

Residential Care Providers Limited

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Inspection report

11 Kenton Road
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Ratings

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

Summary of findings

Overall summary

We undertook an unannounced inspection on 25 July 2017 of Residential Care Providers Limited – 11 Kenton Road. Residential Care Providers Limited - 11 Kenton Road is a service providing accommodation and personal care for up to six people with learning disabilities and complex needs, in central Harrow. At the time of this inspection, six people were using the service.

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

The registered manager was not available at the time of the inspection. The deputy manager of the service supported us with this inspection.

At the last inspection on 17 April 2015 the service was rated Good.

At this inspection we found the service remained Good.

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

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

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

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

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

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

Staff we spoke with had an understanding of the principles of the Mental Capacity Act (MCA 2005). Capacity to make specific decisions was recorded in people's care plans.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The home had made necessary applications for DoLS as it was recognised when there were areas of people's care in which their liberties were being deprived. Records showed that the relevant DoLS authorisations had been granted and were in place.

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

Staff were informed of changes occurring within the home through daily handovers and staff meetings. Staff told us that they received up to date information and had an opportunity to share good practice and any concerns they had at these meetings.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Residential Care Providers Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and provide a rating for the service under the Care Act 2014.

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

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

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

Is the service safe?

Our findings

Relatives of people using the service told us they felt their family member was safe in the home and they had no concerns about people's safety. They told us "I have no qualms whatsoever" and "No complaints. No concerns."

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

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

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

There were adequate numbers of staff on the day of the inspection. There was enough staff to take people out into the community. We observed good teamwork and communication amongst the care workers who were aware of their duties and supported each other where necessary.

Care workers told us there was enough staff and they could carry out their duties without having to rush. They also spoke positively about the teamwork within the home. They told us "It is very good here. It is a good team. There is enough staff and there is flexibility and I am supported" and "We get our rotas and the manager talks to us beforehand so we are aware of any absences."

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

Medicines were managed safely. Staff received training and their competency was assessed to ensure they administered medicines safely. Medicines records were fully completed which indicated people received their medicines at the prescribed time. Medicines were stored appropriately and there were arrangements in place with the local pharmacy in relation to obtaining and disposing of medicines. Information about people's medicine and potential side effects were clearly detailed in people's care plans including the support people needed with their medicines.

Weekly audits of stock quantities were conducted by the service. However we noted the audits only detailed the numbers of medicines counted. It was not clear what the numbers represented and whether the medicines stock counts were correct or incorrect or identified whether any further action was needed. The

deputy manager told us she would ensure a written summary of the findings would be included in future audits.

Medicines audits were also completed by the local pharmacy. We reviewed the most recent pharmacist's audit dated 16/02/2017. There were no major concerns identified. The audit covered all important aspects such as self-administration, medicine records, management of medicines administered when needed [PRN], and disposal of medicines.

People using the service needed to be supported with their finances as they did not have the capacity to do so themselves. Care plans detailed the level of capacity people had in relation to their finances and the level of support they would need from staff with managing their monies. People using the service had appropriate appointees in place and records showed local authorities were also involved and aware of the financial arrangements in the home.

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

Comprehensive health and safety checks and maintenance of the building and equipment were undertaken. Portable Appliance Checks (PAT) had been conducted on all electrical equipment, legionella checks on the home's water supply, gas and maintenance checks had also been carried out. The deputy manager told us the water temperature was controlled to ensure the water temperature did not exceed the recommended safe water temperatures. Records showed checks of water temperatures were completed and were within the recommended safe water temperatures. Fire drills had been carried out, testing of the fire alarm and equipment were completed weekly by staff. People using the service had individual fire risk assessments in place outlining the risks and support people would need in the event of a fire. Accidents and incidents were recorded and reviewed to ensure measures were in place to minimise the risk of reoccurrence.

The service had a Business Contingency Plan in place to ensure there were arrangements in place to keep people safe in the event of instances such as a disruption to gas and electricity supply, flood, severe weather and emergency evacuation.

Is the service effective?

Our findings

Relatives spoke positively about the staff. They told us "They look after [Person]. Very much so. [Person] is settled", "Very good staff. Excellent" and "They try their best for [Person]."

Staff told us that they felt supported by their colleagues and management. Records showed care workers received on-going training to ensure that they developed and maintained their skills and knowledge. Records showed that staff had also obtained national vocational qualifications (NVQ) in health and social care.

Care workers spoke positively about working in the home. They told us "I like this job. We are happy people here and we work as a team", "I like it here. I like to work with people. Very flexible and everyone works together" and "We do have a lot of training and refresher training. We need to know how to take care of people.

Staff received regular supervision and appraisal to review and monitor their performance. They told us "I have no problems. I speak up if I am not happy and we sort things out" and "[Registered manager] asks us questions and if we are okay. She asks for our ideas and how we can improve and any difficulties we may have. She listens."

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

People were supported to maintain good health. People's health and medical needs were assessed and we viewed records demonstrating that they were supported to access health and medical services when necessary. Health Passports were also in place which showed detailed information about people's healthcare needs, medicines, allergies, likes and dislikes and areas where they needed support. This ensured people received the appropriate support and least disruption to their care if they were to be admitted to hospital. A relative told us "They [staff] inform me straight away and give me feedback about any appointments and how [Person] is doing. They are good at communicating."

People were supported with their nutrition and hydration needs. We saw that drinks and snacks were always available throughout the day. We noted people's requests for food or drink were promptly adhered to and people's choices respected. People were provided with fruit and drinks and ate independently. Care workers did not rush people, who ate comfortably at their own pace. The kitchen and dining areas were fully accessible to people using the service throughout the day.

Records showed relevant healthcare professionals such as a Speech and Language Therapist [SALT] were

involved to ensure people who had swallowing difficulties received the appropriate support they needed with their eating and drinking. We observed care workers provided some people with soft foods to ensure they were able to eat with ease. One person using the service was experiencing particular difficulties with their swallowing and was at risk of choking. Records showed appropriate guidance and risk assessments were in place and staff were aware of what they needed to do and procedure to follow which ensure the person was safe from choking. The support for the person was very well managed and after receiving medical treatment, the person's risk of choking had minimised and the person was now eating and able to swallow very well.

We found the premises were clean and tidy. The home has a person who regularly visited the service to ensure fixtures and fittings were maintained.

Is the service caring?

Our findings

Relatives spoke positively about the way people were looked after. They told us "The staff are excellent. They look after [Person]. They are very caring" and "I ask [Person] if they are happy, and [Person] always tells me they are."

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

People using the service were observed to be very comfortable around staff and unhesitatingly indicated to staff whether they needed anything at any time. People using the service appeared relaxed and were smiling and laughing with care workers. One person using the service smiled and hugged care workers. We also observed the deputy manager was having lunch outside in the garden and people using the service chose to join her and sat around the table with her.

People could choose where to sit and spend their recreational time. We saw people were able to spend time the way they wanted and their privacy was respected. Bedrooms had been personalised with people's belongings, to assist people to feel at home. Relatives told us "No problem with the home. It is always tidy" and "Very clean home. [Person] has a nice room."

When speaking with staff, they were very knowledgeable about people's likes and dislikes. One care worker told us a person using the service liked pampering sessions such as doing their hair and nails and loved to watch movies. We observed staff showed respect and accommodated people's choices and preferences.

We saw people being treated with respect and dignity. Staff had a good understanding of treating people with respect and dignity and demonstrated a caring approach. They told us "I prompt them [people] to do as much as they can and as much as possible. You give them their space but keep checking if they are okay. You give them time and don't rush otherwise they won't be happy. [Person] likes singing so we sing and I even ask them 'do you want to relax in the bath.'

Care plans set out how people should be supported to promote their independence and detailed what people could do for themselves and areas where they needed support. During the inspection, we observed care workers encouraged people to be involved in daily tasks to develop their skills and independence. We saw people helped set the table when they were about to eat and after eating would then clear the table. Care workers also praised and thanked people as soon as tasks were completed. One person using the service went with a care worker to do the food shopping and was supported to help with the preparation of the evening meal. Care workers told us a person liked to water the plants in the garden and another person was able to cook and they did their own cleaning. The care worker told us the person would even sometimes ask the care workers if they needed any help.

People's care plans contained 'Communication Passports' which provided personalised information on how people communicated and how staff should communicate with them. For example in one person's care plan, it stated '[Person] is able to communicate their needs by pointing and understands when spoken to. Use short and simple sentences.' Some people using the service were unable to communicate verbally however we observed care workers communicated very well with people and spoke with them in ways that people were able to understand. One care worker told us "I like to interact and have conversations. [Person] has specific words they use. [Person] shows me and I can understand when they point and [Person] will be agitated if they are not happy."

Care workers were aware of key words people used. During lunch, a person using the service was using specific words which the care worker was fully aware of what they meant. They told us the words meant 'thank you' and 'drink'. We also observed care workers refer to a person by certain words. They told us the words were what the person liked to be called and were used by the person's family as well.

There were annual review meetings with people using the service, relatives and healthcare professionals in which people's care was discussed and reviewed to ensure people's needs were being met effectively. The deputy manager told us there was regular contact with relatives. When speaking with relatives they confirmed this. Relatives told us "Yes they keep me informed " and "Yes quite often we go through the care plans and make sure everything is okay."

Is the service responsive?

Our findings

Relatives spoke positively about the service and care people were receiving. They told us "[Person] is being looked after and they understand their needs", "Very good. Very satisfied" and "All is good. I feel [Person] is happy here".

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

Daily notes of people's care and well-being were completed each day so staff had up to date information about people's current needs. There were arrangements in place for people's needs to be regularly assessed, reviewed and monitored. Records showed when a person's needs changed, the person's care plan had been updated accordingly and measures put in place if additional support was required. This demonstrated that the registered manager was aware of people's specific needs and provided appropriate and up to date information for all care workers to ensure they provided the appropriate support according to people's specific needs.

Throughout the inspection, we noted by observing and speaking with care workers, they were very knowledgeable about people's needs and provided the appropriate care promptly, patiently and in a caring manner.

The service was very responsive to people's needs and ensured people received the appropriate support which enabled a positive impact and outcome for people and the quality of people's lives. During the inspection, we spoke with a behavioural therapist who was working with people using the service and providing guidance to staff about how they could use proactive strategies to enable staff to enhance people's abilities. For example, they told us 'task analysis' was used for one person using the service. This meant a task was broken down in simple steps for people to follow. The behavioural therapist told us using this technique; the person was now able to cook a particular meal. They told us they were going to relate this technique to enable the person to become more independent with their personal care.

We found another example of this with a person using the service who was having issues with their weight. The person was seen by the relevant healthcare professionals in relation to their diet and the service was supporting the person with this. The person's relatives told us "Whenever I mention anything they listen and act on it. I was a bit concerned about [person's] weight and found they had already taken action on this and it is helping."

People were supported to take part in activities and maintain links with community. Three people using the service attended a day centre during the week. Others went out in the community for shopping, walks and lunch.

Care workers sat with people using the service and engaged in doing puzzles and playing ball. One care worker sat with a person and supported them to do colouring. The care worker used gentle prompts and encouraged the person to think about what colours the person should use.

One care worker told us people using the service loved karaoke and then engaged with enthusiasm with people in a karaoke session which they enjoyed. A care worker told us "We try to take them [people] out all the time. I do the activities because they enjoy it, not because they have to do it. If they are not enjoying the activity then we try something else."

People were able to visit family and friends, receive visitors and were supported and encouraged with maintaining relationships with family members. Relatives told us "I go to see [Person] every week and "Sometimes they just get [Person] to ring me just to say hello."

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

Is the service well-led?

Our findings

When speaking with relatives, they spoke positively about the service. They told us "Very well managed". "I have rated them before. I gave them five stars!, "I can't see what more they can do than what they are doing already"

Relatives also spoke positively about the management staff and the provider. They told us "[Deputy manager] is a lovely person. She is like family to [Person] She understands them and she picks up on their behaviours. [Person] talks to her and she understands", "[Registered manager] is really nice. She is on the ball all of the time, "Whole set up works. [Provider] is on top of things" and "I know [Provider] very well. I can't see how they could improve; they do just a good job."

We found the deputy manager to be knowledgeable about people's needs and was able to tell us in detail about the support each person was receiving. She knew about important operational aspects of the service and spoke positively about the support she received from the registered manger. She told us "[Registered manager] is very hands on and thorough. She has supported me to complete my NVQ qualification. She has supported me in my work. We combined our duties so we know what to do. Whatever you are good at; she recognises it and encourages you to do it. It's a good team."

Care workers spoke positively about the registered manager and the open and transparent culture within the home. During the inspection, we observed staff communicated well, supported each other and worked well as a team. They told us "Good manager definitely. She is always very happy" and "[Registered manager] is good. She listens to you and speaks up for you, She is fair. She helped to train me and everything I know is from her."

Care workers also told us they were supported by the provider. They told us "He always calls and asks if we are okay and lets us know he is around in case we need anything", "[Provider] is approachable. I have his number so can speak to him anytime if I need to" and "I feel confident to speak to him."

Records showed staff meetings were being held and minutes of these meetings showed aspects of people's care were discussed and staff had the opportunity to share good practice and any concerns they had. Care workers told us "We discuss important things and ensure there is consistency in what we do. [Registered manager] updates us every time and she always tells us things we need to know" and "We speak about people's well-being, and staff issues. We are free to speak and the manager keeps us updated." Records also showed staff received the appropriate support and training to ensure they were suitably competent to support people effectively.

The service worked closely with health and social care professionals and other agencies to make sure people received the service they needed so they achieved positive care outcomes. This showed the registered manager effectively managed the service so that people and staff received the support they needed.

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

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

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