

Residential Care Providers Limited

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Inspection report

157 Harrow View
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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

We undertook an unannounced inspection on 27 April 2017 of Residential Care Providers Limited – 157 Harrow View. Residential Care Providers Limited - 157 Harrow View is a small care home registered to provide accommodation and support with personal care for five people with learning disabilities and complex needs. At the time of this inspection, five people were using the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission [CQC] 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.

People's health and social care needs had been appropriately assessed. Care plans were person-centred, and specific to each person and their needs. Care preferences were documented and staff we spoke with were aware of people's likes and dislikes. Care plans were reviewed and were updated when people's needs changed.

Relatives informed us that they were satisfied with the care and services provided. Relatives also told us that they were confident that people were safe in the home.

Systems and processes were in place to help protect people from the risk of harm. Staff had received training in safeguarding adults and knew how to recognise and report any concerns or allegations of abuse.

Systems were in place to make sure people received their medicines safely. Arrangements were in place for the recording of medicines received into the home and for their storage, administration and disposal.

We found the premises were clean and tidy. There was a record of essential maintenance carried out at the home. Bedrooms had been personalised with people's belongings to assist people to feel at home.

Staff had been carefully recruited and provided with induction and training to enable them to support people effectively. They had the necessary support, supervision and appraisals from management.

Staff we spoke with had an 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. The home had made necessary applications for DoLS as it was recognised that there were areas of the person's care in which the person's liberties were being deprived. Records showed that the relevant authorisations had been granted and were in place.

There were suitable arrangements for the provision of food to ensure that people's dietary needs were met.

Staff were informed of changes occurring within the home through daily handovers and staff meetings. 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.

There was a management structure in place with a team of care workers, deputy manager and registered manager. Staff spoke positively about working at the home. They told us management were approachable and the service had an open and transparent culture. There were systems in place to monitor and improve 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.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Residential Care Providers Limited

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 provide a rating for the service under the Care Act 2014.

The inspection team consisted of one inspector. Before we visited the home we checked the information we held about the service and the service provider including notifications and incidents affecting the safety and well-being of people. No concerns had been raised.

There were five people using the service. All the people had learning disabilities and could not always communicate with us and tell us what they thought about the service. Because of this, we spent time at the home observing the experience of the people and their care, how the staff interacted with people and how they supported people during the day.

We spoke with two relatives. We also spoke with the registered manager and two care workers. We reviewed three people's care plans, four staff files, training records and records relating to the management of the service such as audits, policies and procedures.

Is the service safe?

Our findings

Relatives of people using the service told us they felt their family member was safe in the home and they had no concerns about people's safety.

Records showed care workers had received training in how to safeguard adults and were aware of actions to take in response to a suspected abuse.

Comprehensive risk assessments were in place in relation to people's care. The risk assessments identified risks according to people's specific needs and measures were in place to manage the risks and keep people safe. Proactive strategies were in place for people, who at times, may display behaviour that challenged the service.

Control of Substances Hazardous to Health (COSHH) risk assessments were also in place which detailed the risks of products that could be potentially be hazardous to people's health. The assessments included information on the risks and measures in place to minimise any risk and to keep people safe from infection and contamination. All COSHH products in the home were safely locked away.

There were adequate numbers of staff on the day of the inspection. We noted there was a high retention level of care workers in the home. Care workers had worked at the home for a number of years which provided stable continuity and consistency with people's care. We observed good teamwork and communication amongst the care workers who were aware of their duties and supported each other where necessary.

Care workers told us there was enough staff and they did not feel pressured to carry out their duties. They also spoke positively about the teamwork within the home. They told us "We work well together", "We sort things out amongst ourselves, there is good team work" and "Everyone works well. The work is separated and divided equally between staff. [Registered manager] is fair and he does his bit too!."

There were effective recruitment and selection procedures in place to ensure prospective employees were suitable and did not pose a risk to people using the service. Records showed appropriate checks had been undertaken.

Medicines were managed safely. Staff received training and their competency was assessed to ensure they administered medicines safely. Medicines records were fully completed which indicated people received their medicines at the prescribed time. Medicines were stored appropriately and there were arrangements in place with the local pharmacy in relation to obtaining and disposing of medicines.

Medicines audits were completed by the local pharmacy. We reviewed the most recent pharmacist's audit dated 13/03/2017. There were no concerns identified and no areas required any follow-up. The audit covered all important aspects such as self-administration, medicine records, management of medicines administered when needed [PRN], and disposal of medicines.

People using the service needed to be supported with their finances as they did not have the capacity to do so themselves. Care plans detailed the level of capacity people had in relation to their finances and the level of support they would need from staff with managing their finances. Two people using the service had appointees in place and for one person a deputy had been appointed by the Court of Protection to manage their affairs. The provider acts as appointees for two people using the service. Records showed local authorities were aware of the financial arrangements in the home.

Records showed some checks on people's finances were in place on a daily basis during staff handover and the registered manager also conducted checks on the finances. Although there were some checks in place, there was a lack of external auditing conducted to ensure people's finances were being managed safely and appropriately. The registered manager told us they would review this and liaise with local authorities to ensure this was in place.

Comprehensive health and safety checks and maintenance of the building and equipment were undertaken. A health and safety risk assessment of the premises had been completed to ensure the home was maintained and any risks to people's health and safety were identified and addressed. The registered manager told us the water temperature was controlled to ensure the water temperature did not exceed the recommended safe water temperatures. Fire drills had been carried out, testing of the fire alarm and equipment were completed weekly by staff. Risk assessments and 'safe procedures' were in place for each person outlining the risks and support people would need in the event of a fire. Accidents and incidents were recorded and reviewed to ensure measures were in place to minimise the risk of reoccurrence.

The service had a Business Contingency Plan in place to ensure there were arrangements in place to keep people safe in the event of instances such as a disruption to gas and electricity supply, flood, severe weather and emergency evacuation. The registered manager also showed us an emergency bag they had available in the home in case of an emergency. The emergency bag contained items such as contact details of the local authority, summary sheets of each person using the service, water, spare clothes, torches and first aid equipment.

Is the service effective?

Our findings

Relatives spoke positively about the staff. Relatives told us "Care workers are very good", "They do their best" and "Care workers are very nice, dedicated, able and know what they're doing."

Staff told us that they felt supported by their colleagues and management. Records showed care workers received on-going training to ensure that they developed and maintained their skills and knowledge. Staff told us "Training is useful. We need to know these things and keep in line with any updates" and "The training does help me to do my job." Records showed that staff had also obtained national vocational qualifications (NVQ) in health and social care. Staff received regular supervision and appraisal to review and monitor their performance.

Care workers spoke positively about working in the home "It's good. I like working here", "It's good to see the positive changes in people which we see", "No problems. I am very happy here. I am very satisfied" and "There is a cheerful atmosphere here."

There were policies in place and care workers had received training on the Mental Capacity Act 2005 (MCA). Where people had been assessed to lack mental capacity to take particular decisions, records showed decisions were made on their behalf in their best interests which involved person's next of kin and relevant healthcare professionals. Standard authorisations were in place for people using the service as it was recognised there were areas of people's care in which their liberties were being deprived to ensure people were supported appropriately.

People were supported to maintain good health. People's health and medical needs were assessed and we viewed records demonstrating that they were supported to access health and medical services when necessary. The home had good links with community healthcare professionals who were familiar with people's needs. Records showed an 'annual health check' record for each person using the service was carried out to ensure there was current information available about people's health needs, and people's health was continually monitored to ensure they received the healthcare they needed.

Health Passports were also in place which showed detailed information about people's healthcare needs, medicines, allergies, likes and dislikes and areas they need support. This ensured people received the appropriate support and least disruption to their care when admitted to hospital.

People were supported with their nutrition and hydration needs. We saw that drinks and snacks were always available throughout the day. We noted people's requests for food or drink were promptly adhered to and people's choices respected. The kitchen and dining areas were fully accessible to people using the service throughout the day. We asked how the service monitored what people ate to ensure they had a healthy and balanced diet. Care workers showed us records that were made on a daily basis outlining what people had eaten and drank throughout each day and evening. We observed the evening meal was freshly cooked.

We found the premises were clean and tidy and the environment was adapted to people's needs. The

registered manager showed us some new furnishings that had been bought for the home which provided a pleasant living environment for people using the service. A relative told us "Things get mended, they keep the place looking good."

Is the service caring?

Our findings

During the inspection, we observed positive relationships between people and the staff. We observed that staff showed interest in people and were present to ensure that people were alright and their needs attended to. Staff were kind, attentive and spoke in a gentle and pleasant manner to people. Staff approached people and interacted well with them.

We saw people being treated with respect and dignity. Staff had a good understanding of treating people with respect and dignity. Care workers told us "You close the door. Whatever they can do, we let them do that and I always explain what I am going to do", "We wait outside the toilet and give them their space, talk to them and always explain to them so they are comfortable" and "We are here to help them."

People could choose where to sit and spend their recreational time. We saw people were able to spend time the way they wanted and their privacy was respected. Bedrooms had been personalised with people's belongings, to assist people to feel at home. We noted people using the service were able to get up and dressed when they choose to do so and were not rushed or pressured by staff to get ready. When speaking with staff, they were very knowledgeable about people's morning routines. Staff showed respect and accommodated people's choices and preferences.

Care plans set out how people should be supported to promote their independence and detailed what people could do for themselves and areas where they needed support. During the inspection, we observed staff promoting people's independence where they could. For example, a care worker supported a person in their wheelchair to the kitchen. We observed the care worker gently prompted the person to use the wheelchair themselves and used words of encouragement. The care worker said to the person "Why don't you try...you can do it." The care worker observed patiently what the person could do and promptly supported the person when they indicated they needed support. Another care worker told us "[Person] can make their dinner but we have to make sure [person] eats healthy food too!"

People's care plans contained 'Communication Passports' which provided personalised information on how people communicated and how staff should communicate with them. Information showed people used key words such as 'bubble bath' which meant the person wanted to go and buy some toiletries. During the inspection, we observed staff interacting well with people and spoke with them in ways that people were able to understand. We observed a person who was unable to verbally communicate used a particular gesture. The care worker was fully aware of what this meant. The care worker told us the person wanted some cheese as this was something they really enjoyed as a small snack and this was the person's way of letting them know.

There were annual review meetings with people using the service, relatives and healthcare professionals in which people's care was discussed and reviewed to ensure people's needs were being met effectively. The registered manager told us there was regular contact with relatives. When speaking with relatives they confirmed this. Relatives told us "Any appointments, incidents, they will keep me updated. They always let

you know" and "I am always kept updated."

Is the service responsive?

Our findings

Relatives spoke positively about the service and care people were receiving. They told us "Very well looked after, we are pleased", "Totally satisfied", "Really happy with the service. No problems at all" and "We have no concerns."

People received personalised care that was responsive to their needs. Care plans were person-centred and comprehensively detailed the support people needed with all areas of their care. Corresponding risk assessments were also in place to ensure any risks were identified and measures in place as part of their care to ensure people were kept safe.

Alongside people's care plans, 'Running files' were in place. These were completed by staff which detailed daily notes of people's care and well being each day so staff had up to date information about people's current needs. This demonstrated that the registered manager were aware of people's specific needs and provided appropriate and up to date information for all care workers to ensure they provided the appropriate support according to people's specific needs.

Throughout the inspection, we noted by observing and speaking to care workers, they were very knowledgeable about people's needs and provided the appropriate care promptly, patiently and in a caring manner. People using the service were observed to be very comfortable around staff and openly indicating whether they needed anything at any time.

The service was very responsive to people's needs and ensured people received the appropriate support which enabled a positive impact and outcome for people and the quality of people's lives. For example, for one person using the service whose behaviour, at times challenged the service, the registered manager told us and records from the person's psychiatrist showed that as result of the support the person received from the home and staff, this has led to them to not needing to take any medicines to manage their behaviour. The person's relatives confirmed this and told us "Yes this is very good this had happened. [Person] is much calmer. They are well supported with staff which has helped. The home does not use agency staff and [person] is familiar and comfortable with the staff that are there."

The registered manager told us and records showed that external trainers were used to train staff on positive behaviour techniques. Staff had the skills and awareness of the possible triggers of behaviours that may challenge the service and the support people needed to make them feel at ease and minimise escalation of the behaviour. Staff told us they found the training useful. This resulted in having a positive impact on people using the service. People's care plans also contained positive behaviour guidelines including information on gentle deflection techniques to ensure people safely received the appropriate support according to their specific needs and behaviours.

The registered manager told us about a person whose health needs had severely deteriorated, they told us about the excellent support the staff provided for the person and how they worked well together to ensure the person received appropriate care. The registered manager told us it was a very difficult time and he was

proud of the staff and their efforts. Relatives confirmed this and told us "They looked after [person] really well. I have nothing but praise for them."

People were supported to take part in activities and maintain links with community. During the inspection, people went out into the community. Relatives told us "[Person] is taken out for lunch, goes on walks, helps with the cooking and cleaning" and "They take [person] out and will get things for their room. [Person] likes to eat out and staff take them."

We noted the radio was on during the day and people using the service indicated they enjoyed listening to the music for example, they prompted staff by gestures to turn the volume up when it was low. The music was switched off when people went out however when they returned, they indicated they wanted the music on again. Staff told us people liked the music and the radio was in the living room so they could all enjoy it. This showed that staff were responsive and promoted people's choices and wishes.

People were able to visit family and friends, receive visitors and were supported and encouraged with maintaining relationships with family members. A relative told us the staff would "Drop people off and pick them up, even at short notice which is very helpful."

There were arrangements in place for people's needs to be regularly assessed, reviewed and monitored. Records showed when a person's needs changed, the person's care plan had been updated accordingly and measures put in place if additional support was required.

There were procedures for receiving, handling and responding to comments and complaints which also made reference to contacting the Local Government Ombudsman and CQC if people felt their complaints had not been handled appropriately. There were no recorded complaints received about the service. Relatives we spoke with had no complaints or concerns about the service.

Is the service well-led?

Our findings

When speaking with relatives, they spoke positively about the service and the registered manager. They told us "Any concerns I will ring them up", "He is really good and runs a good ship", "Anything that is not right, [registered manager] is on it", "I can always speak to him and he is contactable anytime. Very approachable" and "He has their care at heart and is brilliant at his job."

We found the registered manager to be knowledgeable about people's needs. He could tell us in detail about the support each person was receiving. He knew about important operational aspects of the service. The registered manager ensured staff received the appropriate support and training to ensure they were suitably competent to support people effectively.

This showed the registered manager effectively managed the service so that people received the support they needed. During the inspection we observed the registered manager also supported people and demonstrated a 'hands on approach' and led by example.

The service worked closely with health and social care professionals and other agencies to make sure people received the service they needed so they achieved positive care outcomes.

Care workers spoke positively about the registered manager and the open and transparent culture within the home. During the inspection, we observed staff communicated well, supported each other and worked well as a team. They told us "[Registered manager] is a good manager. Very fair. I have no hesitations to speak to him. He cares and we have a good team", "[Registered manager] is doing a great job", "You can't fault this place", "It is just like a family here", "and [Registered manager] is a very good manager. He helps out in the home and helps us" and "If I have a problem. I can go to him straight away"

Records showed staff meetings were being held and minutes of these meetings showed aspects of people's care were discussed and staff had the opportunity to share good practice and any concerns they had. Care workers told us "The team meetings are good and you can openly contribute" and "Everybody can speak about anything and we sort out any problems. Everyone is open."

The registered manager completed comprehensive audits which covered areas such as health and safety, maintenance, staffing levels, healthcare needs and review of documentation including care plans. This ensured the quality of care was regularly monitored and evaluated and any areas of improvement were identified and actioned to influence best practice which had a positive impact on the quality of service received by people.

People and relatives were asked for their views about the service and their feedback was acted on to improve care provided. This was done through them providing people with the opportunity to complete feedback questionnaires. We reviewed a sample of the questionnaires and noted positive feedback had been received about the service. Records also showed staff were also asked to provide feedback about the service, how it was managed, staff development, staff empowerment and service values and objectives.

Completed staff surveys showed staff felt positive about the management of the service and felt valued.

Care documentation was up to date and comprehensive. The home had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.