

Harrow Council

Watkins House

Inspection report

50 Woodlands Road
Harrow
Middlesex
HA1 2RS

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20 April 2017

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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 announced inspection of Watkins House on 20 April 2017.

Watkins House is an extra care housing service providing personal care to people. Watkins House is a purpose built block of flats on 3 levels, containing 44 flats. The service provides support to older people to remain independent and live in their own flat within their community. At the time of inspection the service provided personal care to 13 people who lived in flats in Watkins House.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was previously owned by another organisation but was taken over by the local authority in June 2016. The service was registered with the CQC in June 2016. This inspection on 20 April 2017 was the first inspection for the service under new management.

During the inspection, the registered manager and service manager explained to us that the service was going to close in the next 18 to 24 months. They explained that the site would be redeveloped to provide supported housing on the current Watkins House site. They confirmed that Consultation regarding the proposal had commenced with people, families, staff and social workers to relocate people to a new home either for a short time until the new Watkins House site was completed or for a permanent tenancy of their choice and suited to their needs.

People who used the service informed us that they were satisfied with the care and services provided. People told us they were treated with respect and felt safe when cared for by the service. They spoke positively about care workers and management at the service.

Systems and processes were in place to help protect people from the risk of harm and care workers demonstrated that they were aware of these. Risk assessments had been carried out and care workers were aware of potential risks to people and how to protect people from harm. These included details of the triggers and warning signs and how to support people appropriately. Care workers had received training in safeguarding adults and knew how to recognise and report any concerns or allegations of abuse.

We checked the arrangements in place in respect of medicines. Care workers had received medicines training and policies and procedures were in place. We looked at a sample of Medicines Administration Records (MARs) and found that all of these were completed fully with no unexplained gaps. The service had an effective medicines audit in place.

Care workers had the necessary knowledge and skills they needed to carry out their roles and

responsibilities. Care workers spoke positively about their experiences working for the service and said that they received support from management and morale amongst staff was positive.

Care workers had a good understanding of and were aware of the importance of treating people with respect and dignity. Feedback from people indicated that positive relationships had developed between people using the service and staff and they were treated with dignity and respect.

People received care that was responsive to their needs. People's daily routines were reflected in their care plans and the service encouraged and prompted people's independence. Care plans included information about people's preferences.

The service had a complaints procedure. People we spoke with said that they felt able to complain to management but did not have any complaints.

There was a management structure in place with a team of care workers, a team leader, a registered manager and a service manager. Staff told us that communication was good at the service and said they received up to date information. Staff were informed of changes occurring within the service through staff meetings where they had an opportunity to share good practice and any concerns.

Systems were in place to monitor and improve the quality of the service. The service also 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?

Good ●

The service was safe. People told us that they felt safe around care workers and in the service and raised no concerns in respect of this.

Risks to people were identified and managed so that people were safe and their freedom supported and protected.

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

Appropriate arrangements were in place in relation to the management and administration of medicines.

Is the service effective?

Good ●

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 the registered manager.

People's health care needs and medical history were detailed in their care plans.

Is the service caring?

Good ●

The service was caring. People told us that they were satisfied with the care and support provided by the service.

Staff were able to give us examples of how they ensured that they were respectful of people's privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care.

Staff had formed positive relationships with people.

Is the service responsive?

Good ●

The service was responsive. Care plans included information about people's individual needs and choices.

The service had a complaints policy in place and there were procedures for receiving, handling and responding to comments and complaints.

Is the service well-led?

Good ●

The service was well led. People spoke positively about the management of the service.

The service had a clear management structure in place with a team of care workers, the team leader 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. Regular checks were carried out and there were systems in place to make necessary improvements.

Watkins 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.

One inspector carried out the announced inspection on 20 April 2017. We told the provider two days before our visit that we would be coming. We gave the provider notice of our inspection as we needed to make sure that someone was at the office in order for us to carry out the inspection.

Before we visited the service we checked the information that we held about the service and the service provider including notifications we had received from the provider about events and incidents affecting the safety and well-being of people.

During our inspection, we reviewed four people's care plans, three staff files, training records and records relating to the management of the service such as audits, policies and procedures. We spoke with six people who used the service. We also spoke with six members of staff including care workers, one team leader, the registered manager and the service manager.

Is the service safe?

Our findings

People who used the service told us that they felt safe around care workers. When asked whether they felt safe, one person said, "I feel safe." Another person told us, "I am happy here. I feel safe in my flat."

Risks to people were identified and managed so that people were safe and their freedom supported and protected. Comprehensive risk assessments were completed for each person using the service for example in relation to choking, falls, epilepsy and self-neglect. These identified potential risks and triggers, and included preventative and protective measures that needed to be taken to minimise risks as well as clear and detailed measures for care workers 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. Risk assessments were signed by people who used the service to indicate that they agreed with the risks and the action plan in place to support them. Risk assessments were updated when there was a change in a person's condition and we saw evidence of this.

Safeguarding policies and procedures were in place to help protect people and help minimise the risks of abuse to people. The policy referred to the local authority, police and the CQC. Information about safeguarding procedures was clearly displayed throughout the service. Care workers had received training in safeguarding people and training records confirmed this. Care workers 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 immediately. Staff were also aware that they could report their concerns to the local safeguarding authority, police and the CQC.

The service had a whistleblowing policy and contact numbers to report issues were available. Staff we spoke with were familiar with the whistleblowing procedure and were confident about raising concerns about any poor practices witnessed.

Through our observations and discussions with staff, we found there were enough staff to meet the needs of people who used the service. Staff we spoke with told us that they felt that there were enough staff and said that they had no concerns about this. The registered manager told us that there were sufficient numbers of staff and explained that they reviewed staffing numbers depending on people's needs and occupancy levels.

We looked at the recruitment process to see if the required checks had been carried out. We looked at the recruitment records for three members of staff and found 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. We did not see evidence of two written references on staff files we looked at and discussed this with management. The service manager confirmed that staff references were not kept at Watkins House. Instead, she explained that these were retained by the local authority human resources department. Following the inspection, we received evidence from the human resources department confirming this.

There were suitable arrangements for the administration and recording of medicines. There was a policy and procedure for the administration of medicines. Records indicated that staff had received training on the administration of medicines and knew the importance of ensuring that administration records were signed and medicines were administered. We looked at a sample of 10 medicine administration records (MARs) for various people and saw that these had no unexplained gaps. This demonstrated that medicines were being administered as prescribed.

Medicines in extra care housing should be stored in people's own flats in accordance with guidance and we found that medicines were stored in this way at the service. Each person had a lockable cabinet in their flat where they stored their medicines.

The service had a system for auditing medicines. Management carried out monthly medicines audits which involved looking at MARs completion and medication stock. We noted that where management had identified any mistakes or issues as part of the audit, they recorded the follow up action required and what actions had been completed. For example, one audit had identified that blue ink had been used on a MAR sheet. There were details of what action the service had taken in respect of this which included discussing this with the member of staff during their supervision session.

There was a record of essential maintenance carried out to ensure that people lived in a safe environment. This was carried out by the Housing Services, Harrow Council that was located within Watkins House. The service carried out a daily safety check which included checks of the premises to ensure they were safe. However, we noted that this was not formally documented and spoke with management about this. They confirmed that they would ensure that daily checks were clearly documented. We saw evidence that the gas boiler had been inspected. The electrical installations inspection had been carried out and there was documented evidence of maintenance work carried out on the home's wiring.

There were arrangements for ensuring fire safety in the home. People had a PEEP (personal emergency and evacuation plan) in place. There was an evacuation plan for the home. The fire alarm was tested weekly to ensure it was in working condition and this was documented. However, we noted that the most recent fire alarm test had been scheduled for 14 April 2017, but this had not been carried out. Housing Services, Harrow Council explained that this was an oversight.

The service had an infection control policy which included guidance on the management of infectious diseases. Care workers were aware of infection control measures and had access to gloves, aprons and other protective clothing. We observed that communal areas were generally clean

Is the service effective?

Our findings

People told us they were satisfied with the care provided by the service. One person told us, "I am comfortable here. Staff are fine." Another person said, "Staff are nice. Very nice. They really look after you here. It's the truth." Another person told us, "I like it here. Staff are alright."

Care workers received training to ensure that they had the skills and knowledge to effectively meet people's needs. Training records showed that care workers had completed training in areas that helped them to meet people's needs and received refresher training sessions. Topics included moving and handling, safeguarding adults, infection control, first aid and health and safety. All care workers spoke positively about the training they received and said that they had received the training they needed to complete their role effectively. One care worker said, "We get a lot of training. The training really helps." Another care worker told us, "The training is good."

There was evidence that care workers had received monthly supervision sessions and this was confirmed by care workers we spoke with. Supervision sessions enabled care workers 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.

Staff we spoke with told us that they felt supported by their colleagues and management. They were positive about working at the service. One member of staff told us, "We work well together. We support one another. There is good team work." Another member of staff said, "Communication is good absolutely. Team work is very good. We work well together." All staff we spoke with told us they felt confident approaching management if they had any queries or concerns. They also felt matters would be taken seriously and management would seek to resolve the matter quickly.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff had knowledge of the MCA and the registered manager confirmed that the majority of staff had received training in this area. 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.

Care plans included some information about people's communication and their levels of capacity to make decisions and provide consent to their care. We noted that people had capacity to make decisions about aspects of their care and the service supported people to do this. We found that care plans were signed by people or their representative to indicate that they had consented to the care provided. The registered manager was aware that people's capacity to make decisions fluctuated and was aware of the importance

of ensuring decisions were made in people's best interests.

People were not restricted from leaving the service and were encouraged to go out into the community. We saw evidence that people went out to various places and people identified at being of risk when going out in the community had risk assessments in place.

People were supported to maintain good health and have access to healthcare services and received on going healthcare support. We saw evidence that healthcare professionals were involved in people's care and this was documented. Care plans contained information about people's health and medical conditions so that care workers were aware of people's needs and how to support them.

People were supported to get involved in decisions about what they wanted to eat and drink. We spoke with the registered manager about how the service monitored people's nutrition and they explained that as the service was an extra care housing service, people prepared their own meals in their flat. She explained that staff helped individuals prepare their meals if they required support and this was detailed in people's care support plans. The registered manager also explained that the service provided a hot freshly prepared lunch in the dining area daily and people could opt to have this if they wished for a fee.

The registered manager explained that if they had concerns about people's weight they would contact all relevant stakeholders, including the GP, social services and next of kin.

Is the service caring?

Our findings

People we spoke with told us that they felt the service was caring and spoke positively about care workers. One person said, "The staff are honestly all lovely. I am well looked after." Another person told us, "Staff are fine. They are kind and helpful." Another person said, "Staff are nice."

Staff we spoke with had a good understanding of the needs of people and their preferences. They were able to tell us about people's interests and their backgrounds. This ensured that people received care that was personalised and met their needs. On the day of the inspection, we observed interaction between people and staff and noted that staff were patient when supporting people and communicated well with people. We observed staff provided prompt assistance but also encouraged people to build and retain their independent living skills and daily skills.

Care support plans set out how people should be supported to promote their independence. People were supported to express their views and be actively involved in making decisions about their care, treatment and support and this was confirmed by people we spoke with. Care plans were individualised and reflected people's wishes.

The service had a statement of purpose clearly displayed at the entrance of the service. This detailed the aims of the service which included encouraging people to be involved in their care, ensuring people were listened to and treated with respect.

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 personal care. They gave us examples of how they maintained people's dignity and respected their wishes. One care worker said, "I always ask people what they would like and give them a choice. For example, whether they want a shower or bath. I encourage people to look neat and to eat good food." Another member of staff said, "I always knock on doors and respect people's space. I respect what people like and respect their wishes. I always respect people when giving personal care."

The registered manager explained to us that people were supported by the same group of staff. Consistency of staff meant people were familiar with staff and appeared comfortable around them. This also helped ensure that staff were fully aware of people's individual needs and what support they required.

Care plans included information that showed people had been consulted about their individual needs including their spiritual and cultural needs. We spoke with the registered manager and she explained that they supported people in respect of their spiritual and cultural needs when people asked for this support. For example, the service arranged transportation for one person so that they could go to their Church. Staff informed us that they knew that all people should be treated with respect and dignity regardless of their background and personal circumstances.

People told us that they were able to contact management if they had any queries. The registered manager explained that they ensured that staff discussed people's care with them and tailored their care according to

what their individual needs were.

Is the service responsive?

Our findings

People who used the service told us they felt able to raise any concerns they had with care workers and management at the home. One person said, "I have no complaints. If I did I would tell them." Another person said, "I could complain if I needed to."

We looked at four people's care plans as part of our inspection. Care plans consisted of a support plan and risk assessments. Care support plans provided information about people's medical background, details of medical diagnoses and social history. They also outlined what support people wanted and how they wanted the service to provide the support for them with various aspects of their daily life such as personal care, continence and mobility.

Care support plans encouraged people's independence and provided prompts for staff to enable people to do tasks they were able to do by themselves. They provided detailed and appropriate information for care staff supporting them. Staff we spoke with informed us that they respected the choices people made regarding their daily routine and activities they wanted to engage in. Records showed when the person's needs had changed, the person's care plan had been updated accordingly and measures put in place if additional support was required.

Some people had their own activities timetable which was based on their interests. Activities included going to a day centre, shopping, arts and crafts and going to Church. On the day of the inspection, we noted that some people were out during the day and some people stayed in their flat. The service encouraged people to take part in activities to help further their personal development and gain independence. We observed that the service had been decorated with Easter decorations which people told us they had made as part of the arts and crafts sessions at the service. On the day of the inspection, we observed that some people participated in the arts and crafts session which was to make St George's Day decorations.

The service had procedures for receiving, handling and responding to comments and complaints. People we spoke with told us they did not have any complaints about the service but knew what to do if they needed to raise a complaint or concern. During the inspection, we saw a complaints/suggestions box in the communal area so that people could raise issues confidentially. We however observed that the complaints policy was not displayed in communal areas in the service and raised this with the registered manager. She said that she would ensure the policy was clearly displayed in the service. The registered manager confirmed that no complaints had been received by the service since June 2016.

We noted that the service had not carried out an annual formal satisfaction questionnaire and discussed this with the registered manager and service manager. They explained that people who used the service had recently been involved in numerous reviews and questionnaires in respect of the closing of the service and the service had made a decision to not carry out a satisfaction questionnaire at this time because they did not want to inundate people with these. They explained that they would monitor the situation.

Meetings were held monthly for people who used the service where they could give their views on how the

service was run. We saw evidence that these meetings were recorded and people were encouraged to raise concerns and issues and had an opportunity to voice their opinion through these meetings.

Is the service well-led?

Our findings

People expressed confidence in the management of the service. One person said, "The manager is nice." Another person said, "The manager is really lovely. It really is great here."

There was a clear management structure in place and staff were aware of their roles and responsibilities. Care workers spoke positively about management and the culture within the service and said that they were supported by management. One care worker told us, "The manager is very supportive. I can ask for help and she helps and supports us. She is there and helps. She is very accommodative and approachable." Another member of staff said, "The support here is very good. The manager always listens to me and helps to find a resolution." From our discussions with management it was clear that they were familiar with the people who used the service and staff.

Staff we spoke with told us that communication amongst staff was good. The service held daily handover meetings where they could discuss the care of people and any specific issues on a daily basis. Regular staff meetings were also held where staff received up to date information and had an opportunity to share good practice and any other concerns. Staff we spoke with confirmed this. Staff understood their responsibility to share any concerns and feedback.

Accidents and incidents were recorded and signed by staff. We noted that the incident forms did not detail learning outcomes following an incident or include information to prevent a re-occurrence of accidents. This is needed to provide guidance for staff and people. We spoke with the registered manager about this and she explained they would ensure such information was included. The service manager explained that all accident/incident forms were sent to the local authority health and safety team for them to review and explained that if they had any concerns about incidents they would request further information and look into them further.

The service had a quality assurance policy which detailed the systems they had in place to monitor and improve the quality of the service. The service undertook checks and audits of the quality of the service in an attempt to improve the service as a result. These included monthly medication checks. The service also carried out daily premises checks and quarterly health and safety checks of the premises. We saw evidence that where the service had identified areas that they needed to address, there were clear details about the action they had taken.

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.

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