

Harrow Council

# Harrow Council - Bedford House

## Inspection report

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## Ratings

Overall rating for this service

Good ●

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?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 16 May 2016 and was unannounced. Harrow Council - Bedford House provides accommodation in two units for a maximum of 20 people who have learning and physical disabilities. The residential unit provides long-term care and support for eleven people. The respite unit provides overnight stays, weekend stays and day 'tea visits' for up to nine people. At the time of our inspection, there were eleven people living in the service and four people on the respite unit.

The provider met all the standards we inspected against at our last inspection on 25 April 2014.

There was a registered manager in post at the time of our 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 2008 and associated Regulations about how the service is run.

During the inspection we observed people were treated with kindness and compassion. It was evident that positive caring relationships had developed between people who used the service and care support staff. People who used the service and relatives spoke positively about staff and the care provided at the home. We checked the arrangements in place in respect of medicines. We found four unexplained gaps in one person's medicine administration charts (MAR) and it was therefore not evident if this person had received their prescribed medicine. Further, one of the medicines cupboards did not meet legal requirements. It was wooden and not a designated medicines cupboard. In addition, we noted that a closed sharps box was left on top of this cupboard and was therefore not stored correctly. We found a breach of regulations in respect of this.

Systems and processes were in place to help protect people from the risk of harm and staff demonstrated that they were aware of these. Staff had received training in safeguarding adults and knew how to recognise and report any concerns or allegations of abuse. Risk assessments had been carried out and staff were aware of potential risks to people and how to protect people from harm.

There were enough staff to meet people's individual care needs and this was confirmed by staff we spoke with. On the day of the inspection we observed that staff did not appear to be rushed and were able to complete their tasks. The team leader explained that there was flexibility in respect of staffing and staffing levels were regularly reviewed depending on people's needs and occupancy levels.

We found the premises were clean and tidy. There was a record of essential inspections and maintenance carried out. The service had an infection control policy and measures were in place for infection control.

Staff demonstrated that they had the knowledge and skills they needed to perform their roles. Staff confirmed that they received regular supervision sessions and appraisals to discuss their individual progress and development. Staff spoke positively about the training they had received and we saw evidence that staff

had completed training which included safeguarding, medicine administration, health and safety, first aid and moving and handling.

People's health and social care needs had been appropriately assessed. Care plans were person-centred, detailed and specific to each person and their needs. Care preferences were documented as well as their likes and dislikes. Care plans were reviewed monthly and were updated when people's needs changed.

Staff we spoke with had a basic understanding of the principles of the Mental Capacity Act (MCA 2005). Capacity to make specific decisions was recorded in people's care plans.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS ensure that an individual being deprived of their liberty 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. The home had made applications for DoLS and we saw evidence that authorisations had been granted. We noted that the two people's authorisations had recently expired and the team leader confirmed that they would ensure that they would submit the necessary applications in respect of these.

There were suitable arrangements for the provision of food to ensure that people's dietary needs were met. People were mostly satisfied with the meals provided. Food looked appetising and was freshly prepared and presented well. Details of special diets people required either as a result of a clinical need or a cultural preference were clearly documented. People's weights were recorded monthly so that the service was able to monitor people's nutrition. This alerted staff to any significant changes that could indicate a health concern related to nutrition.

There was an activities timetable detailing what activities were available. However we noted that there was not a variety of activities on the timetable and the activities detailed were vague. We spoke with the team leader about this and she confirmed that they would review the timetable so that it correctly detailed what activities were available for people to participate in. On the day of the inspection we observed that in the morning, some people were involved with playing games with each other and staff and one person spent time playing a keyboard.

We found the home had a management structure in place with a team of care support staff, team leader and the registered manager. Staff told us that the morale within the home was good and that staff worked well with one another. They told us management was approachable and there was an open and transparent culture within the home and they did not hesitate about bringing any concerns to management.

Staff were informed of changes occurring within the home through staff meetings and we saw that these meetings occurred quarterly and were documented. Staff also told us that they had weekly informal meetings. These meetings enabled staff to receive up to date information and gave them an opportunity to share good practice and any concerns they had.

There was a quality assurance policy which provided detailed information on the systems in place for the provider to obtain feedback about the care provided at the home. The service undertook a range of checks and audits of the quality of the service and took action to improve the service as a result.

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

We always ask the following five questions of services.

### Is the service safe?

One aspect of the service was not safe. The provider was not managing medicines properly and this was putting people at risk.

Risks to people were identified and managed so that people were safe.

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

Appropriate employment checks were carried out before staff started working at the service.

**Requires Improvement** ●

### Is the service effective?

The service was effective. Staff had completed relevant training to enable them to care for people effectively. Staff were supervised and felt well supported by their peers and management.

People were encouraged to make their own choices and decisions where possible. Staff had a basic understanding of the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

People were provided with choices of food and drink. 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 service was caring. People were treated with kindness and compassion when we observed staff interacting with people who used service. The atmosphere in the home was calm and relaxed.

People were involved in making decisions about their care. Care plans provided details about people's needs and preferences. Staff had a good understanding of people's care and support needs.

**Good** ●

People were treated with respect and dignity. We saw that staff respected people's privacy and dignity and were able to give examples of how they achieved this.

### Is the service responsive?

Good ●

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

On the day of the inspection we observed that in the morning, some people were involved with playing games with each other and staff and one person spent time playing a keyboard.

People had regular reviews of their care plans with staff to ensure that the care provided met their needs.

### Is the service well-led?

Good ●

The service was well-led. People, relatives and staff told us that management were approachable and they were satisfied with the management of the home.

The home had a clear management structure in place with a team of care support staff, team leaders and the registered manager.

Staff were supported by management and told us they felt able to have open and transparent discussions with them.

The quality of the service was monitored. There were systems in place to make necessary improvements.

# Harrow Council - Bedford House

## **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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced inspection on 16 May 2016 of Harrow Council - Bedford House. The inspection was carried out by two inspectors.

Before we visited the home we checked the information that we held about the service and the service provider including notifications about significant incidents affecting the safety and wellbeing of people who used the service.

During this inspection we observed how staff interacted with and supported people who used the service. We reviewed five care plans, eight staff files, training records and records relating to the management of the service such as audits, policies and procedures. We spoke with four people who used the service. However our conversation with two of these people was limited due to their mental capacity. We spoke with six relatives. At the time of the inspection, the registered manager was away. The team leader was able to provide us with necessary information. We also spoke with the regional manager and four care support workers.

# Is the service safe?

## Our findings

People who used the service told us they felt safe in the home and around staff. This was confirmed by relatives we spoke with. One relative said, "Yes it is safe." Another relative told us, "[My relative] is safe and comfortable in the home."

Although people and relatives told us that people were safe in the home, we found that there were some deficiencies in respect of medicines. There were arrangements for the recording, administration and disposal of medicines. Daily storage temperatures had been recorded and were satisfactory. We however, noted that the records of one person had four unexplained gaps in their medicine administration charts (MAR) and it was therefore not evident if this person had received their prescribed medicine. Further, one of the medicines cupboards was wooden and we could not be sure that it was sufficiently secure for the storage of medicines. In addition, we noted that a closed sharps box was left on top of this cupboard and was therefore not stored correctly.

We noted that the service carried out medicine audits and these were documented. However audits focused on counting the number of medicines. The audit did not document MAR sheets and medicine storage checks. We spoke with the team leader about this and she confirmed that the service would ensure that their medicine audits in the future were comprehensive.

The above medicine deficiencies may put people at risk. This is a breach of Regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff who administered medicines told us they had completed training and understood the procedures for safe storage, administration and handling of medicines.

Safeguarding policies and procedures were in place to help protect people and minimise the risks of abuse to people. We saw that the safeguarding policy was clearly displayed in the home and was in an easy read format so that it was accessible to all people. Staff had received training in safeguarding people. They were able to describe the process for identifying and reporting concerns and were able to give example of types of abuse that may occur. They told us that if they saw something of concern they would report it to management. However two staff we spoke with failed to explain that they could report their concerns to local authority or the CQC. The service had a whistleblowing policy and contact numbers to report issues were available. Staff were familiar with the whistleblowing procedure and were confident about raising concerns about any poor practices witnessed.

Records demonstrated the service had identified individual risks to people and put actions in place to reduce the risks. The care plans we reviewed included relevant risk assessments, such as wheelchair use, behaviour that challenges, bathing/showering, fire evacuation, choking and moving and handling. These included preventative actions that needed to be taken to minimise risks as well as measures for staff on how to support people safely. The assessments provided outlines of what people could do on their own and when they required assistance. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions. We noted that in one person's care plan it

stated that they were at risk of epileptic seizures, however we found the information in the risk assessment to be limited and did not include guidelines to staff about the possible risks associated with this and how to minimise such risks. We spoke with the team leader about this and she confirmed that this information would be included in this person's risk assessment. Risk assessments were reviewed quarterly and were updated when there was a change in a person's condition.

We discussed staffing levels with the team leader. There were a total of 15 people who used the service at the time of the inspection. The staffing levels during the day normally consisted of the registered manager or team leader together with a total of five care support workers. The night shift consisted of two care support workers on waking night duty and one care support worker on sleeping duty. We noted an air of calm in the home and staff were not rushed on the day of our inspection. Through our observations and discussions with staff and management, we found there were enough staff to safely meet the needs of the people living in the home. Two staff we spoke with told us that if there were more staff on duty during the day they could take people out. The team leader told us there was consistency in terms of staff so that people who used the service were familiar with staff. We saw that people who used the service were comfortable around staff. The team leader told us there was flexibility in staffing levels so that they could deploy staff where they were needed. For example, if people needed to be supported on day trips or when people had to attend appointments. The team leader and regional manager told us staffing levels were assessed depending on people's needs and occupancy levels.

We looked at the recruitment process to see if the required checks had been carried out before staff started working at the home. We looked at the recruitment records for eight members of staff. We found comprehensive background checks for safer recruitment including enhanced criminal record checks had been undertaken and proof of their identity and right to work in the United Kingdom had also been obtained. Two written references had been obtained for staff.

The home had plans in place for a foreseeable emergency. This provided staff with details of the action to take if the delivery of care was affected or people were put at risk. For example, in the event of a fire. On the day of the inspection we also observed that each person, with the exception of one, had a personal emergency evacuation plan (PEEP) in place. The person who did not have a formal PEEP in place did have a fire evacuation risk assessment in place. Following the inspection the team leader sent us evidence that the person had a PEEP in place.

There was a record of essential maintenance carried out. These included safety inspections of the portable appliances and fire equipment. There was a fire risk assessment and the fire alarm was tested weekly to ensure it was in working condition. Fire safety equipment and the emergency lighting had been checked recently by specialist contractors. A minimum of four fire drills had been carried out in the past twelve months. Risks associated with the premises were assessed and relevant equipment and checks on gas installations were documented and up-to-date.

The premises were spacious, well-maintained and clean. There was an infection control policy and measures were in place for infection prevention and control. A cleaning schedule was in place which allocated cleaning responsibilities to staff to ensure that the home was kept clean and regularly monitored.



# Is the service effective?

## Our findings

People and relatives told us that they thought the service was effective and they were satisfied with the care and support provided. One relative told us, "The care is fine. Staff are caring, respectful and helpful." Another relative said, "I am extremely happy with the care. [My relative] is very happy and comfortable there." Another relative told us, "[My relative is happy, well looked after there. Staff are very good."

Staff had the knowledge and skills to enable them to support people effectively. They had undertaken an induction when they started working at the service and we saw evidence of this. Staff received training to ensure that they had the skills and knowledge to effectively meet people's needs. Training included safeguarding, medicines, first aid, fire training, infection control and food safety. Staff spoke positively about the training they had received. One member of staff told us, "The training is good." Another member of staff said, "The training has been helpful and we are always up to date."

There was evidence that staff had received regular supervision sessions and this was confirmed by staff we spoke with. Supervision sessions enabled staff to discuss their personal development objectives and goals. We also saw evidence that staff had received an annual appraisal about their individual performance and had an opportunity to review their personal development and progress and staff we spoke with confirmed this.

There were arrangements to ensure that the nutritional needs of people were met. People's nutritional needs had been assessed and there was guidance for them and for staff on the dietary needs of people and how to promote healthy eating. There was a five weekly menu and we saw that there was a variety of different food for people to choose from. People and relatives spoke positively about the food provided in the home. One person said, "The food is really tasty. There is a variety of foods." One relative told us, "The food is fine. The meals are unbelievable." Another relative said, "[My relative] eats well in the home."

During the inspection we observed people having their lunch, which was unhurried. The atmosphere during lunch was relaxed. Dining tables were laid attractively and people sat at tables with one another and were able to engage with staff and people who use the service.

The kitchen was clean and we noted that there were sufficient quantities of food available. We checked a sample of food stored in the kitchen and found that food was stored safely and was within the expiry date with the exception of one carton of milk that had an expiry date of 13 May 2016. We pointed this out to the team leader and she disposed of the item immediately. Food in packaging that had been opened was appropriately labelled with the date it was opened so that staff were able to ensure food was suitable for consumption.

People's weights were recorded monthly so that the service was able to monitor people's nutrition. This alerted staff to any significant changes that could indicate a health concern related to nutrition. The service monitored people's food and fluid intake and this was recorded. Further, the team leader was able to explain in detail the action they would take if people had a low body mass index which included

communicating with the GP and hospital. It was evident that the team leader was aware of people's individual needs in respect of this.

People were supported to maintain good health and have access to healthcare services and received on-going healthcare support and we saw documented evidence of this. Care plans detailed records of appointments with health and social care professionals.

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.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We noted that care plans contained mental capacity assessments including information about people's mental state and cognition. Staff had some knowledge of the MCA and training records confirmed that the majority of staff had received training in this area as part of their safeguarding training. Staff were aware that when a person lacked the capacity to make a specific decision, people's families, staff and others including health and social care professionals would be involved in making a decision in the person's best interests.

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 made applications for the relevant authorisations called Deprivation of Liberty Safeguards (DoLS). The service had made necessary applications and authorisations were in place for the majority of people. We noted that two people's DoLS authorisations had recently expired and raised this with the team leader. Following the inspection, she confirmed that the necessary applications for these two people would be made immediately.

## Is the service caring?

### Our findings

When asked about the home and how they felt about living there, one person told us, "Staff are nice and friendly. Some staff are lovely." One relative told us, "On the whole, I cannot think of anywhere else better for [my relative] to be. Staff look after him very well. Staff are kind and caring. It is like a family there." Another relative said, "I am very happy with the care. Staff are caring." Another relative told us, "Staff are caring, respectful and helpful."

We observed that care staff showed interest in people and were present to ensure that people were alright and their needs attended to. Staff were attentive and talked in a gentle and pleasant manner to people. Care support staff approached people and interacted well with them.

Staff had a good understanding of treating people with respect and dignity. They also understood what privacy and dignity meant in relation to supporting people with their care. One member of staff told us, "I treat people with respect. Give people privacy and time. Choice is important." Another member of staff told us, "Listening to people is important. Ask them what they want." Another member of staff said, "I always knock on doors and greet people and communicate with them. I respect people's privacy and make sure doors are closed when assisting with personal care. I ask people what they want and always explain what I am doing before doing anything."

People had free movement around the home and could choose where to sit and spend their recreational time. We saw people were able to spend time the way they wanted. Some people chose to spend time in the communal lounge, their bedroom and the garden.

The team leader and care support staff we spoke with had a good understanding of the needs of people and their preferences. Care plans included information about people's interests and their background and the service used this information to ensure that equality and diversity was promoted and people's individual needs met. For example; care plans included detailed information about people's individual cultural and spiritual needs. People who observed specific religious practices were supported to do this. For example, people's cultural dietary requirements were documented and people were supported to attend their religious place of worship if they wished to do so.

There was an information board in the home which provided people with information and facts about various religions. The information board also provided information about the home's mission statement and philosophy which included privacy, dignity, independence, choice, rights and fulfilment.

People were supported to express their views and be actively involved in making decisions about their care, treatment and support. We saw documented evidence that people had monthly meetings with their key worker to discuss their care needs and progress. These meetings enabled people to discuss their progress and review their action plan.

All bedrooms were for single occupancy and people were able to spend time in private if they wished to.

Bedrooms had been personalised with people's belongings, such as photographs and ornaments, to assist people to feel at home.

## Is the service responsive?

### Our findings

People received care, support and treatment when they required it. Relatives were confident that staff responded to people's individual needs. All relatives we spoke with said that they would not hesitate to speak with the registered manager if they had any concerns or feedback. One relative said, "Staff really do listen." Another relative told us, "I haven't had to complain but if I did, I feel able to do so." Another relative said, "I can go to see the manager at any time. Management don't hide anything. They are very open."

People's care plans included information about a range of each person's needs including; health, care, social interactions, mobility and communication. Care plans clearly detailed how each person would like to be supported and care plans were individualised and person-centred. We noted that care plans were written in the first person so that it was clear what the individual person wanted. Care plans included a section called "About me". This contained personal profiles, details of personal preferences and routines and focused on individual needs. Care plans also included guidelines for staff in respect of caring for people's individual needs. For example; one person's care plan included guidelines about supporting this person around mealtimes. Another person's care plan included guidelines for supporting them when they displayed challenging behaviour.

Care plans were reviewed monthly and updated where when people's needs changed. The team leader told us that regular reviews enabled staff to keep up to date with people's changing needs.

We saw that there was an activities timetable detailing what activities were available. We looked at the timetable for 11 May 2016 to 24 May 2016. The timetable showed that the majority of activities available consisted of "clients to watch DVD" and "organise some activities for clients who are in the home". We found that the timetable did not include a variety of activities and was vague. We spoke with the team leader about this and she explained that they did not specify what activities were available because they left it open for people to decide what they would like to do. She explained that people played games and went on outings. On the day of the inspection we observed that in the morning, some people were involved with playing games with staff and one person spent time playing a keyboard. The team leader confirmed that they would review the timetable to ensure it included a variety of activities for people to choose from.

There was a system in place to obtain people's views about the care provided at the home. There was a suggestions box for people to communicate their feedback and comments. We saw documented evidence that resident's meetings were held so that people could raise any queries and issues. There was also documented evidence of monthly key worker sessions where people were given an opportunity to discuss their individual progress as well as other issues important to them such as the running of the home and day trips planned.

There was a complaints policy which was clearly displayed in the home. There were procedures for receiving, handling and responding to comments and complaints. We saw the policy also made reference to contacting the CQC and local authority if people felt their complaints had not been handled appropriately by the home. The service had a system for recording complaints and compliments.

A formal satisfaction survey had been carried out in May 2015 and we saw evidence that the results had been analysed by the service. The feedback was overall positive. At the time of this inspection we saw that the service was in the process of carrying out a survey for May 2016.

## Is the service well-led?

### Our findings

People who used the service and relatives we spoke with spoke positively about staff and registered manager. All people told us that they felt comfortable raising queries with them and found all staff to be approachable. One person who used the service told us, "I feel able to talk to management. [The team leader] is nice. I like her. I can speak with her. She is lovely." One relative said, "I feel able to speak with the manager. I have a good relationship with him. I can contact him when I need to." Another relative told us, "I have no concerns. I feel able to speak to the manager if I need to."

There was a quality assurance policy which provided information on the systems in place for the provider to obtain feedback about the care provided at the home. The service undertook a range of checks and audits of the quality of the service and took action to improve the service as a result. We saw evidence that audits and checks had been carried out by management in various areas such as care documentation, health and safety, maintenance in the home, complaints/compliments, staff files and training.

There was a management structure in place with a team of care support workers, team leader and the registered manager. All staff spoke positively about working at the home and told us that the morale within the home was good. Staff said that management were approachable and the service had an open and transparent culture. They said that they did not hesitate to bring queries and concerns to the registered manager or team leader. One member of staff told us, "I feel supported by management. I can go to the manager at any time." Another member of staff said, "The manager is helpful. Communication is very good in the home. There is good team working. The morale is good." On the day of the inspection we observed that there was a good working rapport between staff and they communicated well with one another.

Staff were informed of changes occurring within the home through staff meetings and we saw evidence that these meetings occurred quarterly and were documented. Staff told us that they received up to date information and had an opportunity to share good practice and any concerns they had at these meetings.

The service had a comprehensive range of policies and procedures necessary for the running of the service to ensure that staff were provided with appropriate guidance. Staff we spoke with were confident about being able to access these policies and procedures.

Accidents and incidents were recorded and included detailed information about incidents and accidents, the action taken by staff, the injury sustained as well as follow up information. This information was then reviewed by the registered manager to help prevent them reoccurring and to encourage staff and management to learn from these.

People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not have effective arrangements for the management of medicines to protect people against the risks associated with this.</p> <p>Regulation 12(2)(g) HSCA RA Regulations 2014</p>