Inspection Report

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

**Harrow Association of Disabled People (HAD)**

Bentley House, 21 Headstone Drive, Harrow, HA3 5QX

Tel: 02088619920

Date of Inspection: 23 January 2014

Date of Publication: February 2014

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

- **Respecting and involving people who use services**
  - Met this standard

- **Care and welfare of people who use services**
  - Met this standard

- **Safeguarding people who use services from abuse**
  - Met this standard

- **Requirements relating to workers**
  - Met this standard

- **Complaints**
  - Met this standard

- **Records**
  - Met this standard
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<th>Harrow Association of Disabled People (HAD)</th>
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<tr>
<td>Registered Manager</td>
<td>Miss Susanne Strandby Dalfoss</td>
</tr>
<tr>
<td>Overview of the service</td>
<td>The Harrow Association of Disabled People (HAD) are registered to provide personal care.</td>
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<td>Type of services</td>
<td>Domiciliary care service</td>
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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 and carried out a visit on 23 January 2014.

We spoke with the manager.

What people told us and what we found

The service was providing care to one person. The person who used the service and their care worker were not available to speak with at the time of our inspection.

The person who used the service received appropriate care and support that met their individual needs and were treated with dignity and respect.

There were processes in place to protect people using services from harm. Staff were trained to recognise the signs of abuse and to report concerns accordingly.

The person who used the service was cared for and supported by suitably skilled and experienced staff.

There was an effective complaints system available.

Records kept were fit for purpose and held securely.

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

Respecting and involving people who use services  ✔ Met this standard
People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected and people's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We found the person who used the service was able to express their views and were involved in making decisions about the care and support provided.

Initial assessments had been conducted to determine the care and support the person being cared for required and we found this was accommodated. The assessments were thorough and detailed and outlined areas of support required including allergies, dietary requirements, social, religious and cultural activities, mobility and how the person being cared for was able to communicate. This was also reflected in the care support plans.

The person who used the service understood the care and treatment choices available to them. Care plans had been signed and reviewed. The reviews involved meetings with the person being cared for and their relatives, where all aspects of their care were discussed and agreed.
Care and welfare of people who use services

Met this standard

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We found the person who used the service, their needs were assessed and care and treatment was planned and delivered in line with their individual care and support plan. Care plans were thorough and the information contained in the care plans was up to date.

The care provided was accurately reflected in the care plans and in accordance with people's wishes.

We found care and treatment was planned and delivered in a way that was intended to ensure the person's safety and welfare. Risks had been identified which assessed the health and mobility of the person being cared for and the support they required as well as identifying risks associated with outdoor activities.

Care plans had been regularly reviewed. There was evidence that people's needs were monitored and care plans were updated accordingly.
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

We found the home had safeguarding and whistleblowing policies and guidance in place which also included contact details for external agencies which could be referred to when responding to allegations or incidents of abuse.

Records showed that staff had received training about safeguarding people, the different types of abuse and awareness of how to report any concerns.
Requirements relating to workers

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

Met this standard

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

We saw there was a recruitment and selection policy in place. We looked at recruitment records for staff and found that the appropriate checks had been undertaken before staff began work.

We looked at staff records and found they contained appropriate background checks for safer recruitment, including Disclosure and Barring Service checks to ensure staff were not barred from working with children and vulnerable adults.

Staff records also contained the staff’s employment history, contract, written references, an annual appraisal with developmental objectives, induction and regular staff supervision.

We found the service had taken steps to ensure staff had the skills and experience they needed to perform their roles. We found that staff had been trained in areas of relevance to their job roles such as safeguarding vulnerable adults and moving and handling.
Complaints

| People should have their complaints listened to and acted on properly |
| Met this standard |

Our judgement

The provider was meeting this standard.

There was an effective complaints system available

Reasons for our judgement

We found the service had an effective whistleblowing and complaints policies and procedures in place. The manager told us copies of the policies were also kept at the home of the person being cared for.

The service has not received any complaints since the last inspection.
Records

*Met this standard*

People’s personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

During the inspection we found that records were accurate and fit for purpose. We saw that the care plans had been updated to accurately reflect any changes of the person who used the service and their needs were being continuously monitored and documented through regular reviews.

We found records were kept securely which ensured the personal details and records of people who used the service remained confidential.

Staff records and other records relevant to the management of the services were also up to date and stored in an accessible way which allowed them to be located quickly.
About CQC inspections

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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<td>Cleanliness and infection control</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.