

Clover Residents Limited

# New Beginnings Residential Care - 63 Kingsley Road

## Inspection report

63 Kingsley Road  
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23 February 2018

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This inspection took place on 22 and 23 February 2018 and was unannounced. New Beginnings Residential Care - 63 Kingsley Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission [CQC] regulates both the premises and the care provided, and both were looked at during this inspection. At the time of the inspection there were two people who had learning disabilities living in the home.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Our previous inspection on 2 February 2017 found four breaches of regulation and made one recommendation. We rated the home as "requires improvement". During this inspection on 22 and 23 February 2018, we found that the home had made some improvements. However, we found that there was not a clear management structure in place and that there were concerns in relation to staffing arrangements.

There was no registered manager in post at the time of this inspection. 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 and associated Regulations about how the service is run.

Our previous inspection found that there were some aspects of the care provided that were not safe. We previously found that fire safety arrangements were not adequate and we found a breach of regulation in respect of this. During this inspection in February 2018, we noted that the home had taken action in respect of this and had implemented fire safety checks and staff had received fire safety training.

Our previous inspection also found that medicines were not stored appropriately and we found a breach of regulation in respect of this. During this inspection, we noted that the home had made improvements in respect of this. We however, noted that the home had failed to document one person's PRN medication appropriately and we have made a recommendation in respect of this.

We looked at the staffing rota and noted that it did not accurately reflect the staffing arrangements in the home. For example; the rota stated that the operations manager would be working from 9am to 5pm on both days of the inspection. However, this was not accurate as the operations manager was only present for a short period of time on both days. Further, the rota did not correctly detail which care staff were working on both days. We were therefore not satisfied that staff were always deployed as required to meet people's needs and we found a breach of regulation in respect of this.

Risk assessments had been carried out which detailed potential risks to people and how to protect people from harm.

The home had carried out some checks on staff suitability to work with vulnerable people. They had carried out checks on their criminal records and their identity and eligibility to work in the United Kingdom. However, there was a lack of evidence to confirm that references were obtained and we found a breach of regulation in relation to this.

Our previous inspection found that people's care plans lacked information about what support people required. We previously found a breach of regulation in respect of this. During this inspection, we noted that the home had made improvements in this area. They had implemented a new format support plan for people which included information about what support people required as well as how they wished to be supported with various aspects of their daily life.

Our previous inspection found that there were significant gaps in staff training and a lack of appraisals and we found a breach of regulation about this. During this inspection, we noted that the home had made improvements in respect of this and staff had completed necessary training and where required they had received an appraisal.

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. Our previous inspection in February 2017 found that there was a lack of information about people's mental capacity and communication in people's care records. During this inspection in February 2018, we found that information about people's communication and their capacity to make decisions was documented in care support plans.

The arrangements for the provision of meals were satisfactory. We saw that there was a weekly menu. Staff confirmed that they asked people what they wanted to eat and then prepared meals based on this. We looked at the menu for the week of the inspection and noted that there was a variety of meals available. On the first day of the inspection we observed both people in the home prepare their lunch with the support of a member of staff.

We observed interaction between staff and people living in the home during our visit and saw that people were relaxed with staff and confident to approach them. Staff interacted with people, showing them patience and respect.

Our previous inspection recommended that the provider reviewed the provision of activities at the home to ensure people are provided with mentally stimulating activities. We previously found that there were a lack of activities available to people. During our inspection in February 2018, we noted that the home had made improvements in respect of this. The operations manager confirmed that since the inspection, they had arranged for both people to attend a day centre three times a week. We also saw evidence that each person had their own activities timetable which was documented in their support plan based on their individual interests.

Our previous inspection found that there was a lack of evidence to confirm that regular audits were carried out in respect of various aspects of the care provided and we found a breach of regulation in respect of this. During this inspection, we found that the home had undertaken checks and audits of the quality of the service in areas such as health and safety, fire procedures, medicines management and care documentation.

During both days of the inspection we found that there was a lack of management presence and we were not confident that there was a suitable management structure in place in the home.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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

We always ask the following five questions of services.

### Is the service safe?

There was one aspect of the home that was not completely safe and this related to the deployment of staff.

Appropriate risk assessments were in place.

There were processes in place to help ensure people were protected from the risk of abuse.

Appropriate systems were in place to manage emergencies.

**Requires Improvement** 

### Is the service effective?

The home was effective. Staff had received training and supervisions which supported them to carry out their role effectively.

People's nutrition was monitored and dietary needs were accounted for.

People had access to healthcare professionals to make sure they received appropriate care and treatment.

**Good** 

### Is the service caring?

The home was caring. Care plans provided details about people's needs and preferences.

People's privacy and dignity were respected.

Staff had an understanding of people's care and support needs.

**Good** 

### Is the service responsive?

The home was responsive. Care plans were person-centred and specific to each person's individual needs. People's care preferences were noted in the care plans.

People had access to activities and they were supported to access the community.

Reviews of care plans had taken place to ensure that the care

**Good** 

provided met their needs.

### **Is the service well-led?**

The home was not always well led. There was a lack of management presence at the home. We did not see evidence that there was a suitable management structure in place at the home.

Staff told us they were supported by their colleagues.

Regular checks were carried out in respect of various aspects of the care provided.

**Requires Improvement** ●

# New Beginnings Residential Care - 63 Kingsley 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 checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 22 and 23 February 2018. The inspection on 22 February 2018 was unannounced, but the inspection on the second day of the inspection was announced.

The inspection visit was carried out by one inspector.

Before the inspection visit we looked at all the information we held about the service. This included notifications of significant events and the last inspection report.

We met and spoke with two people who lived at the home. Whilst they were able to communicate with us, this was limited. We therefore observed how they were cared for and supported by care staff. On the first day of our inspection, the operations manager was not present for most of the day. We spoke with two care staff on the day and briefly to the operations manager. On the second day of the inspection we spoke with the operations manager. Following the inspection, we spoke with another care staff.

During the visit we looked at the care plans and records for two people, staff recruitment and training records for three members of staff. We also looked at records of complaints, accidents, incidents and other records the provider used for monitoring and managing the service. We looked at the environment and how medicines were managed and stored.

# Is the service safe?

## Our findings

We asked one person who used the service if they felt safe in the home and around staff. This person nodded when asked this. During the inspection, we noted that people appeared comfortable in the home and in the presence of staff.

Our previous inspection found that there were aspects of the care provided that were not safe. We found that arrangements for ensuring that people living at the home and staff were kept safe in the event of a fire were not adequate and we found a breach of regulation in respect of this. During this inspection, we found that the home had carried out regular fire checks which included weekly fire alarm tests and weekly fire drills and these were documented. A comprehensive fire risk assessment had been carried out by an external organisation in March 2017 and we noted that there were areas that we identified as requiring action. We discussed this with the operations manager and she confirmed that they had addressed these actions.

We observed that there was a fire action notice clearly displayed in the home which provided information about the assembly point. Care staff had completed fire safety training with an external organisation in May 2017. When speaking with care staff, they were aware of the procedures to follow in the event of a fire.

There was a no smoking policy in the home and nobody at the home smoked. We found that the home had plans in place for a foreseeable emergency and this provided staff with details of the action to take in the event of a fire and a general evacuation plan. Personal emergency and evacuation plans (PEEP) had been prepared. These were detailed and informative.

Risks associated with the premises were assessed and relevant equipment and checks on gas and electrical installations were documented and up-to-date.

On the first day of the inspection, we noted that the home was cold and queried this with staff. We noted the temperature in the living room was 16.6 degrees centigrade. Care staff explained that the boiler had stopped working during the night before the inspection. We checked whether there was hot water during the inspection and noted that there was. One care staff confirmed that both people in the home had been able to have a shower that morning as the water was hot. At approximately 1pm on the same day the boiler started to work and the heating came on. The home had a maintenance contract with an external company and they arrived at the home at approximately 3pm to check and carry out any necessary repairs on the boiler. On the second day of the inspection, we observed that the home was warm and the operations manager confirmed that the boiler had been repaired. We noted that the temperature of one room in the home was 23.6 degrees centigrade. The operations manager explained that following the incident with the boiler, they had purchased heaters in the event that there was an issue with the boiler in the future. The operations manager showed us evidence of the purchase.

Our previous inspection in February 2017 found that there were some concerns regarding medicines storage and procedures and found a breach of regulation in respect of this. Previously, the area where the medicines cabinet was situated was warm and the thermometer stated that medicines cabinet temperature

was 25.5 degrees Celsius. We also noted that there were occasions where the temperature was between 25 and 27 degrees Celsius. High temperatures could affect the potency of medicines. During this inspection in February 2018, we observed that the home had purchased a new medicines storage cabinet and this was placed in the office. The facility was kept locked and was secure. Temperature checks were carried out and documented daily to ensure medicines were stored at the correct temperature.

We looked at a sample of medicine administration records (MARs) and noted that there were no unexplained gaps and saw evidence that care staff counted and checked medicine stocks. One person's MAR'S were completed fully with details of their name, date of birth, allergies and the month and year the MAR related to. Another person's MAR included their name, date of birth and allergies. However, the month and year the MAR related to was not consistently documented at the top of the document from November 2017 onwards. We raised this with a care staff and she explained that the MARs continuously rolled from one month to the next. We noted that the dates were continuous; however we explained that the month and year should always be clearly detailed on the top of a MAR document. We discussed this with the operations manager and emphasised the importance of ensuring these were completed fully. She confirmed that this would be done consistently in future.

We noted that one person was prescribed Paracetamol PRN and was therefore only to be prescribed it 'when required'. However, we found there was no guidance contained in the person's care documentation about when this should be administered.

We recommend that the service review their protocol for PRN medication to ensure guidance is provided to staff.

People received their medicines as prescribed. We checked some of the medicines in stock and these were accounted for. There were arrangements in place in relation to obtaining and disposing of medicines appropriately.

We looked at the staff rota for various dates from December 2017 to 28 February 2018. We noted that on the first day of our inspection, the rota stated that the operations manager would be working from 9am until 5pm. However, we saw that the operations manager did not work at the home on this day. The operations manager came to the home for approximately an hour as she had other work commitments. Further, the two care staff working on the first day of the inspection were not documented on the rota as the care staff on duty on that day. Instead, the names of two other care staff were documented on the rota. We also observed on the first day that one member of staff who worked the night shift said that their shift was due to finish at 10am and that another member of staff would be arriving at 10am to relieve her. However, we noted that this member of staff did not arrive at the home and therefore the member of staff who had worked a sleep in shift had continued to work during the first day of the inspection. This also was not documented on the staff rota.

On the second day of the inspection, we noted that the rota stated that the operations manager would be working from 9am until 5pm. The operations manager was present when we arrived for the inspection on the second day but had to leave to attend a meeting at 11am on that day. This was also not reflected on the staff rota. Further, the two members of staff working were again not correctly reflected on the staff rota.

The above demonstrates that the staff rota did not accurately reflect the staffing arrangements in the home. We were therefore not satisfied that staff were always deployed as required to meet people's needs. This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Action was taken to assess any risks to people. We saw that peoples care files included risk assessments. Risk assessments covered health concerns, behaviour that challenges, going out in the community, choking and finances. Risk assessments included details of the level of risk, potential consequences and action required by staff for adequate control of the risk.

Training records indicated that care staff had received safeguarding training in May 2017. When speaking with staff they told us how they would recognise abuse and what they would do to ensure people were safe. They said that they would report their concerns to management. They were also aware that they could report their concerns to the local safeguarding team, police and the CQC. The home had a comprehensive safeguarding procedure in place and we noted that contact details to report safeguarding concerns were displayed in the home

We looked at the staff recruitment records for three members of staff. The home had carried out some checks on staff suitability to work with vulnerable people. They had carried out checks on their criminal records and their identity and eligibility to work in the United Kingdom. However, we observed that two staff files did not contain two references from previous employers. One file contained one reference and the other file did not contain any references. We queried this with the operations manager and she confirmed that they had obtained these and would send us evidence of this following the inspection. Following the inspection, we did not receive evidence of these checks despite our request. There was a lack of evidence to confirm that these references had been obtained and we found a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection we found the premises were clean and no unpleasant odours were noted. There was an infection control policy and measures were in place for infection prevention and control. We noted that window restrictors were in place on the first floor. There were several areas of the environment that were tired looking and in need of renovation. We raised this with the operations manager and she explained that the service was going through organisational restructure and as part of this the service would be changed and refurbished.

There was a system in place for documenting accidents and incidents. We observed that one recent incident had been documented.

## Is the service effective?

### Our findings

We asked one person how it was living in the home. This person responded, "It's fine here." When asked if they were satisfied living in the home, another person nodded and said "Yes."

Our previous inspection in February 2017 found that there were gaps in staff training and staff had not received yearly appraisals. Staff were therefore not always supported to fulfil their roles and responsibilities through training and appraisals and we found a breach of regulation in respect of this.

During this inspection in February 2018, we noted that the home had made improvements in respect of staff training. The majority of staff had received necessary training and there was a training matrix in place which enabled management to monitor what training staff had received and when refresher training was due. Training records showed that care staff had completed training in areas that helped them when supporting people. Topics included first aid, safeguarding, fire safety, health and safety, the Mental Capacity Act 2005 (MCA 2005) and medicine administration. The training was a combination of internally and externally provided training. Staff spoke positively about the training they had received and said that they had carried out various training sessions since the previous inspection.

We also saw documented evidence that care staff received regular supervisions and this was confirmed by staff we spoke with. Care staff had also had an opportunity to discuss their progress and goals during appraisals. Since the last inspection, staff had received an appraisal where necessary.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Our previous inspection in February 2017 found that there was a lack of information about people's mental capacity and communication in people's care records. During this inspection in February 2018, we found that the home had implemented new format care support plans which included information about people's communication and their capacity to make decisions. There was documented evidence to confirm that staff had received MCA training since the previous inspection.

We also found that, where people were unable to leave the home because they would not be safe leaving on their own, the home had applied for the relevant authorisations called Deprivation of Liberty Safeguards (DoLS) for all people. These safeguards ensured that an individual being deprived of their liberty through not being allowed to leave the home without staff supervision, is monitored and the reasons why they are being restricted is regularly reviewed to make sure it is still in the person's best interests. We noted that one person had a valid DoLS authorisation in place. Another person's DoLS authorisation had expired in January 2018. The operations manager told us that she would ensure that the local authority carried out another assessment.

The arrangements for the provision of meals were satisfactory. We saw that there was a four weekly menu. However, staff explained that there was flexibility in relation to the weekly meal menu and often people decided when and what they wanted to eat on the day itself. On the first day of the inspection we observed people prepared their lunch with the support of a member of staff. We noted that people had sandwiches and salad and ate together at the dining table in the living room. People appeared relaxed and when asked if they enjoyed their lunch, one person nodded and the other person said, "Yes."

People's weights were recorded monthly so that the home was able to monitor people's nutrition. This alerted staff to any significant changes that could indicate a health concern related to nutrition.

At the time of the inspection, the kitchen was clean and we noted that there were sufficient quantities of food available. Further, we checked a sample of food stored in the kitchen and saw they were all within their expiry date.

## Is the service caring?

### Our findings

On both days of the inspection we observed positive interaction between staff and people living in the home. We saw people appeared relaxed and comfortable in the presence of staff and the operations manager. Staff appeared to know people well and communicated with them appropriately. They provided support where necessary and responded to people politely. Staff respected people's choice for privacy and independence and we noted one person did not want to join in with a board game on the first day of the inspection and staff respected this.

On our arrival, one person who lived in the home greeted us and shook the inspector's hand to welcome them into the home. This person showed us a poster at the entrance of the home which stated, "Always shake hands with visitors in Clover for a warm welcome." One staff member explained that people liked to shake people's hand when they arrived at the home as a way of inviting them into the home.

On the second day of our inspection we saw good interaction between people in the home and the operations manager. People were getting ready to leave the home to go out to the day centre and we observed one service user wave in a friendly manner at the operations manager as they left.

The home had a comprehensive policy on ensuring equality and valuing diversity. Care support plans included information about people's interests and their background to help ensure that equality and diversity was promoted and people's individual needs met. People's individual cultural and spiritual needs were clearly documented in their care support plan within the "religious/cultural needs" section. For example, one person's care support plan detailed that they were supported to attend the temple and another person was supported to attend the church. One person in the home spoke another language and there was a communication sheet with some useful words in the language for staff to use when communicating with the person to help ease his anxiety if he is not understood.

People's care records included information about specific methods of communicating with staff. Care records were person centred and included information about how people wished to be supported. Staff we spoke with were knowledgeable about people's likes, dislikes and preferences.

Care staff we spoke with were aware of the importance of equality and diversity and respecting the choices people made regarding their daily routine and activities they wanted to engage in. Staff had an understanding of treating people with respect and dignity. They also understood what privacy and dignity meant in relation to supporting people with personal care. They were able to give us examples of how they respected people's dignity and wishes. One care staff told us, "I always respect people's dignity. Give them space and choice. Their needs are important." Another care staff said, "I always put people's needs first and protect them. I respect their needs."

All organisations that provide NHS or adult social care must follow the Accessible Information Standard by law. This standard tell organisations how they should make sure that people who used the service who have a disability, impairment or sensory loss can understand the information they are given. We noted that some

policies were available in easy read format.

## Is the service responsive?

### Our findings

Our previous inspection found that people's care plans contained limited information about people and their health needs. There was a lack of information about what support people wanted and how they wanted the home to provide the support for them. We found that there was a breach of regulation in respect of this.

During this inspection in February 2018, we saw that the home had made improvements in respect of this. The home had implemented a new format support plan for people since the previous inspection. This support plan included information about people's communication, nutrition, interests and activities, medication, health needs and cultural/religious beliefs. Care records also included information about what outcomes people wished to achieve, what support they required and detailed who would be involved.

We observed that people's care records included a "behavioural plan". This included information for staff on how to support people with various aspects of people's care as well as details of ways to encourage people and improve communication and relationships with people. This clearly documented primary (routine, staff, environmental approach to minimise anxiety levels), secondary strategies (triggers and responses) and reactive strategies. These outlined practical steps and guidance for staff when supporting people with their daily routines such as going out into the community and communication whilst respecting people's right for respect and independence.

Our previous inspection recommended that the provider reviewed the provision of activities at the home to ensure people are provided with mentally stimulating activities. We previously found that there were a lack of activities available to people. During our inspection in February 2018, we noted that the home had made improvements in respect of this. We discussed with the operations manager what action had been taken. She confirmed that since the inspection, they had arranged for both service users to attend a day centre three times a week. Further, both people in the home had their own activities timetable which was documented in their support plan. The operations manager explained that these were devised based on people's interests. Activities included going to the day centre on Monday, Wednesday and Friday, shopping and going out in the community. On the first day of the inspection, one person told us, "I go to the day centre tomorrow. I like knitting and that is what I am going to do later." On the first day of our inspection, we observed that people were eager to go out shopping in the afternoon.

There was a complaints policy which was clearly displayed in the home and detailed the procedures for receiving, handling and responding to comments and complaints. The home had a system for documenting and resolving complaints. We noted that the home had not received any formal complaints since the previous inspection.

The operations manager explained that due to the size of the service and people's communication needs, the home did not carry out formal satisfaction questionnaires. However, she confirmed that in order to obtain feedback from people, the home carried out quarterly review meetings looking at various areas such as general health, health appointments, medication, personal care, activities, religion/culture and finance.

These enabled her to ensure she obtained feedback from people who lived in the home. We saw that these were consistently carried out.

## Is the service well-led?

### Our findings

The home did not have a manager registered with the Care Quality Commission. 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.

Since the previous inspection, the home had made an application to the CQC to register the operations manager as the registered manager. However, the CQC refused the application as the operations manager did not meet regulations in respect of qualifications, experience and competence.

Prior to the inspection, we contacted the director and queried the management structure at the home. The director informed us that they had employed a consultant who was overseeing the management of the home.

During both days of the inspection we noted that the consultant was not present at the home. Conversations with care staff indicated that the operations manager was still managing the home.

We were therefore not confident that there was a suitable management structure in place at the home. We also found discrepancies in respect of the staff rota and the staff working at the home and could not be confident that the home was being managed effectively.

Our previous inspection in February 2017 found that there were some areas where the quality of the service people received was not effectively checked and the service had failed to identify their failings. We found a breach of regulation in respect of this. We noted that since the inspection in February 2017 the home had made some improvements in respect of their medicines management, fire safety, staff training and care documentation. These improvements are detailed in this report.

We also found that the home undertook checks and audits of the quality of the service in attempt to make improvements to the home. We saw evidence that they carried out checks in areas such as health and safety, fire procedures, medicines management and care documentation.

Care staff we spoke with told us that the morale within the home was good and that staff worked as a team. They told us that they felt able to contact the operations manager if they had concerns or queries. One care staff told us, "I have a good working relationship with [the operations manager]. I can talk to her openly." Another care staff said, "If I need anything I can ask [the operations manager]".

Care staff told us that communication was good and they received up to date information. At the time of the inspection; staff meeting minutes were not available for us to view. Following the inspection, the operations manager sent us minutes of the most recent meeting held in February 2018.

Our previous inspection found that home's policies and procedures were out of date and in need of updating. During this inspection, we noted that the home had taken action and reviewed and updated policies where necessary.

We noted that the local authority had varied out various monitoring visits since the previous inspection and they had co-operated with these visits.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  There was a lack of evidence to confirm that references had been obtain for staff employed by the home.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  There was a lack of evidence to confirm that sufficient numbers of staff were deployed to meet people's needs.