

Nisacraftcare Limited

# 24 Fortune Gate

## Inspection report

24 Fortune Gate Road  
Harlesden  
London  
NW10 9RE

Tel: 07538974522

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15 March 2022

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### Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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# Summary of findings

## Overall summary

### About the service

24 Fortune Gate is a residential care home providing personal care to two people with learning disabilities and autistic people at the time of the inspection. The service can support up to three people.

### People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

### Right support:

Staff supported people using person centred guidance. They had engaged with specialist professionals where appropriate to develop plans to meet people's specific needs. The provider had recruited staff who were able to communicate with people using languages they understood.

### Right care:

People's care plans and risk assessments were person centred and had been updated to reflect changes in their needs. People were treated with dignity and respect. Staff were provided with guidance on meeting people's communication, behavioural and cultural needs and preferences. People were treated with dignity and respect. We observed staff engaging positively with people and asking for consent.

### Right culture:

The provider had ensured staff were provided with the support and tools they required to ensure people's needs and preferences were met. There was evidence that family members and others were engaged in people's support where they were unable to make decisions for themselves.

People's medicines were safely managed. People were protected from preventable risk, including risk of infection.

Staff were safely recruited and received the training, supervision and support to enable them to meet people's assessed needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems at the home supported this

practice.

The provider had undertaken regular quality assurance monitoring to ensure the home was meeting regulatory standards and best practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Why we inspected

This service was registered with us on 14 January 2020 and this is the first inspection.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our well-led findings below.

# 24 Fortune Gate

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

24 Fortune Gate is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. 24 Fortune Gate is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since its registration. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they

plan to make. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We communicated with the two people who lived at the home. People had limited verbal communication but responded to simple words and gestures using signs, words and body language. We observed staff communicating with people using signs and language they understood.

We spoke with three members of staff including the registered manager, a support worker and a business manager.

We reviewed a range of records. This included two people's care records and two medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with a professional who had recently visited the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had safeguarding policies and procedures that outlined their responsibilities in ensuring people were supported safely.
- Staff had received training in safeguarding adults. They understood the different types of abuse and their responsibilities in ensuring people were safe from the risk of harm.
- The service kept a log of safeguarding concerns. There had been no safeguarding concerns raised in relation to the people currently living at the home. An earlier concern had been closed by the local authority who had identified there was no evidence nor risk of harm.

Assessing risk, safety monitoring and management

- People had detailed and up-to-date risk assessments. These included information about risks associated with, for example, behaviours, self and personal care, medicines and community activities. These were reviewed on a regular basis and updated where there were any changes.
- People's risk assessments included guidance for staff on how to manage identified risks.
- The registered manager and staff understood risks to people using the service and how they should act to manage these. A staff member said, "[Person] can show behaviours that are harmful to them. We try to identify when they become anxious and do things to help them calm down." This was confirmed by the person's care records and risk assessments.
- Staff knew what to do in case of any emergency. Fire and other safety systems were regularly checked and maintained.
- We looked at the home's accident and incident records. The provider had taken action to reduce the likelihood of incidents recurring, and people's care plans and risk assessments had been updated to reflect such actions where appropriate.

Staffing and recruitment

- Staff were recruited safely. All staff had pre-employment checks carried out to ensure they were suitable for the roles they would be undertaking. These included criminal records and reference checks.
- There were enough staff to ensure people's needs were met. There was always one staff member on shift during the day or night. A staff member told us they thought this was enough, and that additional staffing was provided where people went on outings or to appointments. The home's staffing rotas showed that additional staff had been rostered to enable individual activities and appointments outside the home.
- The registered manager told us that agency staff were rarely used. Where there were staffing emergencies, these were usually covered by staff working at the provider's supported living service.
- The provider had recruited staff who were able to communicate with people in their first language.

### Using medicines safely

- People's medicines were safely stored and recorded. Their medicine administration records (MARs) showed there were no unexplained gaps in administration of medicines.
- Staff had received training in safe administration of medicines. Competency checks of their knowledge and practice had been carried out. A staff member whom showed us the home's medicines procedures understood why people's medicines had been prescribed.
- People had protocols in place for PRN (as required) medicines. These provided guidance for staff on when and how these should be administered. People's MARs showed that when PRN medicines were administered, the reasons were recorded.
- People's medicines were regularly audited. Daily stock counts took place. A manager undertook quarterly audits of medicines. The provider had recently introduced an electronic monitoring system which enabled immediate identification of gaps in people's medicines records.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider had followed government guidance throughout the COVID-19 pandemic in relation to visiting in care homes. Arrangements were in place to support people's personal visitors to take a lateral flow test on entry to the home if required. PPE, including masks, and hand sanitiser was available to all visitors on entry. Temperature checks were undertaken for all visitors. Professional visitors were required to show evidence of a lateral flow test taken on the day of the visit. Procedures were in place to enable people to receive visitors safely. People were also supported to visit their families on a regular basis.

### Learning lessons when things go wrong

- The provider monitored incidents, accidents and near misses in relation to people's safety. People's care plans and risk assessments were updated following incidents to reduce any risk. Where necessary, the provider sought support from specialist professionals and their advice was used to develop people's care plans and risk assessments.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's assessments were regularly reviewed and updated where there were any changes.
- People's assessments included information about their care and support needs and preferences, along with information in relation to their cultural, dietary and religious needs.
- People's family members, and relevant professionals where appropriate had been involved in the reviews of their assessments.

Staff support: induction, training, skills and experience

- Staff members had received an induction before they commenced working at the home. This included mandatory training including, for example, safeguarding adults, infection control, medicines administration, and a range of other training relevant to their roles.
- Staff received regular supervision from a manager. Their supervision notes showed staff were able to discuss issues in relation to people's needs, their care practice, training and other support needs.
- A staff member told us they did not have to wait for supervision session to receive support from a manager. They said, "Managers are really good. I can contact them at any time for support."
- The provider had a 24 hour on-call system to enable staff to receive support in an emergency. Details of this were pinned to the notice board in the home's office.

Supporting people to eat and drink enough to maintain a balanced diet

- People living at the home were of South Asian origin and their daily menus reflected that they were offered a range of culturally appropriate foods. A staff member told us that menus had been designed in partnership with people and their families.
- People's care records showed they were provided with alternative meals of their choice should they prefer to eat something that was not on the daily menu.
- Information about people's dietary needs and preferences was included in their care plans. Staff monitored people's food and drink intake, and regularly checked they were maintaining healthy weights. The registered manager told us staff would make a referral for support from a dietician if there were concerns about people's ability to maintain a healthy weight.

Adapting service, design, decoration to meet people's needs

- People living at the home did not have specific mobility or sensory impairments. The registered manager told us that, if people required environmental support to meet any change in needs, the provider would make every effort to adapt the environment to enable them to stay where they preferred.

- People's bedrooms and the home's communal areas were spacious and decorated to suit their preferences and assessed needs.
- People had access to a garden. A staff member told us this was used regularly in good weather.

Supporting people to live healthier lives, access healthcare services and support

- People's care records showed they had regular access to healthcare support, including GPs and specialist health professionals where required.
- People's care plans and risk assessments provided guidance for staff on managing specific health risks. For example, regular monitoring of a person's blood pressure had taken place.
- People were offered opportunities to go for walks in local parks.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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 had the appropriate legal authority and were being met.

- The provider had assessed people's capacity to make decisions. The capacity assessments met the guidance associated with the MCA.
- People had DoLS in place and the provider had a system for applying for DoLS renewals to the relevant local authority.
- The provider had involved other professionals and family members, where appropriate, in making best interest decisions in accordance with the MCA where people did not have capacity to make a decision. For example, a best interests decision making process had been carried out for a person with a fear of dentists.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed staff and managers engaging with people in a caring and respectful way, taking into consideration their individual communication needs. People were observed to respond positively.
- Managers and staff were knowledgeable about people's needs.
- People's care plans reflected their needs in relation to equality and diversity and provided guidance for staff in relation to meeting these.
- Although we had limited communication with people, they indicated they were satisfied with living at the home.

Supporting people to express their views and be involved in making decisions about their care

- People living at the home had limitations in relation to their ability to engage in some decision making. This was recorded in their care plans, along with guidance for staff on enabling people to make decisions as far as possible.
- A staff member said, "We offer choices and we can tell when they are not happy with these. Then we try something else."
- The provider worked closely with family members to support decision making where appropriate. The registered manager told us they would consider using an advocacy service, but since people's family members were engaged and supportive this had not been required.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect.
- We observed staff asking people for consent when providing support to them.
- Staff were observed knocking on people's doors and asking them for permission to enter.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's support plans were person centred. They were regularly reviewed and updated to reflect people's individual needs and preferences. The plans included guidance for staff on how people preferred to be supported.
- People's support plans included information about their personal histories, their hobbies and interests, likes and dislikes, communication needs, and personal and cultural preferences.
- Staff maintained daily care records describing the care and support they had provided to people. The daily records we viewed were up to date and reflected this information and guidance contained in people's support plans.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- We asked the registered manager about the provider's approach to meeting the AIS. They provided us with examples of accessible information such as communication passports and pictures in relation to choosing activities.
- The registered manager and a staff member told us people living at the home did not read nor respond readily to picture assisted information. However, there was some evidence that pictures were used to support people to make decisions about, for example, activities and meals.
- People's care plans included information about how they preferred to be communicated with. We observed a staff member using a combination of words and signs to communicate with people.
- People's first languages were not English, and the provider had recruited staff who were fluent in their preferred languages.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain contact with their families.
- People were supported to attend a South Asian day centre. Although, the centre had been closed during the Covid-19 pandemic, at the time of our inspection people had started attending again.
- People were offered opportunities to visit local shops and parks, and to eat out at local restaurants.
- People had access to South Asian tv channels and were watching Indian movies when we visited. Staff

also played Indian music that was enjoyed by people. A range of games were available to people and we noted from daily care records that these were used in the home.

- However, people's daily care records showed some staff had not always recorded the activities people engaged with. The registered manager told us they would remind staff to always record activities as well as care tasks.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure. This was available in an easy to read picture-assisted format.
- We looked at the home's complaints records and noted there had been no recent complaints raised. People's care records showed that complaints and concerns were addressed immediately

End of life care and support

- People living at the home did not require end of life support. The registered manager told us that, if they did, the service would work with health professionals to enable people to spend the end of their lives at the home if possible.
- Information about people's end of life needs was included in their care records.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were observed to have positive relationships with staff and managers. One person indicated, using a combination of signs and words, that they liked living at the home. We observed people being asked for their views and preferences in languages they understood.
- We observed the registered manager engaging with people and staff in a relaxed and knowledgeable way. They demonstrated they were aware of people's needs and the support they required.
- A staff member told us they felt well-supported by the registered manager and other senior team members. "There is always someone to provide help when we need it, at any time of day or night."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the need to report incidents to the local authority where appropriate. They described the importance of being open and honest when things go wrong.
- The registered manager understood the importance of notifying CQC about significant incidents and events at the home.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager, other senior staff and support worker we spoke with understood their responsibilities in maintaining and improving the quality of care provided and in ensuring the best possible outcomes for people.
- There were systems in place to monitor the quality of support provided to people. People's support records were regularly reviewed. A range of regular monitoring activities took place. These included audits of records, safety, infection prevention and control, medicines administration, staff records and people's support plans.
- The provider had recently introduced an electronic quality assurance monitoring system at the home. The registered manager demonstrated how this was used to enable managers to immediately identify gaps in records and address these with staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had systems in place to ensure people were engaged and involved in the service provided by

the home.

- The provider had recruited staff who were fluent in people's first languages. Signs and pictures were also used to support engagement where appropriate. People's care records showed they were regularly asked for their views about the home.
- Family members and significant others were involved in people's care. Although we were unable to engage with people's family members during our inspection, people's care records showed staff had regular contact with them and had asked them for their views.
- Staff were supported to attend regular team meetings. A staff member told us they valued these meetings and were able to share information and ask questions. They said, "Managers are very good at making sure we have information we need."

Continuous learning and improving care: Working in partnership with others

- The provider actively engaged with other professionals in meeting people's needs.
- We saw evidence of referrals to specialist learning disability and behavioural specialists on behalf of people. Guidance provided by specialist professionals was included in people's care plans and followed by staff. The registered manager and a staff member described how a person's anxieties had reduced as a result of partnership working with a behavioural team.