

The Westminster Society For People With Learning Disabilities

Flat B 291 Harrow Road

Inspection report

291 Harrow Road
London
W9 3RN

Tel: 02072665396

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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

291 Harrow Road consists of three separate flats each accommodating four people. The service provides accommodation for people with learning disabilities. We inspected Flat B. At the time of our inspection, four people were living at the service.

At the last inspection, the service was rated "Good". At this inspection, we found the service remained "Good".

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People were protected from the risk of potential abuse and avoidable harm. Staff knew how to identify abuse and to report any concerns about people's welfare. Risks to people's health and well-being were identified and managed. Staff underwent appropriate pre-employment and verification checks to ensure their suitability and fitness to provide care at the service. There were enough numbers of sufficiently skilled and experienced staff deployed to provide care to people.

People received the support they required to take their prescribed medicines. Staff followed safe medicines management processes. The premises were well maintained and safe for people living at the service.

Staff received regular training, supervision and annual appraisal to enable them to undertake their roles. Staff understood and supported people in line with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People had sufficient food to eat and drink and enjoyed the meals provided at the service. People received appropriate support to maintain their health and well-being. Staff supported people to access healthcare services when needed.

People's care was provided in a respectful and caring manner. Staff maintained people's privacy and dignity. Staff had developed positive relationships with people using the service and their relatives.

People were involved in care planning and staff provided support as planned. Staff supported people to live an independent life as possible and encouraged them to participate in a range of activities. The registered manager sought people's views about the service and acted on the feedback.

People received care in line with the provider's vision and values. Staff were supported in their roles and were committed to supporting people to develop their full potential. The registered manager was visible at the service and was commended by health and social care professionals and staff in relation to her leadership and management of the service.

External agencies were involved in improving the quality of care provided to people. Consistent checks were carried out to improve the quality of care.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Flat B 291 Harrow 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 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 to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 7 September 2017 and was unannounced. One inspector and an expert-by-experience carried out the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed information we held about the service including statutory notifications sent to us by the registered manager about incidents and events that occurred at the service. Statutory notifications include information about important events which the provider is required to send us by law. We used all this information to plan our inspection.

During our inspection, we spoke with four care staff, the registered manager, a service manager and a training manager. We contacted relatives of people using the service by telephone during and after the inspection to gather their views about the service.

We reviewed three people's care plans, their risk assessments and medicine management records. We looked at four staff files including recruitment, training, supervisions and duty rosters. We reviewed records relating to the management of the service including quality assurance audits, health and safety documents and policies and procedures. We checked feedback the service had received from people using the service, their relatives, health and social care professionals.

We undertook general observations of how staff supported and delivered care to people at the service. In addition, 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 received feedback from three health and social care professionals.

Is the service safe?

Our findings

People using the service continued to receive safe care. Health and social care professionals were confident about the safety and well-being of people using the service.

People were safe from potential harm and abuse. Staff attended training in safeguarding adults, which equipped them with the knowledge of how to identify and report abuse. Staff were aware of the provider's safeguarding policy and procedures and were confident that the registered manager would investigate any concerns. The registered manager informed the local authority safeguarding team of any concerns about people's safety and the action taken to minimise the risk of abuse. Staff knew how to whistle blow to raise awareness about poor practice or continued abuse of people. There was information displayed at the service about whistleblowing and safeguarding.

People remained safe from the risk of avoidable harm and injury. The registered manager assessed risks to people's health and well-being and ensured staff had detailed guidance about how to provide appropriate care. Staff knew about risks to people's health, which included swallowing difficulties, epileptic seizures, developing pressure ulcers, scalding and burns. Health and social care professionals were involved in assessing risks to people's health and providing guidance to staff. They commented that staff managed risks to people's health appropriately. We observed and records confirmed that staff followed guidance in place and encouraged positive risk taking.

People were safe in the event of an emergency. Staff had sufficient information on personal emergency evacuation plans (PEEPs) which indicated the risk and the support each person required to evacuate safely from the building. The building and equipment were adapted to minimise the risk of injury to people using the service. Mobilising and lifting equipment such as hoists, slings and wheelchairs were serviced regularly and well maintained.

People continued to receive safe care at the service. There were sufficient numbers of staff deployed to support people safely. Health and social care professionals and people's relatives and staff commented that the staffing levels were appropriate to support people with their needs. Staff had enough time to provide care unhurriedly. Duty rosters confirmed that the number of staff identified through the dependency tool calculations and as recommended by health and social care professionals supported people. The registered manager ensured suitably qualified bank staff who were familiar with people's needs covered annual leave and sickness absences. The provider followed safe recruitment procedures to ensure people received care from staff suitable for their roles.

People received the support they required to take their medicines safely. Trained and competent staff managed people's medicines. The provider's medicines procedures were clear and available to staff for guidance. Staff followed the provider's protocols when administering "as required" (PRN) medicines. They maintained detailed records of the time, dose and reasons why they administered PRN medicines. Staff kept medicines safely and securely in lockable cabinets. Medicines administration records were completed and indicated that people had received their prescribed medicines. Staff checked medicines stocks and records

showed they followed the provider's policy and best practice. Regular audits of medicines did not show any errors.

People lived in a clean and well-maintained environment. Staff followed the provider's infection control procedures such as washing hands before and after handling of medicines and foods. The registered manager checked the cleanliness of the service, audited cleaning schedules and ensured that staff maintained good standards of hygiene. We observed staff wore personal protective clothing such as gloves, aprons and shoe covers to minimise the risk of cross contamination. Clinical and domestic waste was stored and disposed of appropriately. We observed the communal areas, bedrooms, bathrooms and toilets we entered into were clean and had fresh smells.

Is the service effective?

Our findings

People using the service received care and support delivered by trained and skilled staff. Health and social care professionals commented that staff provided personalised care appropriate to people's individual needs. Staff attended the provider's mandatory training, refresher and specialist courses to keep their knowledge and skills up to date. Records showed a high rate of staff training that included moving and handling, managing of medicines, safeguarding adults, fire safety, infection control and courses on specific health conditions such as autism and epilepsy. Staff said the training increased their effectiveness in their roles.

People were supported by staff who understood how to provide care. New staff were introduced to people using the service, read care and support plans, provider's policies and procedures, were showed around the premises and shadowed experienced colleagues before working independently. They completed the provider's mandatory training, a Care Certificate programme that highlighted the standard of practice expected from health and care workers and an assessment of their competency before they started working on their own.

People received effective care because the registered manager monitored staff's performance. Staff and records confirmed the registered manager carried out observations of their practice, held reflective practice sessions and discussed specific issues in group and one to one supervisions.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People enjoyed their liberty and freedoms in line with DoLS authorisations in relation to receiving personal care, taking medicines and accessing the community safely. At the time of the inspection, one person had a DoLS authorisation in place whilst three people were waiting for an assessment by the local authority.

People were supported in line with the legal requirements of the MCA. Mental capacity assessments identified people's ability to make specific decisions about their care and treatment. Health and social care professionals held best interests meetings together with family members when needed to support people who were unable to make decisions about their care and treatment. Staff acted in line with the best interests decisions which protected people's rights and choices.

Staff understood how to support people to communicate their needs. Staff used objects of references, for example a cup to ask if a person wanted tea or a coloured tumbler for drinking water. Staff provided information to people in a format they understood, for example pictures of activities and meals to enable them to make choices. We saw a member of staff show a person a sponge and a towel and the person nodded in agreement indicating that they were ready for a bath.

People enjoyed the food provided at the service. Staff supported people to eat and drink with one member of staff saying, "We aid them and not feed them." People had appropriate equipment for eating such as adapted cutlery. Staff held menu planning meetings with people and supported them to choose the foods they wanted. Staff encouraged people to maintain a healthy balanced diet that included vegetables and fruit.

People received food and drink that met their nutritional and hydration needs. Dietitians and speech and language therapists were involved when a person had a weight management concern or a swallowing difficulty. Staff followed guidance provided by healthcare professionals and provided people with special diets such as pureed or mashed foods. We observed staff ensuring that a person sat in an upright position when having their meal and waiting for 20 minutes before giving them a drink as advised by a dietitian to aid swallowing and minimise the risk of choking.

People had access to healthcare services and received support to maintain good health. Healthcare professionals commented that staff involved them in a timely manner when they had concerns about people's health and followed guidance provided. Staff explained that they monitored people's health and knew when they were unwell. Records confirmed timely interventions, check-ups and follow ups from dentists, opticians, occupational therapists, speech and language therapists, urologists, podiatrists and dietitians. Staff ensured each person accessed health care services in line with their health action plan.

The premises were suitable for people to use. Grab rails, wide corridors, wheelchair accessible premises, a sensory room, modified baths and showers provided an enabling environment for people.

Is the service caring?

Our findings

Relatives of people using the service and health care professionals said staff were kind and compassionate. People were at the centre of the decisions made at the service and staff were flexible and attentive to people's individual needs. Staff were patient with people and spent time interacting with them.

People were supported by staff who knew them well. Staff understood people's needs and provided personalised care that met each person's individual needs. Care records contained details of how people wished to live their lives such as routines, likes and dislikes and preferences. Daily observation records showed people received their care in the manner they preferred. We observed staff had developed positive working relationships with people and they were jovial in their interactions. People were comfortable around staff.

People were involved in planning and making decisions about their care and support. Staff held one to one sessions with people where they discussed their health and support needs and the activities they wanted to undertake. Care records showed staff coordinated people's care through involving their families and arranging and supporting them to attend health and social care appointments and reviews. People received the support they required to access advocacy services when needed for example to make a decision on a medical procedure. We observed people making choices about how they wanted to spend the day with one person going swimming and another on a train ride. Care records documented people's choices and showed staff respected their decisions.

People received care appropriate to their individual needs. Staff applied the knowledge from the specialist courses they attended about people's individual conditions such as autism.

People were supported to maintain relationships important to them. Family members were invited to functions and meetings at the service and felt welcomed. Care records identified family and friends who were significant in people's lives and how they wished to communicate with them. People's rooms were personalised and displayed photographs and ornaments that were important to them. Staff told us they knew how people liked their rooms maintained and respected the arrangements they preferred.

People were treated with respect and their privacy and dignity maintained. Relatives told us staff were respectful and showed empathy towards people. Staff maintained people's dignity and privacy by closing doors and curtains before providing care, knocking on bedroom doors and respecting people's choices, private time and personal space. Staff held handover meetings and updated people's records away from visitors. People's information and records were securely stored to protect their confidentiality. We observed staff explaining to people what they were going to do before they provided care. Staff supported people to maintain their cultural and religious beliefs.

Is the service responsive?

Our findings

People received care that met their individual needs. People using the service, their relatives (where appropriate) and health and social care professionals were involved in the assessments of people's health and support needs. Staff developed care plans which took into account people's background, medical history, communication needs, mobility, continence, eating and drinking, sleep patterns, interests and the support they required. Staff had sufficient guidance on how to meet each person's needs. For example, staff understood how to support a person when they showed behaviours that challenged by removing them from noisy areas. Staff had detailed information about triggers, symptoms of a seizure and epilepsy management plans to enable them to provide appropriate care when needed.

People received care that was responsive to their needs. The registered manager reviewed care plans regularly and when people's needs changed to ensure the support delivered remained appropriate and effective. We observed a handover session at the start of a shift where staff shared information about people's current needs and their plans for the day including medical appointments and outings.

People enjoyed taking part in a wide range of activities at the service and in the community. For example, one person was involved in fundraising for their local community whilst other people took part in arts and crafts such as ceramic bowl making and canvas painting. Each person had an activities schedule that showed their interests such as swimming, reading, instrument playing, sensory stimulation and accessing the community for individual and group activities. Care records highlighted the support each person required to undertake activities such as cooking, baking, library and reflexology.

People using the service and their relatives knew how make a complaint. They had information about how to raise concerns about the service and were confident that the registered manager would resolve any issues they had. People had access to the complaints procedure in a format they understood. The registered manager followed the provider's procedures by investigating and resolving complaints within the required timeframes.

People were able to share their views about the service. Staff held weekly and monthly 'house' meetings to discuss people's preferred meals, activities, the quality of care provided, the home environment and any changes they would like to see at the service. The registered manager reviewed notes taken from the meetings and used the feedback to improve their care.

People's care needs were met during the transition between services. This was because staff maintained records and followed through appointments and reviews with health and social care professionals. The registered manager facilitated access within and across health and social care systems for people. There was appropriate information sharing between the service and healthcare professionals and organisations.

Is the service well-led?

Our findings

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.

The provider and registered manager met their responsibilities in line with their registration requirements with the Care Quality Commission (CQC). They submitted notifications to the CQC as required. The provider reviewed policies and procedures regularly and made these available for staff to use as guidance and to keep up to date with current practice.

The registered manager promoted an honest and positive culture about the care people received. Staff were encouraged to take responsibility for their work and to learn from mistakes made and complaints received about the service. The registered manager demonstrated an enthusiasm and drive to improve the quality of care. The provider had a senior management team that worked closely with the registered manager to review quality assurance checks and compliance systems to improve the service. Shortfalls identified were put on a service improvement plan to be acted on.

Health and social care professionals, relatives of people using the service and staff made positive comments about the registered manager and the management of the service. Staff said the registered manager was hands on, supported them and was a role model in how to deliver high standards of care. One member of staff told us, "The registered manager is approachable and will not ask you to do what she wouldn't do herself." Staff understood their roles and responsibilities and delivered care in line with the provider's values of, "providing quality services and creating new opportunities for people with learning disabilities and their families." Teamwork was encouraged which ensured people received care of a consistent quality.

The registered manager conducted monthly team meetings and listened to staff suggestions about improving the service. They talked about people's health and support needs, the CQC regulations and how these applied to their roles and ideas about how to promote people's independence. Supervisions, appraisals, training, learning development and skills audits were reviewed regularly to ensure staff accessed the relevant training required for their roles. Staff demonstrated a passion for their work and felt valued at the service. Staff said the registered manager kept them informed about any changes and developments at the service.

Satisfaction surveys were used to gather the views of health and social care professionals, relatives of people using the service and staff about the quality of care. Feedback from the 2017 surveys was positive.

People continued to receive care that was subject to regular checks and audits. Quality assurance processes were used effectively to review care planning, record keeping and the safety of the environment and equipment. The registered manager acted on any shortfalls identified. For example, the delays in the supply of medicines by an external pharmacist was identified and quickly rectified. The registered manager ensured

staff followed guidance provided by health and social care professionals and that daily observations were accurate and up-to-date. The registered manager attended meetings organised by the provider to share best practice and to learn of developments in the care sector.

The registered manager worked effectively in partnership with external agencies and other health and social care professionals and shared best practice to improve the quality of care at the service.