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# Faraday House

## Inspection report

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22 August 2016

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This inspection took place on 22 August 2016. We gave the provider short notice of the inspection as this is a small service and we needed to be sure the provider and people using the service were available.

The last inspection of the service was on 01 December 2015 when we found eight breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found the providers did not manage risks to people using the service, inform the local authority of possible safeguarding incidents and did not always provide enough staff to support people. They did not carry out robust recruitment checks on new staff, had not applied to the local authority for authorisation when they placed restrictions on people and did not ensure staff had the training they needed to support people. The providers also did not involve people in planning and reviewing the care and support they received, did not always manage complaints effectively, did not promote a culture that was person centred and empowering and there was no evidence of the involvement of other professionals in people's care. We also found the adaptation, design and decoration of the service did not meet people's individual needs. The provider sent us an action plan on 22 March 2016 detailing how they would address the concerns we raised. At this inspection we found the provider had made improvements in most of the areas where we had concerns.

Faraday House is a care home for three people with mental health needs. The providers and their family lived in the property and shared some facilities with people using the service. When we carried out this inspection, one person was using the service. Since our last inspection, one person moved on to more independent accommodation and a second person passed away after a short illness.

One of the registered providers was also the registered manager. 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.

We found one breach of the regulations. The providers needed to improve the standard and recording of safety checks carried out in the service to make sure people were supported safely. This included making sure the service met fire safety standards and hot water was delivered at a safe temperature.

The providers had improved standards of monitoring and evaluating quality in the service. However, there was a need to make sure quality monitoring systems were implemented and reviewed consistently to make sure people received the care and support they needed in a safe and appropriate way.

The providers and staff had improved standards of recording and record keeping, although further improvements in records management were needed. Some records were incomplete and others were disorganised which made them difficult to review.

People were supported by staff who were suitable because the providers carried out checks before they

started work in the service. There were enough staff to make sure people received the support they needed.

The providers had systems to ensure people would receive their medicines safely and people had the support they needed to access healthcare services.

Staff had completed the training they needed to support people using the service.

The provider had improved the environment to meet the needs of people using the service.

We saw staff interacted with people in a friendly and respectful way. They respected people's choices and privacy and responded promptly to requests for support. The person we spoke with also told us that the providers and staff respected their privacy.

People received care that was focussed on their needs and the provider involved them in reviews of their support plan. Staff knew the contents of care plans and were able to answer our questions about the care and support people needed and how they provided this.

The provider had reviewed their systems for recording and responding to complaints and people told us the providers gave them information about how to make a complaint. The provider also arranged monthly meetings with people using the service to discuss any improvements or changes that were needed.

Following our last inspection in December 2015 we judged the service was Inadequate and we placed it in special measures. At this inspection we found the providers had addressed the concerns we raised with them and had made improvements to the quality of care and support people received. We have judged the service as Requires Improvement and it is no longer in special measures.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

The providers needed to improve the standard and recording of safety checks carried out in the service.

People were protected from the risks of unsafe care as the providers had systems for safeguarding them.

The provider checked staff to make sure they were suitable to work with people using the service.

There were enough staff to make sure people received the support they needed.

The provider had systems to ensure people would receive their medicines safely.

### Is the service effective?

**Good** ●

The service was effective.

Staff had completed the training they needed to support people using the service.

The provider had improved the environment to meet the needs of people using the service.

People had access to the healthcare services they needed.

### Is the service caring?

**Good** ●

The service was caring.

We saw staff interacted with people in a friendly and respectful way.

Staff respected people's choices and privacy and responded promptly to requests for support.

People also told us that the providers and staff respected their privacy.

### Is the service responsive?

Good ●

The service was responsive.

People received care that was focussed on their needs and the provider involved them in reviews of their support plan.

Staff knew the contents of people's care plans and were able to answer our questions about the care and support people needed and how they provided this.

The provider had reviewed their systems for recording and responding to complaints and people told us the providers gave them information about how to make a complaint.

The provider also arranged monthly meetings with people to discuss the running of the service and any improvements or changes that were needed.

### Is the service well-led?

Requires Improvement ●

The service was not always well led.

The providers had improved standards of monitoring and evaluating quality in the service. However, there was a need to make sure quality monitoring systems were implemented and reviewed consistently to make sure people received the care and support they needed in a safe and appropriate way.

The providers and staff carried out some monthly and weekly checks on the quality of service provision. However these had not always been effective at identifying areas for improvement.

The providers and staff had also improved standards of recording and record keeping, although further improvements in records management were needed.

# Faraday 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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

This inspection took place on 22 August 2016. We gave the provider short notice of the inspection as this is a small service and we needed to be sure the provider and people using the service were available.

One inspector carried out the inspection.

Before the inspection we reviewed the information we held about the provider and the service, including the last inspection report and the provider's action plan.

During the inspection we spoke with the person using the service, the providers and one member of staff. We also looked at care records, including the care plan for the person using the service, risk management plans, staff recruitment and training records and checks and audits the provider carried out to monitor quality in the service and make improvements.

Following the inspection we attempted to contact one social care professional working with a person using the service but we did not receive any comments from them.

# Is the service safe?

## Our findings

At our last inspection in December 2015, we found that the provider did not manage risks to people using the service, did not inform the local authority of possible safeguarding incidents, did not always provide enough staff to support people and did not carry out robust recruitment checks on new staff. The provider sent us an action plan in March 2016 and told us they had addressed the concerns we raised. At this inspection we found that the provider had improved the ways they managed risks to people using the service, their safeguarding procedures, staff recruitment and deployment.

The provider assessed possible risks to people using the service and gave staff guidance on how to mitigate these. However, these were not always effective. For example, the provider had carried out a generic risk assessment on the premises and specific risk assessments for fire safety. The risk assessments did not identify any risks to people using the service but we noted that at least three of the fire doors in the service did not close properly and would not provide protection for people in the event of a fire. We discussed this with the provider who agreed they would arrange for a suitably qualified person to carry out a fire safety assessment.

The provider and staff in the service also carried out health and safety checks to make sure people were safe, but these were not always effective. For example, the provider recorded hot water temperatures in the service but the record did not show which outlets they had tested. It was therefore not possible to tell if all hot water taps were safe for people to use without the risk of scalding.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The person using the service told us they felt safe. Their comments included, "I'm safe here, they look after me."

The provider had systems to keep people safe and staff had the knowledge and training they needed. The provider reviewed their safeguarding policy and procedures in December 2015. All of the staff working in the service, including the provider, had completed safeguarding adults training since our last inspection and training records confirmed this. They were able to tell us about actions they had taken when they had concerns about people's safety. For example, a meeting was held with the local authority's safeguarding team and one person using the service to discuss a possible safeguarding issue. The provider had also followed this up with the service's GP who visited and discussed the issue with the provider and people using the service.

Care records included risk assessments that showed the provider had considered possible risks to people using the service and taken action to mitigate these. We saw risk assessments dated 03 March 2016 that covered a person's use of alcohol, smoking and non-compliance with their prescribed medicines. The assessments included risk management plans that gave staff some guidance on mitigating the risks the provider had identified. For example, the plans instructed staff to "encourage [person's name] to minimise

their alcohol intake and notify external agencies immediately of changes in their mental health" and "take cigarettes and lighter away at night to ensure [person's name] does not smoke in their bedroom." The risk management plans also included "[person's name] will have a CPA meeting every six months and staff will work closely with external agencies to provide the support [person's name] needs." Other records showed there had been a CPA meeting in January 2016 to review the support and treatment the person received.

The provider ensured staff were suitable to work with people using the service. At the last inspection we found that a relative of the providers had returned to work in the service following a break in their employment there. The provider had not applied for a new Disclosure and Barring Service (DBS) criminal record check. At this inspection we saw that the provider had applied for the DBS check and the member of staff worked under supervision from one of the providers while they waited for the completion of the check.

The provider deployed enough staff to support people using the service. Staff rotas showed that two staff worked in the service from 08:00 – 18:00 Monday – Friday and on Sundays. On Saturdays, one member of staff worked from 08:00 – 20:00. The provider had made arrangements for people using the service to contact staff for support outside of these hours, if required. The person using the service told us there was always enough staff on duty to provide support and they had never needed to use the on-call system. Their comments included, "There's always staff around, so you can always get help when you need it."

People received the medicines they needed because the provider had systems to order, store and record their prescribed medicines. The person using the service when we carried out this inspection did not have any prescribed medicines.

The provider had safety certificates for the service's gas and electricity supplies, a record of fire safety checks and risk assessments for fire safety and the environment.



# Is the service effective?

## Our findings

At our last inspection in December 2015 we found that the provider did not have records to show that staff working in the service had completed the training they needed to support people. At this inspection we found staff working in the service had the skills, training and support they needed to work with people. Records showed that all three staff working in the service had completed training since our last inspection, including managing challenging behaviour, infection control, food hygiene, safeguarding adults and health and safety in care homes.

At our last inspection we also found that staff did not receive the regular support and supervision they needed from the provider. At this inspection we saw records of individual supervision sessions where staff had the opportunity to discuss their work with people using the service, their personal development and training needs.

We also found at our inspection in December 2015 that the adaptation, design and decoration of the service did not meet people's individual needs. Walls in all parts of the service, including bedrooms, lounges, dining rooms and bathrooms needed redecorating. People's bedrooms were bare and there was no evidence staff had supported people to personalise their rooms. During this inspection we saw that the providers had carried out some redecoration and refurbishment works and the service now offered a good standard of accommodation. In particular, all three bedrooms used by people using the service were bright, spacious and well decorated and furnished. Staff had worked with the person using the service to personalise their room with pictures and other personal belongings.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The law requires the Care Quality Commission (CQC) to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that providers only deprive people of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them.

The provider was aware of their responsibilities under the MCA and DoLS. They told us that, if they had concerns about a person's ability to make decisions about their care and treatment, they would refer them to the local mental health team for assessment. People using the service when we carried out this inspection were able make their own decisions and we saw the provider did not restrict their liberty. For example, the front door of the service was not locked and people were able to leave when they wanted. Since our last inspection the provider had also reviewed some of their care practices to ensure aspects of people's lives were not subject to restrictions. For example, people told us they were now able to access the service's kitchen later at night to make snacks and drinks.

People were involved in planning and reviewing their care and staff encouraged them to maintain and develop their independence. For example, the service provided laundry and kitchen facilities and people told us they were able to do their own washing and cooking, with staff support if needed.

Staff supported people to access other healthcare services as required. We saw that staff in the service worked closely with the mental health team and people who experienced a deterioration in their mental health were referred to the team in a timely manner. This ensured that people were supported and their well-being maintained. People's care records included information about their physical and mental health needs and the support they needed with these. Care plans also included a record of appointments with healthcare professionals, including the person's GP and psychiatric services. This showed people received the treatment and support they needed to meet their health care needs.

People told us they enjoyed the food provided in the home. Their comments included, "I talk to [staff member's name] about what I want to eat and he does it for me." Records showed that staff discussed food choices with people during their key worker sessions and also in monthly meetings for people using the service. Staff kept a record of food they provided and this showed they prepared a variety of foods for people.

# Is the service caring?

## Our findings

At our last inspection in December 2015 people told us staff were not always caring, but we saw they treated people well. We also found the providers did not always record information about people using the service. At this inspection people using the service told us the providers and staff treated them well. Their comments included, "All the staff are good, [providers' names] and [staff name] they all do their best to help me." We saw staff interacted with people in a friendly and respectful way. They respected people's choices and privacy and responded promptly to requests for support. For example, we saw staff ensured throughout our visit that the needs of the person using the service came first. During our visit, a person who had moved on from the service since our last inspection arrived to visit other people using the service, the providers and staff. Although we did not have the opportunity to speak with them, we saw the providers and staff welcomed them warmly and spent time talking with them while they had a drink. This showed people felt comfortable returning to the service to visit.

Staff demonstrated a calm and supportive approach in all of the interactions we observed. As well as responding to people's requests for support, staff spent time chatting with people and interacting socially. People appeared comfortable in the company of staff and had developed positive relationships with them.

People also told us that the providers and staff respected their privacy. They told us if they wanted to spend time on their own they could go to their room but said they usually chose to spend time in communal areas with the providers and staff.

Staff had recorded important information about people using the service, for example, their personal history, plans and hopes for the future and important relationships. They also recorded people's preferences regarding their daily support. Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided, for example people's preferences for the way staff supported them with their personal care. Staff used this information to ensure people received care and support in the ways they preferred.

People told us they were involved in all decisions about their support. They told us they had been involved in developing their support plans, including information about the coping strategies they used and how they recognised signs that they were becoming unwell. People had regular individual meetings with staff to review their support and whether any changes were needed. Details of these meetings and wider, multi-disciplinary team meetings, and any actions, were recorded in people's support plans.

Staff told us they received training to ensure they understood the values of the service and how to respect people's privacy, dignity and rights. People told us staff put this training into practice and treated them with respect. Staff described how they would ensure people had privacy, for example they ensured care was provided discreetly and any personal discussions took place in private.

## Is the service responsive?

### Our findings

When we inspected the service in December 2015 we found that the provider did not involve people in planning and reviewing the care and support they received, standards of care planning were poor, people's care plans did not reflect the support they told us they wanted and the provider did not always record and manage complaints effectively. At this inspection we saw the provider had made improvements to people's care plans and the ways they involved people, in response to our last inspection. The provider had also reviewed their procedures for recording and responding to people's complaints.

Since our last inspection, one person moved on to more independent accommodation and a second person passed away after a short illness. The provider told us they would begin to consider referrals of people to the service following this inspection. They told us they would work with local authorities to make sure they assessed people before they came to live at the service to ensure they could meet their needs. Wherever possible, they would arrange visits to enable people to spend time at the service to ensure they would fit in with people already living there.

People received care that was focussed on their needs. The care plan we reviewed was updated by the provider in August 2016 and we saw evidence the person using the service was involved in the review. The plan was person centred in that it addressed the individual needs of the person using the service and was written in the first person. For example, "I like staff to ensure I receive a well-balanced diet" and "I like staff to encourage me with my personal care. Staff should run my bath and ensure there is a change of fresh clothes." The care plans referred to the person by their preferred name and reflected their support needs, choices and preferences.

We saw how the care plan responded to a change in the person's needs. For example, we saw how the providers and staff had encouraged and supported them to address certain lifestyle choices. They had provided the person with written information and supported them through key worker meetings and daily interactions.

Staff knew the contents of care plans and were able to answer our questions about the care and support people needed and how they provided this. They completed daily records of the support they provided for people and had linked their recording to the person's support plan.

The provider told us they offered people support to access activities in the service and the local community. The care plan and daily care notes we reviewed included information about the person's interests and their daily routines. The person told us they spent most days out of the service visiting friends and this helped them to reduce the risk of becoming isolated, frustrated and unhappy. They told us they also spent time in the service and enjoyed watching films with the staff. The daily care notes we saw showed this happened regularly. They also told us staff encouraged and supported them to cook for themselves and to help with independent living skills, including their laundry and keeping their room and communal areas clean and tidy.

At our last inspection, we found the provider needed a system for recording formal or informal complaints and to provide information to people about how to make a complaint. At this inspection we found the provider had addressed this issue and had reviewed their systems for recording and responding to complaints. People told us the providers gave them information about how to make a complaint. They said they would speak with the providers or staff about any issues or concerns, but added they had not had to do this. Staff told us they would record any concerns or complaints in people's daily care notes or the record of key worker meetings. One said, "It's important we listen to people and if there are problems we would sort them out."

The provider displayed their complaints procedure on a notice board in the hallway. This set out what people could expect if they made a complaint and who they could contact if they were not satisfied with the response provided by the service. This procedure included up to date information about the Care Quality Commission. The providers confirmed there had been no formal complaints since our last inspection.

The provider also arranged monthly meetings with people to discuss the running of the service and any improvements or changes that were needed. We saw they kept a record of these meetings up until May 2016 when two people left the service. Staff told us they discussed issues including maintenance, menus and activities in the meetings and they now continued those discussions with the remaining person in their monthly key worker meetings.

## Is the service well-led?

### Our findings

At our last inspection in December 2015 we found the providers did not promote a culture that was positive, open, person centred and empowering, we saw no evidence staff supported or encouraged people to become more independent, the providers were unable to show us evidence of the involvement of other professionals in people's care and support, the providers did not seek the views of people using the service, their relatives and other health and social care professionals working with them and although the providers carried out checks on the running of the home, they did not always ensure they completed these fully and accurately. We also found records were disorganised, incomplete, out of date or missing.

At this inspection we found the providers had addressed the concerns we raised and taken action to improve standards of monitoring and evaluating quality in the service. For example, people told us they felt the providers and staff supported them in ways they preferred, involved them in planning the care and support they received and encouraged and supported them to become more independent. We also saw that the providers had worked with mental health and social care professionals to facilitate one person's move on to another service.

The Care Quality Commission registered one of the providers as the registered manager of the service. The providers employed a third family member as the only other permanent member of staff working in the service and another family member who covered shifts when required. One of the providers was a qualified nurse who told us they had worked in National Health Service (NHS) mental health services before establishing the service. They told us they kept up to date with developments in mental health services through professional magazines and websites.

The staffing arrangements were well known to the person using the service we spoke with. They were able to tell us which staff were available to provide support each day, including the weekends. The providers had a Statement of Purpose that was not dated but referred to promoting dignity, choice, rights and independence for people using the service.

The providers and staff had improved standards of recording and record keeping since our last inspection, although further improvements were needed. All of the records we requested during the inspection were available, up to date and generally well maintained but some needed further improvements. For example, the daily care notes staff completed were still very repetitive and there was the need to include more evidence of the service's efforts to provide the care and support they detailed in the person's care plan. Also, a number of policies and procedures were not dated and there was no evidence these had been reviewed or updated. Consequently, some policies and procedures referred to legislation and standards that were no longer current. This was evidence that the providers and staff may not have up to date information and guidance on which to base the care and support people using the service received. Some policies and procedures were incomplete, including the providers' quality management policy.

We recommend that the providers review their policies and procedures to ensure they are up to date and reflect current practice and legislation.

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The providers and staff carried out some monthly and weekly checks on the quality of service provision. However these had not always been effective at identifying areas for improvement around the home, or that the home was keeping up to date with current best practice. For example, we saw a record of hot water temperatures but only one temperature was recorded on each occasion, with no indication which hot water outlet was tested. People may have been at risk of unsafe care as the providers were not able to evidence that hot water was delivered at a safe temperature from all outlets.

Records management in the service needed to improve. Although records such as staff training, supervision and daily care notes were in place these were not stored in a way that made it simple to review to ensure appropriate support and care had been given. Staff records were stored individually with no overview document to enable the providers to quickly see what training staff had completed, or that supervisions were up to date. Similarly with care records, although the files had all the relevant documents, they were not arranged in an orderly manner. There were loose documents that fell out when the files were opened, giving a risk that information would be lost or misplaced.

We recommend that the providers review their record keeping procedures and practices to make sure all the records required to evidence the support they gave people using the service were available, up to date and complete.

The providers were involved in the service because it was a small business with only one care home. Both providers had a hands-on approach to care and support, and were in the home on a daily basis. They were both in constant contact with people using the service and the staff and this enabled them to observe care and practice to ensure it met the home's standards. However, there was a need to make sure quality monitoring systems were implemented and reviewed consistently to make sure people received the care and support they needed in a safe and appropriate way.

The providers and staff were aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. This meant we could check they had taken appropriate action in response to events that affected people using the service. Information for staff and others on whistle blowing was on display in the home, so they would know what to do if they had any concerns.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not ensure that the premises were safe to use for their intended purpose.</p> <p>Regulation 12 (2) (d)</p>