

Hestia Housing and Support

Harwood Road

Inspection report

95-99 Harwood Road
Fulham
London
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Harwood Road is a care home that provides care and support for up to 15 people. At the time of our inspection there were 14 people using the service including who had mental health challenges. The care home accommodates people in 1 building.

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

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 in the service supported this practice.

People said that Harwood Road was a safe place for them to live. People had risks to them regularly assessed, reviewed and this meant they could take acceptable risks, enjoy their lives, and live safely. Accidents, incidents, and safeguarding concerns were reported, investigated, and recorded. There were enough suitably recruited staff to meet people's needs. Staff safely administered medicines and prompted people to take them. When required by staff used Personal Protection Equipment (PPE) effectively, safely, and in line with current guidance. The infection prevention and control policy were up to date.

People, and healthcare professionals said effective care was provided, people were not subject to discrimination and their equality and diversity needs were met. Staff received appropriate training, and were supervised. People told us the care staff provided was good, and met their needs. They were encouraged to discuss their health needs, any changes to them, and concerns were passed on to the management and appropriate health care professionals. This included moving to other services if people's needs changed and could no longer be met. Staff protected people from nutrition and hydration risks, and they were encouraged to choose healthy food options, and balanced diets whilst meeting their likes, and preferences.

The home's registered manager was visible and there was an open, positive, and honest culture. The provider's vision and values were clearly set out, understood by staff and they followed them. Areas of responsibility and accountability were identified, for the registered manager, staff and a good service was maintained and regularly reviewed. Audits were thorough, and records were kept up to date. Where possible community links and working partnerships were established and maintained to further minimise social isolation. The provider met Care Quality Commission (CQC) registration requirements. Healthcare professionals told us that the service was well managed and met people's needs in a professional, open, and friendly way.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected

The last rating for this service was Good (published 25 October 2018).

We undertook this inspection to check whether the service was continuing to provide a good, rated service to people.

The overall rating for the service has remained Good. This is based on the findings at this inspection.

We did not inspect the key questions of caring, and responsive.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Harwood Road on our website at www.cqc.org.uk.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Harwood Road

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.

Inspection team

This inspection was carried out by 1 inspector.

Service and service type

Harwood Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

Inspection activity started on 5 November 2023 and ended on 28 November 2023. The inspection visit on 6 November 2023 was unannounced.

What we did before the inspection

We reviewed all the information we had received about the service. We used all this information to plan our inspection. 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. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke in person with the registered manager, and team leader. We also spoke with 3 people using the service, 3 staff and 3 healthcare professionals to gain their experience and views about the care provided. We reviewed a range of records. They included 2 staff files containing recruitment, training, and supervision information, and 3 peoples' files containing care and medicine records, risk assessments, care plans and reviews. We checked a variety of records relating to the management of the service, including audits, quality assurance, policies, and procedures. We continued to seek clarification from the provider to validate evidence found. We requested additional evidence to be sent to us after our inspection visit. This included staff rotas and training information, and provider quality assurance audits. We received the information which was used as part of our inspection.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

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

At the last inspection, this key question was rated as Good. At this inspection, this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- People and their relatives said the home was a safe place to live and staff treated them with kindness and respect. Our observations of people and their body language, towards staff reflected this. The home had a relaxed and positive atmosphere indicating that people felt safe. One person said, "I'm happy and safe here."
- Staff were given safeguarding adults training as part of their induction which was routinely refreshed. Staff were aware of how to recognise and report abuse and were able to explain how they would spot signs if people were at risk of harm. A staff member told us, "I feel safe here because I know the people, work with them, and what triggers their behaviour."
- Staff understood their responsibility to refer safeguarding incidents to all the relevant external agencies without delay, ensure they were fully investigated and to take appropriate action to minimise the risk of similar incidents reoccurring.
- Staff advised people how to keep safe and any areas of concern for people, was recorded in their care plans.
- Healthcare professionals thought the home provided a safe environment for people to live in.

Assessing risk, safety monitoring and management

- People were risk assessed and their safety monitored.
- People were enabled to take acceptable risks and enjoy their lives safely. This was because staff followed people's risk assessments that included all aspects of their health, daily living, and social activities. To keep people safe, the risk assessments were regularly reviewed and updated as people's needs, interests and pursuits changed.
- The provider had an electronic care plan system that contained detailed person-centred risk assessments and management plans to help staff keep people safe. These plans covered every aspect of people's lives including how to prevent and appropriately manage risks associated with behaviours that may be considered challenging, and social isolation. People's care plans were regularly reviewed and up to date.

Staffing and recruitment

- The provider had a thorough staff recruitment process that records demonstrated was followed. There were enough staff to meet people's needs.
- People told us the care home had enough staff to meet their care and support needs. One person said, "They [staff] are around if I need them." A member of staff added, "We have great teamwork with everyone involved."

- Staff were visibly present throughout this inspection providing people with the care and support they needed, and we observed staff respond quickly to people's requests for assistance or to answer their questions throughout this inspection. Staffing levels during our visit; matched the rota and enabled people's needs to be met safely.
- The recruitment interview process included scenario-based questions to identify prospective staffs' skills, experience, knowledge of care and support. References were taken up, work history checked, and Disclosure and Barring service (DBS) security checks carried out, prior to new staff starting in post. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. There was also a 6 month probationary period with a review. This could be extended if required so that staff can achieve the required standard of care skills.

Using medicines safely

- Medicines systems were well-organised, and people received their medicines safely as they were prescribed.
- The provider's medicines system ensured medicines records were kept up to date. We found no recording errors or omissions on any medicines records we looked at.
- Medicines were regularly audited, and appropriately stored and disposed of.
- Only care staff who had been trained and assessed as competent were able to handle medicines, and this training was routinely refreshed.
- People told us staff ensured they took their prescribed medicine's as and when they should. One person said, "I get my meds on time."

Preventing and controlling infection

- We were assured that the care home was using PPE effectively and safely.
- We were assured that the care home infection prevention and control policy was up to date, and regular audits took place. Staff had infection control and food hygiene training that people said was reflected in their work practices. This included frequent washing of hands, using hand gel, and wearing PPE such as gloves, masks, and aprons, if appropriate.
- Regular COVID-19 updates were provided for people, their relatives and staff including ways to avoid catching or spreading it.
- The care home had a written procedure for identifying and managing possible confirmed COVID-19 cases.
- The care home looked and smelt hygienically clean. People told us the care home was kept clean.

Visiting Care Homes

- The care home's approach to visiting followed current government guidance and the impact on people in relation to this was that they could receive visitors safely.

Learning lessons when things go wrong

- The home's accident and incident records were regularly reviewed to reduce the possibility of reoccurrence. There was a whistle-blowing procedure that staff said they were confident in and prepared to use.
- Any safeguarding concerns and complaints were reviewed, responded to, and analysed to ensure emerging themes were identified, necessary action taken and to look at ways of avoiding them from happening again. This was shared and discussed with staff during team meetings and handovers.

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.

At our last inspection we rated this key question Good. The rating for this key question has remained 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 needs and choices were assessed, and care provided appropriately. This meant their needs were met effectively.
- People said, and our observations demonstrated that the service was effective. People's positive and relaxed body language confirmed this. The feedback from healthcare professionals was that the service was effective.
- People had their physical, mental, and social needs assessed, and their care, and support were delivered in line with legislation, standards, and evidence-based guidance, including the National Institute for Care and Excellence (NICE) and other expert professional bodies.
- A thorough assessment of people's needs was conducted by various external mental health and social care professionals and agencies. These assessments helped the provider identify people's emotional needs, which reflected the Care Programme Approach (CPA), a type of care planning specifically developed for people with mental health needs. People were invited to view the service, and introduced to people already living there and staff to identify if they wished to move in. The speed of the pre-admission assessment and transition to the service took place at a pace that suited people's needs.

Staff support: induction, training, skills and experience

- Staff were provided with induction and mandatory training. This enabled them to support people in a way that met their needs effectively.
- Staff said the training was relevant and enabled them to meet the needs of the people they supported. A member of staff said, "We couldn't get better support from [Registered Manager]."
- Staff told us they received a mixture of e-learning and in-person practical training that was refreshed at regular intervals. This ensured staff's knowledge and skills remained relevant. New staff were also able to shadow more experienced ones as part of their induction. This improved their knowledge of people, their routines, and preferences.
- Staff demonstrated good awareness of their working roles and responsibilities and said they received all the support they needed to perform their duties.
- The training matrix identified when mandatory training required updating and the training staff received was based on the 15 standards of the Care Certificate. They form part of the Care Certificate which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social sectors. The expectation was that staff would complete the certificate, and support was available should staff need it.

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

- People were supported to eat and drink sufficiently to maintain a balanced diet and keep them healthy.
- People said they were satisfied with the overall quality and choice of meals and drinks they were offered. A person said, "The food is good."
- Staff observed and recorded the type of meals people ate and encouraged a healthy diet to ensure people were eating properly. One person had an eating disorder, and the registered manager and staff regularly monitored their weight and gave them supplements to ensure they kept healthy. Whilst prompting people to eat healthily staff also supported people to eat meals they enjoyed.
- People's care plans included health, nutrition, and diet information with health care action plans. These included nutritional assessments that were regularly updated and there were fluid charts, if required.

Staff working with other agencies to provide consistent, effective, timely care

- Staff supported people to keep in good health by maintaining working relationships with external healthcare services and providing ongoing healthcare support.
- There was accompanying written information provided for health and hospital visits as required.

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

- The home was appropriately adapted, equipped, and decorated and furnished to a reasonable standard.
- People told us the service was a relaxed and comfortable place to live. A person said, "I like it here it's my home."

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

- People told us the service was good at helping them access external health care services, gave support when they needed it, and collaborated well with community mental health care professionals and agencies. A person said, "I attend voices groups."
- Records showed staff ensured people routinely attended scheduled health care appointments and had regular check-ups with a range of health and social care professionals including, their GP, community psychiatric nurses and dentist.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

- Staff understood their responsibilities regarding the MCA and DoLS.
- Everyone using the service who required them, had DoLS authorisations in place.
- Mental capacity assessments and reviews took place as required.
- Consent to treatment of relevant persons was obtained and recorded in care plans.

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.

At our last inspection we rated this key question Good. The rating for this key question has remained 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

- The home's culture was person-centred, open, inclusive, and empowering.
- People told us they liked the registered manager and way they managed the home. This was reflected in people's positive, relaxed body language towards the registered manager, and staff which indicated the service provided met their needs in a way they liked. One person said, "[Registered manager] and staff are very nice." People said the home was well organised and run. Staff worked hard to meet people's needs, and make their lives enjoyable.
- The service provided was explained to people and their relatives so that they understood what they could and could not expect from the home and staff. This was included in the statement of purpose and guide for people that also set out the provider's vision and values. Staff understood them, and people and their relatives said this was reflected in staff working practices. A statement of purpose is a document that describes what the provider does, where they do it and who they do it for.

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 provider understood their duty of candour responsibilities and was open and honest with people when things went wrong.
- People and their relatives were told if things went wrong with their care and support and provided with an apology. This was due to the provider and staff contributing a positive and proactive attitude.

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

- The provider, registered manager, and staff clearly understood their roles, the quality assurance systems and there were clear lines of communication. This meant the service ran smoothly.
- People living at the care home and staff working there all spoke positively about how well run the service was. One person told us, "Good place to live."
- The quality assurance systems contained indicators that identified how the service was performing, any areas that required improvement and areas where the service was achieving or exceeding targets. Key performance indicators (KPI) included care plan reviews, and occurrences, such as accidents and incidents. Staff knew they had specific areas of responsibility such as record keeping and medicines management and carried them out well. This was reflected in the praise from people, and healthcare professionals.
- The provider, registered manager, and staff carried out regularly reviewed audits that were kept up to

date. These included care plans, key working notes, rehabilitation activities, communal meetings, documentation and health and safety. This meant people received an efficiently run service.

- Records evidenced that safeguarding alerts, complaints and accidents and incidents were investigated, documented and procedures followed. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.
- The home conspicuously displayed their previous CQC inspection report and rating in the office which had an open door policy. This ensured this information was accessible to everyone living or visiting the care home. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

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

- People, their relatives, and staff were engaged by the provider, listened to and their wishes acted upon.
- People, their relatives and staff told us they had frequent opportunities to voice their views about the service. The management team, and staff checked during our visit that people were happy and getting the care and support they needed in a friendly family environment.
- The registered manager also valued and listened to the views of staff. Staff were encouraged to contribute their ideas about what the service did well and what they could do better during regular individual and group supervision and work performance appraisal meetings. Staff told us they received all the support they needed from the service management. One staff member said, "[Registered manager] always listens and acts on what we have to say." Another staff member told us, "The [Registered] manager is very involved and runs the service well."
- The home sent out surveys to people, relatives and staff and suggestions made were acted upon. The provider identified if the feedback they received was to be confidential or non-confidential and respected confidentiality accordingly.
- We observed people were treated equally by staff and the registered manager throughout our visit.

Continuous learning and improving care

- The service improved care through continuous learning.
- There were policies and procedures regarding how to achieve continuous improvement and work in co-operation with other service providers.
- The complaints system enabled the management team, staff, and the provider to learn from and improve the service.
- Any performance shortfalls were identified by audits and progress made towards addressing them was recorded.

Working in partnership with others

- The provider worked in partnership with others.
- The home maintained close links with services, such as GPs, and Mental Health Support teams. This was underpinned by a policy of relevant information being shared with appropriate services within the community or elsewhere.
- Healthcare professionals thought the home was well managed and there were good lines of communication.