

# The London Borough of Hillingdon

## Colham Road

### 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

3 Colham Road provides support and accommodation for up to 13 people who have a range of needs including learning and physical disabilities. The service is made up of four lodges within the one building. There were 13 people using the service at the time of this inspection. The service is managed by the London Borough of Hillingdon. There was a registered manager in post who had worked at the service for several years.

At the last comprehensive inspection, 9 and 10 September 2015, the service was rated Good.

At this inspection, 17 and 23 October 2017, we found the service remained Good.

We observed positive interactions between the staff and the people using the service and we received positive feedback from relatives and professionals to gain their views on the service.

Feedback from people using the service, relatives and staff we spoke with was positive about the service.

There were checks and systems to ensure the fire procedures were followed and that equipment was in place to help protect people in the event of a fire.

Staff received training on safeguarding adults from the risk of abuse and there were policies and procedures in place.

People's care records included their needs and preferences and were individualised. We saw information had been reviewed on a regular basis.

Staff continued to receive support through one to one and group meetings. They also received an annual appraisal of their work. Training on various topics and refresher training had been arranged in various subjects that were relevant to staff member's roles and responsibilities.

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

There were sufficient numbers of staff working to meet people's needs. Recruitment checks were carried out to make sure staff were suitable to work with people using the service.

People received the medicines they needed safely.

People continued to access the health care services they needed and their nutritional needs were being met.

There was a complaints procedure available, which was also in a pictorial version to address the communication needs of some people.

The service was well-led by an experienced manager who worked alongside the staff team to support people who used the service. There were good systems for auditing the quality of the service.

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

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains safe.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains effective.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains caring.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains responsive.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains well-led.	<b>Good</b> ●

# Colham 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 17 and 23 October 2017. We gave the registered manager one day's notice of the inspection as the service was small and we wanted to be sure someone would be available to assist with the inspection.

Before the inspection we reviewed the information we held about the service including notifications. 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 also received a Provider Information Return (PIR) that the registered manager completed in August 2017. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we carried out general observations and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who were not able to speak with us.

Also at the inspection we spoke with two people using the service, the registered manager, two team leaders and one support worker. We reviewed the care records for four people using the service, including their support plans and risk assessments. We checked six people's medicines and viewed their associated medicines management records. We also reviewed one staff member's recruitment file and five staff members' training records. Additionally we looked at the records related to the running of the service. These included maintenance records, checks and audits carried out to monitor quality in the service and make improvements.

Following the inspection we received feedback via email from one relative and one healthcare professional. We also spoke with two relatives on the telephone to obtain their views on the service.

# Is the service safe?

## Our findings

People using the service were not able to tell us whether they felt safe, however they appeared relaxed and staff engaged with them throughout the inspection. Relatives confirmed they felt that people were safe living in the service. One relative said, "Oh yes, I feel X [person using the service] is safe."

The staff team continued to receive training on safeguarding adults from the risk of abuse. Staff we spoke with had a clear understanding of what action they would take if they thought a person using the service was at risk of harm. Staff told us, "I would report any concern to the manager, or I could go to senior managers." Staff were also aware they could report concerns to the Care Quality Commission (CQC).

There were safeguarding policies and procedures in place and there was currently one safeguarding case that was open. This had been appropriately reported to the CQC and was not concluded at the time of the inspection.

People's care records included assessments of possible risks, including those associated with moving and handling, going out into the community and supporting a person with epilepsy. The information gave clear guidance on how to mitigate any risks staff had identified. These documents were reviewed regularly to help staff continue to safely support people.

The staff and external organisations carried out checks to make sure the service was safe. This included checks on gas safety, portable appliance tests and fire safety equipment. The London Fire and Emergency Planning Authority (LFEPA) had visited the service earlier in 2017 and found everything to be satisfactory. We saw confirmation that the fire doors would all be changed before the end of 2017 as part of the refurbishment of the service and to ensure the fire safety continued to safeguard people in the event of a fire. We were informed that window restrictors were checked but these had not been recorded, this was addressed during the inspection. Staff confirmed all restrictors were checked and in good working order to protect people from harm.

The registered manager confirmed that there had been no incidents and accidents in the past twelve months. However, they could describe what they would do if there was such an incident that required action to be taken. Accidents or incidents would be documented and reported to the provider's health and safety team so that information could be checked and ensure that people were being safely supported.

The provider continued to have a recruitment process in place. We saw that the service held information, such as the staff member's evidence of their identity, employment history and a Disclosure and Barring Service (DBS) criminal record check which was carried out before they started working in the service and was renewed every three years. The registered manager also received employment information on external agency staff so that they could be confident the necessary checks and training had been carried out before they worked with the people using the service.

Overall staff said there were enough staff working on each shift. There were four lodges as part of the service

with different numbers of staff based in each lodge depending on the needs of the people using the service. Staff told us generally there were enough staff, but due to staff vacancies for both day and night staff, which the registered manager confirmed they were actively trying to fill, the service did at present rely on some shifts being covered by agency staff. Where possible, regular agency staff were booked so that people were supported by familiar staff. One relative stated, "There appears to me to be enough staff working in the service but more important to me is the long standing members of staff who know the residents well." Staff said "sometimes we need extra staff to help with tasks" whilst another staff member said "I am organised and so I know what needs doing and I feel there are enough staff working on shift." One professional informed us that sometimes there were no staff with people when they visited the service, however, we did not see evidence that people had to wait to be supported by staff and there were constant interactions throughout the inspection between people and staff.

Systems were in place to make sure people safely received their medicines as they were not able to self-administer their own medicines. It was clear from people's records how they received their medicines and it was noted what signs staff should look for if a person, for example, might be due to have an epileptic fit so that their medicines could be adjusted. This had been implemented with the agreement of the GP. The medicine administration records (MARS) we viewed had all been signed by staff and the counts and balances of the medicines we looked at tallied with the information on the MARS. This helped to ensure people received their medicines safely. A professional said, "At present I don't have any concerns regarding the administration of medication". Staff received training on medicines management and were assessed by the registered manager to ensure they were competent to carry out this task safely.

# Is the service effective?

## Our findings

People were being cared for by staff who were well supported, supervised and trained. Staff told us, the service had a "really good staff team" and that they "worked well together." Staff confirmed they received regular one to one support and an annual appraisal of their work. Records showed that staff had supervision meetings with their line manager where their work was reviewed along with any issues. There were good systems for communicating with each other and planning how people should be cared for. Each day there was a handover of information between the staff.

The staff received an induction which included a range of training and information. There was access to the organisation's policies and procedures at the service. The new staff shadowed experienced members of staff when they started working at the service. Staff told us that senior staff were always available to advise them and support them.

The staff completed a range of different training courses and we saw evidence of these. Some of the training was completed online and the registered manager and team leaders monitored the staff progress with this. The staff told us they also took part in face to face training. The training covered a range of subjects relevant to the work staff carried out, such as, first aid, food hygiene and infection control. Training was also provided on supporting people with particular needs such as epilepsy. Staff told us they shared ideas with one another if they worked in a way that a person responded positively to so staff met people's individual preferences.

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. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked that the provider was acting in accordance with the principles of the Act and found that they were. Each person's capacity to consent had been assessed and recorded. The registered manager had applied for DoLS for people who lacked capacity and authorisations were in place. There was evidence that decisions had been made in people's best interests by those who knew them best.

People's healthcare needs were being met. The staff monitored people's weight, health and wellbeing and recorded any changes in these documents. The people who lived at the service had a range of different healthcare needs. Some of these were very complex and the staff had assessed these and there were clear plans for meeting individual needs. Relatives commented positively on how staff supported people if they were admitted into hospital. They told us staff would be at the hospital to ensure people were supported by familiar staff who understood their needs. A relative commented on their experience of the staff team supporting their family member. They said, "I received consultation and support from staff when X [person using the service] was admitted into Hospital." We saw evidence of where the registered manager and staff team liaised with professionals when they had a concern about a person and this was assessed and action taken to ensure the person was supported with their health needs appropriately.

We looked at the food provision for people and saw staff prepared meals for people using the service. Meals

included people's favourite dishes and were varied. Staff described people's dietary needs and knew who needed their food to cut up into small pieces, if the person was at risk of choking, and who required their meals to be liquidised. We observed staff encouraged people to be independent when eating a meal and had appropriate crockery such as a lipped plate so that people could eat meals with minimal staff support. Staff recorded what people ate and where necessary people had a fluid chart if they were at risk of dehydration. This enabled them to monitor if people had any problems with the meals or showed changes to their usual eating and drinking habits.

# Is the service caring?

## Our findings

People living at the service had good relationships with the staff. We saw that the staff were kind, caring and supportive. They also shared jokes with people throughout the day and knew what people wanted to do during the day. One person said, "I like living here."

Feedback on staff from people using the service was minimal. One person told us the staff "look after me." A relative commented, "Staff interact in a caring way." Another relative spoke positively about the staff team and said, "They [staff] show kindness and respect to all the service users and show sensitivity." A professional also spoke favourably about the attitude of the staff team stating they "were very caring".

People's privacy and dignity were respected. The staff knocked on the doors to the lodges. The staff responded appropriately and discreetly to people's personal care needs.

Many of the staff had worked in the service for several years and could describe people's personal preferences. They knew the activities they liked to take part in and how they communicated if they were in pain or unhappy. We saw that people were treated as individuals and their care records included details if the person had a gender care preference for when they required help with their personal care. It was clear the level of support and care some people required so that staff did not carry out any care or support that was not necessary.

There was information about how people communicated and made choices so that the staff could support people in the best way for their understanding. The staff used objects of reference and visual aids, such as pictures of meals, to enable people to make daily choices about how they spent their time in and out of the service.

People had support from family and friends who could represent their views if people were not able to communicate how they wanted to be supported. Where discussions had taken place regarding supporting people in their preferred way we saw relatives had been involved and were able to contribute their views.

The staff team had previously supported people with life limiting conditions, with the aid of the community professionals. Currently people were well and staff were not providing this type of care. We saw that where they could staff involved people in discussions about their end of life care and where this was not possible their relatives were involved in these discussions in people's best interests.

## Is the service responsive?

### Our findings

People who lived at the service were assessed prior to their admission so that the registered manager could be confident that their needs could be met. People were supported in ways which met their needs and reflected their preferences. Each person had a support plan which outlined their needs. These plans were regularly reviewed and updated and people, where possible, were involved in reviewing and planning their own care. The staff recorded the support they had given to people each day, outlining what the person had done and if there were any issues.

People had varied needs and were supported to make daily decisions for themselves and to be as independent as possible. One person using the service told us, "I go to the pub, and staff help me choose my clothes." We saw for one person they liked to be in a quiet environment and staff knew this was their preference and ensured the noise level was minimal. In another lodge staff knew a person liked to go into the kitchen to get a hot drink and therefore they were available to make drinks as the person was at risk of harm if they were left in the kitchen unsupervised.

People took part in a range of different social, leisure, educational and sensory activities as groups and as individuals. During the inspection we saw people had made cakes and were drawing. They also accessed community places, such as a sailing club, visiting the local town and theatre. People also had days out and we saw photos of trips people had been on, such as going on a boat along the canal and visiting Kew Gardens. A relative confirmed, "The number of activities appears adequate for all residents to take part in." One person we were told enjoyed one to one support and going out with a particular care worker. Trips out with the care worker were arranged during the week so that the person could spend time doing what they wanted.

The registered manager told us that they involved people in the running of the service along with relatives. Meetings were held for people using the service so that they could hear news about the service and ask any questions. Relatives said that they were invited to reviews, social events and could talk with the registered manager anytime. Relatives also confirmed that they were informed of any changes in the family member needs. A relative commented, "I have no concerns about X [person using the service], they are well looked after."

There was an appropriate complaints procedure and information about this was shared with people in an accessible format. Relatives told us they knew how to make a complaint and who to speak with if they were unhappy with anything. One relative told us, "I haven't had to make a complaint, but would talk with the manager and I know I would be listened to." Another relative confirmed, "I am aware of the complaints book but I have not found any reason to complain. I have no doubt that if I did lodge a complaint the Manager would listen and act on it." We saw that people who lived at the service and their relatives were encouraged to contribute their ideas at meetings and through regular contact with staff. One person using the service said, "Staff listen to me." There had been no formal complaints at the service since the last inspection.

## Is the service well-led?

### Our findings

We received positive feedback from relatives about the registered manager and how the service was run. Comments included, "The manager is visible and supportive" and "The manager is good, they communicate well." Another relative told us, "She [the registered manager] is knowledgeable and has a professional approach at meetings answering any questions put to her" and "The staff work efficiently resulting in a well-run service."

Staff spoke favourably about the registered manager. One staff member confirmed they received "support from the manager", whilst another told us, "I can talk with the manager if I needed to. They come in and say good morning to everyone."

The registered manager at the service had been in post for several years. 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 registered manager had a good understanding of people who lived at the service and their individual needs and they demonstrated a committed approach to the service. They confirmed they kept up to date through meeting the other managers working at the provider's other services, received updates from organisations such as Skills for Care, which is a social care organisation which offers guidance and support for care providers and staff and from the Care Quality Commission (CQC). They were currently studying for a health and social care diploma in management, level 6 to further their knowledge and skills. The registered manager was aware of their duty to report any significant events to the Care Quality Commission (CQC) and we received notifications as required.

The provider asked people using the service and other stakeholders to complete satisfaction surveys. These were sent out twice in a year. These were then analysed to ensure that any concerns were addressed. We saw positive comments from relatives from the most recent surveys, with one commenting, "My X [person using the service] is very happy here and enjoys the carer/client relationship." The service also held relative meetings so that they could hear updates on the service and share their views. All the relatives we asked confirmed they were invited and tried to attend the meetings. They confirmed they received the minutes of the meeting if they did not attend the meeting.

The staff carried out audits of the service, which included checks on health and safety, the environment, how medicines were being managed and infection control. These audits were recorded and we saw that action had been taken when problems were identified. The registered manager carried out their own checks, such as assessing medicine management within the service, there was a supervision tracker in place so they could see that all staff were receiving formal support and they had reviewed the fire safety plan to ensure people lived in a safe and well run service.

A manager, from another service, carried out checks on the service monthly. They reviewed various areas, including carrying out observations and viewing records. These checks enabled a more objective

assessment of the service and gave the registered manager recommendations, if necessary, to make improvements to the service.

Information was easy to access and records were well maintained, up to date and accurate.