmed they had received an induction and found this useful to their roles.
- The provider delivered a programme of annual training in various subjects to provide care workers with the knowledge they needed to perform their roles. Care workers told us and records confirmed they received training in mandatory training subjects such as safeguarding adults and medicines administration. They also received more specialist training in areas such as epilepsy. Care workers told us they could request extra training when needed and their requests were accommodated.
- The provider conducted monthly supervision sessions and annual appraisals. Care workers told us they found these useful to their roles and the registered manager confirmed they were arranged in order for care staff to reflect on their practise and self- identify areas for improvement.

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

- The provider supported people with their nutritional needs. We saw each person using the service had clear nutritional guidance within their care records and this included information about whether they had any allergies or particular dietary requirements. Where people had specific needs, we saw there were systems in place to ensure these were met. For example, we saw the kitchen area included separate units for people's food to be stored.
- To support people's nutritional needs some people were under the care of professionals such as Speech and Language Therapists and Dietitians. Where advice was given, we saw this was incorporated into

people's care plans.

- Care workers demonstrated a good level of knowledge about people's needs. One care worker gave us specific details about one person's allergies, the risks as well as what could happen if their dietary advice was not adhered to.

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

- The provider worked effectively with other agencies to provide consistent and timely care. Where people received support from external professionals, their details and advice were incorporated into their plan of care. One person using the service required weekly input from a hospital team. We spoke with a member of this team and they commented positively on their working relationship with staff at the service.
- Each person using the service had a 'hospital passport' in place. A hospital passport is a document which contains information about appropriate means of communication, support needs and wishes, which has been created for health professionals to best communicate and make appropriate decisions about people's care. We saw these documents were fully completed and up to date.

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

- The premises were suitable for people using the service. We saw the home included wide doors for effective wheelchair access and was easy to navigate.

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

- The provider supported people with their healthcare needs. Each person using the service had care plans in place which gave clear information on their health conditions, information about how this effected their healthcare needs as well as details about how staff could support them with these. Records included information about healthcare appointments.
- People were given appropriate support with their oral healthcare needs. We saw these included evidence of dental visits as well as information about the level of support people needed with their oral healthcare, along with other information such as a toothbrush monitoring chart to ensure people's toothbrushes were being changed regularly.
- Care workers had a good level of understanding about people's healthcare needs. They described people's conditions as well as the how they supported them with 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- The provider had applied for DoLS authorisations for all people using the service in order to keep them safe. At the time of our inspection these authorisations remained pending with the local authority.
- Most people using the service had legally authorised representatives who consented to their care. Where

they did not, the registered manager confirmed, they followed a best interest process before making decisions in relation to their care.

- Care workers understood the importance of obtaining people's permission before providing them with care. We observed care staff approaching people respectfully, explaining things to them and gaining their consent before they provided them with care.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- The provider treated people well and gave them the support they wanted. Staff were dedicated in their care of people, for example, they took time to have dinner and open presents with them at Christmas. People's relatives told us their family member was treated well. One relative told us their family member "is looked after well by the staff."
- The provider respected and promoted people's equality and diversity. People's care plans contained information about their ethnicity and religion as well as details about whether they required any support in meeting these. People were supported to attend church and the provider supported them to attend culturally relevant activities in accordance with their preferences.

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

- The provider supported people to express their views and be involved in their care. We observed care workers asking people a range of questions throughout our inspection about their choices and their needs and they used a range of techniques in order to do so. We saw people responding to care workers and they acted on their wishes.
- The registered manager and other staff spoke passionately about the efforts they made to ensure people were involved in their care and the efforts they took to ensure people were involved in decisions in relation to their care. People's relatives told us they were consulted in relation to decisions about their family member's care needs and they advocated on their behalf to ensure their needs and choices were identified and met.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected and promoted. We observed care workers speaking to people in a respectful manner throughout our inspection. Care workers gave us examples of how they supported people in a dignified way. One care worker told us, "This is their house, you are the stranger, knock on the door and wait until they say come in."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- The provider planned people's individual care needs to ensure people's choices were met. We reviewed people's care plans and saw they contained personalised details including people's physical, emotional and recreational needs and how to meet them.
- The provider reviewed people's care needs on a monthly basis to ensure they were meeting requirements and where changes were identified, people's care plans were updated.

Meeting people's communication needs

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

- The provider met the requirements of the AIS and met people's communication needs. We saw information was provided to people in an easy read format and the registered manager confirmed that staff explained any information to people to assist their understanding. For example, we saw annual surveys were provided to people in an easy read format and staff helped people to complete these.
- People's records contained detailed, personalised communication plans. These contained clear guidelines about how people expressed themselves as well as advice for care workers to communicate with people. Staff used a variety of methods to communicate with people and we saw some of this taking place during our inspection. This included the use of gestures, Makaton and the use of short and clear sentences when speaking with people. The provider had also devised a specific, innovative way of communicating with another person by use of different scents that each represented different activities that the person recognised.

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 provider supported people with their recreational needs. We saw each person using the service had clear guidance within their care plans about activities they enjoyed doing. Each person had their own activities timetable and some people were attending activities during our inspection.
- People enjoyed a range of indoor and outdoor activities. This included having manicures, participating in sensory sessions at a dedicated service, going shopping or to restaurants as well as physical activities such as swimming. People also attended annual holidays and one person had been supported to go to France. The provider had liaised with clinicians and London underground staff in order to arrange travel and

ensured accommodation was arranged that met this person's needs. The provider also supported another person to save money in order to have a holiday.

- The provider went to great lengths to ensure people participated in activities they enjoyed. For example, they secured tickets to television shows and travelled considerable distances to allow participation in outdoor activities such as visiting a well-known safari park. The provider ensured people stayed in contact with their relatives and supported one person to travel outside London to visit their relative.
- Relatives commented positively on the activities available within the home. One relative told us they were grateful for the support the provider gave in assisting the person to visit another relative of theirs.
- People's participation in activities was recorded within their daily logs and their key worker reviewed their participation as well as their interest in doing new activities.

#### Improving care quality in response to complaints or concerns

- The provider responded appropriately to complaints and concerns. We reviewed a sample of complaints and concerns from the provider and saw they contained clear information about the provider's response and actions taken to rectify any issues. The registered manager confirmed she reviewed all complaints on a monthly basis to identify any lessons learned and ensure these were managed.
- People's relatives confirmed they knew who to complain to if needed and told us they felt confident any issues would be dealt with. One relative told us "I've never had any complaints, but my suggestions have always been acted on."
- The provider had a clear complaints policy and procedure in place. We saw this contained details about the provider's responsibility to fully investigate and learn from complaints.

#### End of life care and support

- The provider had appropriate procedures in place to provide people with end of life care if needed. At the time of our inspection, nobody using the service was receiving end of life care, however the registered manager sought details from people's relatives about their needs and incorporated these into a comprehensive care plan which stipulated their requirements. We saw this included details about their spiritual and other needs in the event of the person's death.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider delivered good quality care that achieved good outcomes for people. People's relatives gave good feedback about the service. Their comments included, "The staff are all good especially the manager who keeps me informed of [my family member's] wellbeing activities travel and holidays and financial matters" and "they are very accommodating - we could not ask for more."
- The provider promoted a positive culture that was open and inclusive. Staff gave excellent feedback about the registered manager and told us she listened to and acted on their feedback. One care worker told us "She is amazing. If you flag something up, she will look into it. She does so much for us" and another care worker said, "She is one of the most amazing ladies I have ever met. She really takes the time to teach us things." One social care professional also commented positively on the registered manager and told us since the current registered manager came into post "The professional standards within it have significantly increased ensuing a better service for all the residents and a better working environment for the staff."

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 provider understood their duty of candour obligations and had clear processes in place for reporting and investigating when things went wrong. The registered manager ensured notifications were sent to the CQC as required. Care staff also understood their duty to report incidents to their manager.

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

- Staff understood their roles within the service. The registered manager understood and met her obligation to assess the quality of the service, support staff, identify and mitigate risks and meet other regulatory requirements.
- Care staff demonstrated a good understanding about their roles and told us this was made clear to them before they started working for the provider. They gave us examples of the types of duties they were required to perform and we saw these tallied with the job descriptions they had been provided with.

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

- The provider engaged and involved people and staff in the running of the service. Both staff and people were asked to complete annual surveys which monitored the quality of care. We reviewed a sample of these

forms and saw they contained positive feedback.

- The provider conducted weekly meetings with staff and people using the service. Weekly discussions with people using the service involved a discussion of food choices and activities among other matters. People's feedback was sought and their choices were met.

#### Continuous learning and improving care

- The provider took appropriate action to monitor the quality of the service. We saw numerous audits were being conducted in different areas of the service. This included a care plan audit, medicines audits and audits in infection control. Where issues were identified, plans were put in place to rectify these. The registered manager also completed monthly reports to the commissioners of the service which included details whether there had been any accidents or incidents or complaints as well as other matters about the service.

#### Working in partnership with others

- The provider worked in partnership with other organisations. People's care records included evidence of communications with different health and social care teams. We received feedback from five health and social care professionals, and they commented positively on the quality of care provided at the service. Their comments included "The staff at 291 are very professional, they are always attentive to clients' needs", "Carers seem professional and kind" and "I am pleased to be able to inform you that I have nothing but compliments about this service."