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# Heston Care Services

## Inspection report

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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

The inspection took place on 8 January 2019. We told the provider two working days before our visit that we would be coming because the location was registered as a supported living service providing care for people in their own homes and we wanted to make sure the registered manager would be available.

The last inspection of the service was on 19 December 2017, when we rated the service requires improvement for all key questions and overall. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions to at least 'good'.

At this inspection of 8 January 2019, we found they had made the necessary improvements.

Heston Care Services provides care and support to people living in a 'supported living' setting, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

At the time of our inspection there were two people living in the supported living service and both were receiving personal care. Both service users had a learning disability and mental health needs.

The service was the only location managed by the provider, who was an individual.

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 and associated Regulations about how the service is run.

People using the service were happy there. Their needs were met, and they were supported to learn new skills and make choices about their lives. There was evidence that one person's mental health had significantly improved as a result of the care and support they were receiving at the service. People were treated respectfully by kind and caring staff, some of whom were specifically recruited because they shared the same ethnic background as people using the service and could speak with them in their first language. Whilst people took part in a range of different activities, the provider was seeking to establish more structured routines and regular activities to help people develop further skills.

The staff were appropriately trained and supervised. They had the necessary skills to care for people and meet their needs. The registered manager worked closely with the staff team to offer support, guidance and training. There were enough staff to meet people's needs and keep them safe. The provider's recruitment procedures ensured that the staff were suitable.

People had consented to their care and treatment. For more complex decisions where they lacked the mental capacity to understand these, the provider had acted in accordance with the appropriate legislation to ensure that decisions were made in their best interests.

People had enough to eat and drink and made choices about the food. People were supported to access healthcare services and the staff worked closely with the other professionals caring for people. The risks to their wellbeing had been assessed and planned for and they received their medicines safely.

The provider had effective systems for monitoring the quality of the service and making improvements. Accidents, incidents and complaints were investigated, and the provider learnt from these to improve the service. People using the service and other stakeholders were asked for their views about the service.

## 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.

Systems and processes were designed to protect people from abuse.

The risks to people were assessed and monitored.

There were sufficient numbers of suitable staff to keep people safe and meet their needs.

Medicines were managed safely.

People were protected by the prevention and control of infections.

There were systems for learning from incidents, accidents and complaints.

### Is the service effective?

Good ●

The service was effective.

People's needs were assessed so that care could be provided to meet these needs.

The staff had the training, support and information they needed to provide effective care.

The provider had sought people's consent to care and had acted in line with the Mental Capacity Act 2005.

People had access to healthcare services.

People were supported to have a choice of food, and enough to eat and drink.

### Is the service caring?

Good ●

The service was caring.

People were treated with kindness and respect.

People made choices about their care.

The staff respected people's privacy, dignity and independence.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People received personalised care which met their needs and choices.

There was an appropriate complaints procedure and people knew how to raise concerns.

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

**Good** ●

The service was well-led.

There were effective systems and processes for monitoring and improving the quality of the service.

There was an inclusive culture where people using the service and other stakeholders could contribute their views.

# Heston Care Services

## **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 inspection took place on 8 January 2019. We told the provider two working days before our visit that we would be coming because the location provides care to people living in a supported living setting and we wanted to make sure the people and staff were available.

The inspection was carried out by one inspector.

Before the inspection visit we looked at all the information we held about the service. This included the last inspection report and the provider's action plan responding to this. We also looked at notifications from the provider. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about. We carried out an internet search for any public information about the service.

During the inspection we met one person who used the service, one support worker, the registered manager and the owner. We looked at the care records for both people who used the service and the staff recruitment, training and support files for all of the support workers. We also viewed other records used by the provider for managing the service, such as quality monitoring documents.

We spoke with the relative of one person using the service and the friend of the other person. We also received feedback from one professional who worked with people who used the service by telephone and we received email feedback from another professional.

At the end of our inspection we gave feedback to the registered manager and provider.

# Is the service safe?

## Our findings

At the inspection of 19 December 2017, we found that the provider had not always planned for the risks to people's safety and how these could be mitigated.

At the inspection of 8 January 2019, we found improvements had been made.

The registered manager had assessed the risks to people's safety and wellbeing. These assessments included risks associated with their physical and mental wellbeing, as well as risks associated with their lifestyle and the environment they lived in. The assessments had been developed with people using the service and included actions for the staff and the person who had been assessed to keep them safer.

The provider had undertaken regular checks, including fire safety checks on the home where people lived. They had taken action to address risks, and make sure the environment was safe, for example they had created an outdoor smoking area so that people used this instead of smoking in the house. There were contingency plans for how people should be supported if something went wrong, including who to contact in different emergencies and warning signs for the staff to be aware of which indicated a decline in people's mental wellbeing.

At the inspection of 19 December 2017, we found that medicines were not always safely managed.

At the inspection of 8 January 2019, we found improvements had been made.

There was clear information about each person's prescribed medicines, what these were used for and any adverse effects. All of the staff had received training about the safe management of medicines. The registered manager had started to assess their competencies at administering these and, once they were satisfied with their competence, the staff began to administer medicines to people unsupervised. There were records of all administration and these were regularly checked and audited. The medicines were stored safely and appropriately.

One person was learning to take more responsibility for administering their own medicines and this was being assessed. The registered manager told us the aim was for this person to become more independent.

At the inspection of 19 December 2017, we found that the provider did not always follow safe recruitment practices.

At the inspection of 8 January 2019, we found improvements had been made.

The provider's recruitment checks ensured the staff were suitable. For example, the registered manager obtained details of a full employment history, references from previous employers, checks on any criminal records from the Disclosure and Barring Service, checks on their identity and eligibility to work in the United

Kingdom before they started working at the service. We saw these were recorded and in place. The registered manager also carried out a formal interview with each member of staff. They undertook an induction into the role before they were able to work unsupervised.

The relative, friend and community professionals we spoke with said they felt the service was safe.

The provider supported people with their personal finances. We discussed the systems for recording and auditing this with the registered manager and provider. Whilst these systems were adequate, there was room for improvement in recording and the storage of people's personal money. The provider acknowledged this and told us that they would be developing new systems which would enable clearer monitoring and auditing of this.

The provider had a procedure for safeguarding adults from abuse. The staff had received training in this and we saw that recognising and reporting abuse were discussed at team meetings so that the staff were familiar with the procedures. The staff were able to tell us what they would do if they felt someone was at risk of abuse.

Both people using the service used the community independently and were at risk from others because they had limited awareness about personal safety. The staff had provided support for people to help them have a better understanding of the risks. The provider had also developed security measures, such as providing people with written information about who to call in an emergency, so they could show this to others. They placed security cameras on the entrances to the home where the people lived, which could be monitored remotely, and they had developed a relationship with the neighbours so that they were kept informed if any strangers were seen around or entering their home.

There had been an incident where one person was approached by a stranger when using the community. The provider had followed the correct procedures, notifying the police and local safeguarding authority.

There was evidence they had learnt from incidents, such as this and an occasion when one person had become lost and had no connection on their mobile phone. The registered manager was able to explain the support they had put in place to minimise the risks to people should these happen again. Incidents and accidents were recorded, and the registered manager discussed these with the staff, so they could learn from them and share ideas about how to improve the service.

There were enough suitable staff working at the service to keep people safe and meet their needs. The provider employed four support workers with one support worker staying at the house over night and the others assigned specifically to each person to meet their individual needs. The registered manager and provider also worked at the service daily and were available on call when not there. The registered manager had selected one member of staff for each person from the same ethnic background and who spoke the same first language, this meant they were able to meet people's individual needs in this area of their lives.

There were procedures designed to protect people from the spread of infection. The staff wore protective equipment such as gloves and aprons. Hand washing facilities and hand gel were available for staff and people using the service. The provider had procedures regarding infection control and checks on the cleanliness of the environment were made. People using the service and the staff had been supported to understand about the flu vaccination and make a choice about this.



# Is the service effective?

## Our findings

At the inspection of 19 December 2017, we found that the provider had not always obtained consent for care and treatment.

At the inspection of 8 January 2019, we found improvements had been made.

The registered manager had carried out assessments of people's mental capacity and these were recorded. People had signed these showing that they understood about the assessment. There was evidence of consultation with family members and other professionals. The assessments related to different decisions and actions agreed from these included people's specific preferences and wishes, for example for female only support workers.

The two people using the service had the mental capacity to consent to their care and treatment. Their care plans had been explained to them and they had signed agreement with these.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

The provider was working within the principles of the MCA and had offered the staff training and guidance, so they understood about this. The staff confirmed that they understood how to apply the principles of the Act in their work with people using the service.

At the inspection of 19 December 2017, we found that the provider had not always ensured that staff had the skills, information and knowledge to care for people safely or meet their needs.

At the inspection of 8 January 2019, we found improvements had been made.

Since the last inspection all of the staff had taken part in a range of different training courses designed to reflect the requirements of the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting.

The staff told us that this training had been useful and that they had learnt from this. The staff also confirmed that they had the information and support they needed to safely care for people. There were regular team and individual meetings with the registered manager, where they shared any concerns, ideas and information. There were accurate and up to date records, including policies, procedures and a handbook for the staff.

The registered manager told us how they felt the training had improved the staff knowledge and confidence and had seen how this had made a difference in the way they supported people. They planned for further training in areas where they had identified specific needs. All training and meetings were recorded, and we saw evidence of an open and positive culture where the staff were invited to bring their ideas as well as learning from the registered manager and reflecting on their work.

People's needs and choices were assessed so that care could be provided to meet these. The registered manager had carried out assessments of people before they moved to the service, these included information about their health, communication, mobility, continence, mental health and social care needs. They had carried out a compatibility assessment which outlined what type of staff would best meet the person's needs, taking account of their cultural background and religious needs. The person's perspectives and wishes were reflected in the assessments and there was evidence of consultation with other professionals and people's families.

People were supported with their physical and mental health needs. These were recorded in their assessments and care plans. There was information about the different community professionals who worked with people and evidence of regular consultation. The professionals we spoke with said they worked with the registered manager to make sure people accessed the healthcare services they needed.

People were supported to have enough to eat and drink. They each received their own personal budget and discussed their dietary requirements with the registered manager, who helped them shop for the food and drink they needed. The staff helped people prepare meals which reflected their individual tastes and cultural needs.

# Is the service caring?

## Our findings

At the inspection of 19 December 2017, we found that information was not provided for people in plain English or easy to read formats.

At the inspection of 8 January 2019, we found improvements had been made. The provider had started to create easy to read care plans and information for people. We discussed with them other documents which they may wish to consider creating in different formats, such as consent forms and other guides. The registered manager told us they were in the process of developing these.

The relative and friend of people using the service told us that people had good relationships with the staff and that they were kind and caring. The professionals confirmed this. Comments we received included, "[Person] always has the support [they] need from the staff. [The registered manager] is very good at matching the right workers for [person] who reflect [their] ethnic background and language", "[The registered manager] has worked with the service users to make sure needs are met and developed a good relationship with them", "There is an inclusive culture" and "[Person] is always happy and well cared for."

People were supported to make choices about their care and how they spent their time. There was evidence they were involved in planning their care and the friends, relatives and professionals we spoke with confirmed this. The registered manager was able to give us examples of how care was planned around people's choices and needs. For example, one person wanted their morning medicines at a specific time before the support staff were allocated to start work. The registered manager ensured they arrived at the service in time to support the person with this so they did not have to wait.

People were supported to learn independent living skills, such as money handling, cooking, shopping and managing their own medicines. Their care plans included individual objectives which the staff helped them work towards. These objectives were regularly reviewed with the person.

The staff provided care which respected people's privacy and dignity. Their preferences for female only staff were respected. The staff demonstrated a good understanding about the importance of people's privacy and how they would provide respectful care, for example knocking on bedroom doors, offering people choices and allowing people to have private time for self care.

Both people using the service were supported to maintain relationships with partners and friends. The staff provided guidance and support for people so that they felt safe in these relationships.

## Is the service responsive?

### Our findings

At the inspection of 19 December 2017, we found that people were not always provided with information about the complaints procedure.

At the inspection of 8 January 2019, we found improvements had been made. The registered manager had discussed how people should make complaints. The staff and registered manager supported people to make choices and express their views and these were recorded. The professionals, friend and relative we spoke with knew how to make a complaint. They said they felt able to raise concerns and that the registered manager listened to them and was willing to make changes to reflect different views of the service.

People received personalised care which met their needs and reflected their preferences. The relative of one person and a community professional involved in their care told us that the person's mental health and wellbeing had improved significantly as a result of the care they received at the service. One professional said, "I have known [person] for many years and this is the best place [they] have ever been, [they are] really settled and the placement has had a major impact on [their] wellbeing." The person's relative also confirmed this, telling us, "I am really happy with the improvements for [my relative], the staff have worked very hard to reduce [their] anxiety." They went on to tell us how the person had become more involved in daily activities, such as cooking.

People had clear, individual care plans which outlined how the staff should support them. These showed that people had been involved in making decisions about how they wished to be cared for. The plans were regularly reviewed and adapted to reflect changes in people's needs and wishes. People had copies of their personal goals and care plans in their own bedrooms, so they were familiar with these.

The registered manager told us that the staff had their own ideas about how to support people and had introduced these in appropriate ways. For example, one person had said they wanted to learn more English and learn to read. One of the staff had purchased flash cards, supported the person to access the library and purchased an erasable white board for them to practice writing.

People were supported to attend places of worship and meet others from their individual communities. The staff helped people to access these community activities. One person also worked as a volunteer with a local gardening group and had attended social activities with the group as they developed relationships with them. The registered manager told us they were looking at expanding people's structured activities, such as looking at college courses. They supported both people for an overnight stay at the seaside during 2018. The registered manager was creating a photo album for one person with pictures of their family, so they could use this to talk about the important people in their life.

Neither person was receiving care at the end of their lives at the time of the inspection, but the registered manager had discussed their specific wishes and needs with them and these were recorded.

# Is the service well-led?

## Our findings

At the inspection of 19 December 2017, we found that the provider's systems for monitoring and improving the quality of the service were not always effective.

At the inspection of 8 January 2019, we found improvements had been made. The provider had addressed all the outstanding issues from the previous inspection and had developed systems to audit all aspects of the service. The registered manager and provider regularly met to discuss their action plan and where improvements were needed. There was evidence that the staff and people who used the service were asked for their views and ideas and that these were listened to. The provider had asked stakeholders to complete surveys about their experiences and they had received positive responses. Audits and checks included the registered manager observing how the staff were supporting people and checks on records and the environment. These were recorded and, where problems were identified, action had been taken to make improvements.

People's relatives, friends and other professionals all commented that they felt the service was well run. One professional told us, "I would say that the care is person-centred and tailored well to the needs of the individuals. Both individuals have support workers who are able to meet their cultural needs which is excellent. [The registered manager] is flexible in the support that she provides and has a very good relationship with the individuals. Since both of the [people] moved into their current accommodation I have seen a huge increase in their confidence, well-being and their quality of life." Other comments we received included, "It is a really good service", "People are happy, content and well cared for" and "The service is individualised."

The staff said that they felt supported and enjoyed working at the service. Their comments included, "The manager is always available and never leaves me alone if I need her", "I am happy working at the service and would recommend it as a place to work" and "I like working with people to make their lives happier, the manager considers my ideas and helps me feel my role is important."

The registered manager and provider were both qualified social workers. They set up the business together and spoke positively about their plans for the service. They worked with other providers and the local authority to make sure their knowledge was up to date and reflected current guidance and legislation.