We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Flat C 291 Harrow Road

Flat A-C, 291 Harrow Road, London, W9 3RN
Date of Inspection: 01 May 2014
Tel: 02089687376
Date of Publication: June 2014

We inspected the following standards as part of a routine inspection. This is what we found:

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<th>Standard</th>
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<tr>
<td>Consent to care and treatment</td>
<td>✓</td>
</tr>
<tr>
<td>Care and welfare of people who use services</td>
<td>✓</td>
</tr>
<tr>
<td>Safeguarding people who use services from abuse</td>
<td>✓</td>
</tr>
<tr>
<td>Requirements relating to workers</td>
<td>✓</td>
</tr>
<tr>
<td>Assessing and monitoring the quality of service provision</td>
<td>✓</td>
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### Details about this location

<table>
<thead>
<tr>
<th>Details about this location</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Provider</td>
<td>Westminster Society - People with Learning Disabilities</td>
</tr>
<tr>
<td>Registered Manager</td>
<td>Ms Sieda Isman</td>
</tr>
<tr>
<td>Overview of the service</td>
<td>291 Harrow Road consists of 3 separate flats each accommodating 4 people. The service provides accommodation for people with learning disabilities. On the day of our visit we visited flat C.</td>
</tr>
<tr>
<td>Type of service</td>
<td>Care home service without nursing</td>
</tr>
<tr>
<td>Regulated activity</td>
<td>Accommodation for persons who require nursing or personal care</td>
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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 1 May 2014, talked with people who use the service and talked with staff.

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

What people told us and what we found

A single inspector carried out this inspection. The focus of the inspection was to answer five key questions; is the service safe, effective, caring, responsive and well-led?

Below is a summary of what we found. The summary describes what people using the service and their relatives/friends told us, the records we looked at and what staff we spoke with also told us.

If you would like to see the evidence that supports our summary then please read the full report.

Is the service safe?

We looked at two care records and saw that these contained a variety of risk assessments which included those in relation to the environment, personal care and fire safety.

The service had a safeguarding policy and procedure in place. All staff we spoke with were aware of their responsibilities to report any concerns they had about potential safeguarding issues and were able to describe potential signs of abuse. Appropriate checks were undertaken before staff began work. All staff were required to undergo a Disclosure and Barring Service check (previously a Criminal Records Bureau check) before commencing employment.

There were arrangements in place to deal with foreseeable emergencies. All staff had received first aid training which was repeated annually. There was a policy in place for dealing with accidents and incidents and we were told that a senior staff member was always on call in case of an emergency. We spoke with three members of staff and each person correctly explained the policy for handling an accident or incident.
Is the service effective?

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. We spoke with three members of staff about how they obtained consent from people using the service on a daily basis. We were given detailed examples of the routines of each person as well as the general likes and dislikes of people.

CQC monitors the operation of the Deprivation of Liberty safeguards (DoLS) which applies to care homes. Staff were aware of the policies and procedures relating to the Mental Capacity Act 2005 (MCA 2005) and DoLS and understood when an application should be made and how to submit one. No applications had been submitted at the time of our visit.

Is the service caring?

One of the people who used the service told us that "the staff are really nice." We carried out observations using the Short Observational Framework for Inspection (SOFI) and observed positive interactions between staff and people using the service.

There were a range of activities available for people who used the service. This included an art group, going out to the park and pampering sessions for example massage.

Is the service responsive?

Staff told us that they organised resident’s meetings where issues such as the range of activities, food choices, the home environment, staffing and well-being were addressed.

Is the service well-led?

The service had a registered manager in post. Staff we spoke with told us that the manager operated an open door policy.

Staff meetings took place every month and a separate residents meeting took place once a month. We saw that an annual audit took place every year and monthly compliance audits were also conducted.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.
Our judgements for each standard inspected

Consent to care and treatment

Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. The Deputy Manager told us that all people using the service had been living there for a number of years. However, he also confirmed that when a person first joined the service they and their families were given information about what they should expect and what was expected from them. People's support plans were developed and risk assessments were conducted with the person and people already involved in their care.

We spoke to the Deputy Manager and two support workers about how they obtained consent from people using the service on a daily basis. All staff explained that each person had different means of communicating their wishes which they had learned to recognise. We were given detailed examples of the routines of each person as well as their general likes and dislikes. We saw that peoples' preferences were recorded within their care plans. During our observation we saw one person being given choices and we saw them making choices through exhibiting the types of behaviours which had been described to us beforehand.

Staff told us that they always sought a person's consent before supporting them. We were told that the person who used the service indicated their wishes and staff helped them. For example, we were told about how people chose their meals.

CQC monitors the operation of the DoLS (Deprivation of Liberty Safeguards) which applies to care homes. Staff were aware of the policies and procedures relating to the Mental Capacity Act (MCA) 2005 and DoLS and understood when an application should be made and how to submit one. No applications had been submitted at the time of our visit.

All staff we spoke with were aware of their roles and responsibilities in relation to capacity and best interest decisions.
Care and welfare of people who use services

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We looked at two people's files which included their care planning documentation, risk assessments, healthcare documentation and other records. Before a person started using the service, senior staff assessed their care needs. This was done by speaking with the person, their family and other professionals already involved in their care. Any existing documentation regarding their previous care was sent to the service for review. People moved into the home on an initial trial basis and an initial review meeting was held to ensure that people were happy and settled into the service. The results of these initial assessments were kept in a separate file and all current care plans and current risk assessments were kept in another file.

Care plans were developed from initial assessments and on-going monitoring of people. A variety of risk assessments were completed in relation to the environment, personal care and fire safety. Records showed that care plans and risk assessments were reviewed every six months or more frequently if required.

People's health care needs were documented and placed in separate health care files which included health action plans for all residents. There were health check records for people with information showing where and when they had attended appointments with healthcare professions such as dentists and opticians. People were prompted to take their medication and this was recorded on separate Medication Administration Record charts. We saw that these were fully completed and up to date.

There were a range of activities available for people who used the service. This included an art group, going out to the park and pampering sessions for example massage. We spoke with one person who used the service. They told us that "the staff are really nice" and that they "take me out when I want". We carried out observations using the Short Observational Framework for Inspection (SOFI) and observed positive interactions between staff and the other people using the service.
There were arrangements in place to deal with foreseeable emergencies. All staff had received first aid training which was repeated annually. There was a policy in place for dealing with accidents and incidents and we were told that a senior staff member was always on call in case of an emergency. We spoke with three members of staff and each person correctly explained the policy for handling an accident or incident.
Safeguarding people who use services from abuse  ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

The service provided annual training to staff in safeguarding vulnerable adults. We discussed the safeguarding training provided with three members of staff. All staff members gave examples of different types of abuse and the different signs of possible abuse.

There was a written safeguarding policy and a written procedure in place. The staff members we spoke with knew the details of the policy and described the procedure they were expected to follow if they suspected abuse was taking place which included notifying the local authority.
**Requirements relating to workers**

| Met this standard |

**People should be cared for by staff who are properly qualified and able to do their job**

**Our judgement**

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

**Reasons for our judgement**

There were effective recruitment and selection processes in place. Applicants were short-listed and invited to attend a group assessment and interview.

Appropriate checks were undertaken before staff began work. Staff were required to provide two or three references, confirmation they were able to work in the United Kingdom and evidence of any professional qualifications, if appropriate. All staff were required to undergo a Disclosure and Barring Service check (previously a Criminal Records Bureau check) before commencing employment. We did not see records of checks conducted as we were told that the records were kept at the organisation's head office. However, we spoke with staff at the organisation's head office and they confirmed that pre-employment checks were conducted and that the records were kept there. Staff we spoke with confirmed that they were required to undergo these checks.
Assessing and monitoring the quality of service provision

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who lived at the home, their families and visiting professionals were asked for their views about the care and support provided and they were acted on. The manager explained that staff had very close relationships with some family members who provided constant feedback. The provider conducted an annual audit which included an overview of incidents and medications management. Feedback was also obtained from service users and their families as part of this. At the time of our inspection we saw the results of the audit conducted in 2012-2013, but the most recent audit was in the process of being written. We saw that further actions resulting from the previous audit had been implemented, but feedback had not been obtained from people as part of this audit.

We were told that the results of these audits were sent to the provider's head office where the results would be collated and sent back to managers to feed back to their staff with any further actions. We were also told that the provider conducted a monthly compliance audit in relation to various matters including the suitability of the environment, medication and other stock checks among other matters. We saw the results of the last two audits and saw that these did not identify any concerns.

Staff told us that people living at the home attended a monthly residents meeting to discuss any issues they had. We saw the minutes of the last residents meeting and saw that matters such as menu and activities planning were discussed. Team meetings were also held among care staff once or twice a month. Minutes were also kept of these meetings and we were told that further actions arising from the discussions held were implemented.
We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.
How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✔ Met this standard
This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed
This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken
If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.
How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.
**Glossary of terms we use in this report**

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

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<th>Regulation</th>
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<td>Respecting and involving people who use services - Outcome 1</td>
<td>Regulation 17</td>
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<tr>
<td>Consent to care and treatment - Outcome 2</td>
<td>Regulation 18</td>
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<td>Care and welfare of people who use services - Outcome 4</td>
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<td>Meeting Nutritional Needs - Outcome 5</td>
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<td>Cooperating with other providers - Outcome 6</td>
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<td>Safeguarding people who use services from abuse - Outcome 7</td>
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<td>Cleanliness and infection control - Outcome 8</td>
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<td>Management of medicines - Outcome 9</td>
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<td>Safety and suitability of premises - Outcome 10</td>
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<td>Safety, availability and suitability of equipment - Outcome 11</td>
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<td>Records - Outcome 21</td>
<td>Regulation 20</td>
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### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.
Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term ‘provider’ means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.