

Monpekson Care Limited

2 Headstone Lane

Inspection report

2 Headstone Lane
Harrow
Middlesex
HA2 6HG
Tel: 020 8424 0205

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Ratings

Overall rating for this service

Good



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

We carried out this inspection on 5 February 2015. This inspection was unannounced.

The previous inspection of the service took place on 25 October 2013 when it was found to meet all the required standards.

2 Headstone Lane is a four bed care home providing personal care for people with autism and learning disabilities. Care is provided on two floors in single occupied rooms, some of which are spacious. Each

person's room is provided with all necessary aids and adaptations to suit their individual requirements. There are well appointed communal areas for dining and relaxation.

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

Summary of findings

Medicines were not always recorded appropriately when administered, which may have led to people not receiving their medicines as prescribed.

People who used the service told us they were very satisfied with the care they received. People said that they felt safe at the home and that they were involved in the development of their care plan and making decisions about how and when their support was delivered.

People told us they felt safe in the home and we saw there were systems and processes in place to protect people from the risk of harm.

The deputy and registered manager had been trained to understand when a standard application of Deprivation of Liberty Safeguards (DoLS) should be made, and in how to submit one. We found the location to be meeting the requirements of the Mental Capacity Act 2005 including DoLS.

We found people were cared for, or supported by, sufficient numbers of suitably qualified, skilled and experienced staff. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

Suitable arrangements were in place and people were provided with a choice of healthy food and drink ensuring their nutritional needs were met.

People's physical health was monitored as required. This included the monitoring of people's health conditions and symptoms so appropriate referrals to health professionals could be made.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs. The care plans contained a good level of information setting out exactly how each person should be supported to ensure their needs were met. Care and support was tailored to meet people's individual needs

and staff knew people well. The support plans included risk assessments. Staff had good relationships with the people living at the home and the atmosphere was happy and relaxed.

We observed interactions between staff and people living in the home and staff were kind and respectful to people when they were supporting them. Staff were aware of the values of the service and knew how to respect people's privacy and dignity. People were supported to attend meetings where they could express their views about the home.

A wide range of activities were provided both in-house and in the community. We saw people were involved and consulted about all aspects of the service including what improvements they would like to see and suggestions for activities. Staff told us people were encouraged to maintain contact with friends and family.

The manager investigated and responded to people's complaints, according to the provider's complaints procedure. People we spoke with did not raise any complaints or concerns about living at the home.

There were effective systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the registered manager which included action planning. Staff were supported to challenge when they felt there could be improvements and there was an open and honest culture in the home.

We found that [people did not receive medicines safely, and appropriate recording arrangements did not ensure the safe administration of medicines]. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Aspects of the service were not safe. The registered provider did not manage people's medicines safely.

People told us the service enabled them to feel safe. They said risks to their health and personal safety were assessed and staff followed the plans put in place to keep them safe.

Staff were trained to identify and report any concerns about abuse and neglect and knew how to respond to emergencies.

The provider had effective recruitment processes and ensured there were sufficient staff with skills and experience to care and support people safely.

Requires Improvement



Is the service effective?

The service was effective. Staff had a programme of training and were trained to care and support people who used the service safely and to a good standard.

Staff we spoke with had a good understanding of the Mental Capacity Act 2005 and how to ensure the rights of people with limited mental capacity to make decisions were respected.

The service met the requirements of the Deprivation of Liberty Safeguards.

People's nutritional needs were met. The menus we saw offered variety and choice and provided a well-balanced diet for people living in the home.

People had regular access to healthcare professionals, such as GP, opticians and dentists.

Good



Is the service caring?

The service was caring. People told us they were happy with the care and support they received and their needs had been met. It was clear from our observations and from speaking with staff they had a good understanding of people's care and support needs and knew people well.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

We saw people's privacy and dignity was respected by staff and staff were able to give examples of how they achieved this.

Good



Summary of findings

Is the service responsive?

The service was responsive. People's health, care and support needs were assessed and individual choices and preferences were discussed with people who used the service and/or a relative or advocate. We saw people's care plans had been updated regularly and when there were any changes in their care and support needs.

People had an individual programme of activity in accordance with their needs and preferences.

Complaints were responded to in a timely manner and people were given information on how to make a complaint.

Good



Is the service well-led?

The service was well-led. The systems for monitoring quality were effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

Staff were clear about the standards expected of them and told us their manager was available for advice and support.

Regular quality checks ensured that quality of care was monitored and improvements were made if required.

Good



2 Headstone Lane

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 to provide a rating for the service under the Care Act 2014.

A single inspector carried out this inspection.

We inspected the home on 5 February 2015. At the time of our inspection there were four people living in the home.

We spent some time observing care in the lounge and conservatory to help us understand the experience of people who used the service. We looked at all areas of the home including people's bedrooms, communal bathrooms and lounge areas. We spent some time looking at documents and records that related to people's care and the management of the home. We looked at two people's support plans and looked at three staff files.

On the day of our inspection, we spoke with four people living in the home, two members of staff and one of the partners. The registered manager was on holiday and we were assisted by the deputy manager throughout the day of our inspection.

Is the service safe?

Our findings

People told us that they felt safe at the service. One person told us, "I am very safe here; the staff look after me very well. This is my home." Another person told us, "I am well looked after, nice place." We spoke with people about staff and one person commented, "Lots of staff here, I like my key worker."

The provider had an up to date medicines procedure, which had been reviewed in September 2014. Care workers had received medicines administration training, which was confirmed by care workers spoken with and records viewed. However, we found issues with one of the medicines administered as and when required (known as 'PRN' medicines). We found the actual stock levels to be 32, however records showed two tablets. We looked at the person's medicines administration record sheet (MARS) from 18 December 2014 to 5 February 2015 however records showed that the PRN medicine had not been administered. The deputy manager informed us that she forgot to record the most recent delivery of 28 tablets. However, we were not able to establish where two tablets had gone and the deputy manager was not able to tell us if these had been administered. We can therefore not be reassured if the person had received the PRN medicine or if records were completed appropriately. We were also advised by the deputy manager that she had not carried out a medicine audit since November 2014 which would have highlighted the discrepancy in stock levels.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All other records viewed were of good standard and we found no omission in these records. Medicines were stored safely in a lockable medicines cupboard and the key was kept with the deputy manager during our inspection.

Staff had received safeguarding adults' training and regular refreshers were arranged to ensure staff were kept up to date with new policies and legislation. Care workers demonstrated a good understanding of the signs of abuse and neglect and were aware of what to do if they suspected abuse. Safeguarding Adults Multi-agency Policies, Procedures and Guidance were available within the home and contained relevant information about how to raise

safeguarding alerts including relevant contact details. We received one safeguarding alert since our last inspection; the provider had taken appropriate steps in responding and resolving the allegation of abuse.

Staff were informed about the organisation's whistleblowing policy and staff told us that information about how to raise concerns about poor practice confidentially was provided to them during their induction. All staff we spoke with were clear that they could raise any concerns with the registered manager of the home, but were also aware of other organisations with whom they could share concerns about poor practice or abuse such as the local authority, police or Care Quality Commission.

We viewed risk assessments and risk management plans in care records. The risk assessments were generally of good standard and provided information in how to reduce the risk to people who used the service. Some people presented behaviours that challenge and we saw behaviour risk management plans to reduce and respond consistently to behaviours such as verbal or physical aggression. We observed staff following these plans consistently and appropriately. However, we noted that during a staff meeting in November 2014, staff had dealt with and managed behaviours of one person appropriately, but we were unable to find a behaviour management plan in this person's care folder. We discussed this with the deputy manager who assured us that this would be put into place immediately. In addition to risk assessments for the person, detailed environmental risk assessments were in place which ensured that the environment was safe and conducive to people's needs.

Accidents and incidents were recorded and we saw that a recent incident had been discussed with care staff to find more pro-active ways in working with the person and reducing the likelihood of a similar incident from happening again.

People who used the service told us that there were always enough staff available. We viewed the rota which confirmed that staffing numbers were flexible and had been increased to accommodate people's needs, for example when going to hospital appointments or activities.

There was a robust recruitment and selection process. Staff records included documents such as copies of personal identification to demonstrate staff had the right to work in the United Kingdom, two references, and criminal record

Is the service safe?

checks. Records viewed showed that people's credentials to work at the service were regularly monitored. Where staff were found to be unsuitable to work in social care, appropriate actions were taken to ensure that people using the service were protected.

Is the service effective?

Our findings

People told us they were happy with the support from staff. One person told us, "The staff are very good." Another person said, "All the staff I know are good and they are very friendly."

Staff told us that they had received an induction when they started working at the home. The induction included information about people using the service, policies and procedures and service specific information such as the fire procedure, report writing and the environment. One care worker told us, "The induction was helpful; it helped me to learn about the home and residents." We saw that all staff had received mandatory training such as safeguarding adults, infection control, manual handling, epilepsy awareness and medicines awareness. Staff also had opportunities to take up care specific qualifications and managing challenging behaviour training provided by a training provider accredited by the British Institute for Learning Disabilities (BILD). One care worker told us, "The training is easy to access and very beneficial."

Staff told us that they had received regular supervisions and appraisals. Training records viewed confirmed this. However, we noted that over the past six months' supervisions were not as regular as the previous months. We discussed this with the deputy manager who told us that she will start to provide supervisions more regularly in the future.

Policies and procedures were in place in relation to the Mental Capacity Act (MCA) 2005 and we saw the home had a copy of the MCA 2005 Code of Practice. Staff had received training in the MCA 2005 and were able to describe some of the key principles of the Act. The MCA 2005 is a law that protects and supports people who do not have the ability to make decisions. Our observations indicated that people were able to give consent and were outspoken if the treatment or care provided was not according to their wishes.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS)

which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. We saw that the service had made appropriate applications for standard authorisation of DoLS to the supervisory body, but so far these had not been actioned. We advised the deputy manager to contact the supervisory body and ask for these applications to be processed. The deputy manager was aware of a recent Supreme Court judgement which widened and clarified the definition of a deprivation of liberty.

People who used the service told us that they enjoyed the food. They told us that staff asked them what they liked to eat and staff prepared the meals fresh every day. Daily records of meals provided showed us that the food was varied, including cultural dishes such as Caribbean meals. We observed breakfast and dinner time and saw that people enjoyed their meals and were given sufficient time to eat at their own pace. People's dietary needs were documented in their care plans and care workers demonstrated during discussions that they were fully aware of these needs. We saw in one of the satisfaction questionnaires that a relative made the following comments, "The food is of high quality and varied with a healthy diet on offer."

The home had developed effective working relationships with a number of health care professionals to ensure that people received co-ordinated care, treatment and support including support to manage challenging behaviour. People's families were involved in the care and their feedback was sought in regards to the care provided to their relative. We saw that people had health action plans which stated what support they required to maintain their health and wellbeing. People attended regular appointments to see their GP, dentist or optician to ensure that their health care needs were met. Where necessary action was taken in response to changes in people's needs. For example, we saw examples where staff had identified that people were unwell and had arranged for the person to be seen by their GP.

Is the service caring?

Our findings

People told us that they were well cared for. One person told us, “I feel they take good care of us. They [staff] are so kind and careful.” Another said, “I am very happy here and I have a good relationship with people who live here and staff. This is my home.”

People were supported by kind and attentive staff. Staff treated people with dignity and respect and we saw that care was delivered in an unhurried and sensitive manner. Staff were courteous and people appeared relaxed and comfortable in the presence of their care workers. We observed that staff clearly knew people well and spoke with them about the things that were meaningful to them. We observed friendly and light hearted discussions and banter. One person told us, “I am pleased to talk to the carers, they are like my friends.”

Staff had time to deliver person centred care and knew people well. For example, one person became restless when we talked with them. Staff told us that this was a sign of the person becoming agitated and that they did not want to talk with us any longer. We observed the care worker speaking to the person in a calm and reassuring manner which prevented the behaviour from escalating. The home was sensitive to people’s cultural and religious needs. One person chose in the past to attend the local synagogue, but decided that they did not wish to go any longer. This choice had been accepted by the home.

Staff encouraged and enabled people to complete tasks for themselves, even if this took a little longer. For example, we observed one person vacuuming the living room and do the ironing. When we spoke with the person, they told us how pleased they had been that they had been able to manage this independently. Staff told us that where possible, they encouraged people to care for themselves, even if this was by completing a small task. A care worker told us, “Whilst it is tempting to intervene, it’s important that people think and do for themselves.” The deputy manager told us that people could access advocacy services if required. However, all people had very strong links with their families who were fully involved in their care. We saw that people called and visited their relatives regularly and meetings had been arranged if care plans were reviewed or amended to seek their views.

People were involved, where able, in decisions about their care which helped them to retain choice and control over how their care and support was delivered. Where people were unable to express their views and wishes, relatives were consulted to support people to make well informed decisions about the care of people. We saw correspondence between the home and relatives and were told by the deputy manager that relatives were consulted in regards to one person’s food choice. We saw evidence in people’s care records that family members were promptly informed when their relative was unwell. The home encouraged and supported people to visit family members regularly.

Is the service responsive?

Our findings

People's needs were regularly assessed and reviewed and they were involved in the assessment of their needs. One person told us, "They [staff] always tell me what is going on and ask what I would like to do." Another person told us, "I meet regularly with staff and we plan what happens in the future."

Care plans were based on people's choices and preferences. Each person had a person centred plan, which included pictures to make the plan easier to read and understand for people. The person centred plan detailed people's personal history and their spiritual and cultural needs, their likes and dislikes, activities and information of people who were important to them. This helped to ensure that staff knew the preferences of the people they were caring for and enabled them to be responsive to their needs.

We saw that care plans provided information about the care and support people needed and how this should be provided. For example, we saw that there was a comprehensive care plan for the management of one person's behaviours which was evidence based and in line with relevant quality standards such as those provided by the British Institute for Learning Disabilities (BILD).

People were involved, where able, in decisions about their care which helped them to retain choice and control over

how their care and support was delivered. The care plan ensured that people were comprehensively reviewed and every aspect of their care and support, including, their dietary preferences, their environment and social activity were assessed.

People were offered a range of social activities in-house or in the community. People attended day centres regularly and told us that this was important to them. One person told us that going to the day centre was "like having a job". People told us that they regularly went shopping to local shopping centres, to the cinema and had been on an annual summer holidays. They told us that the holiday was great and they enjoyed being away from the home.

People knew how to make a complaint and information about the complaints procedure was included in the service user guide, including how to raise concerns with the Care Quality Commission. People were confident that any complaints would be taken seriously and action taken by the registered manager. One person told us, "I've no complaints, everything is fine here, but I would go to the [deputy manager] if anything is wrong." We looked at the complaints records and found that the home had not received any complaints since our last inspection.

The deputy manager told us that regular residents' meetings were held. People told us that their concerns were noted and acted upon. One person said, "I always go to the 'residents meeting' and have my say."

Is the service well-led?

Our findings

People and their relatives spoke positively about the manager. Comments included, “The manager always listens to what I have to say, she takes her time.” A comment made in a relative survey stated, “The staff demonstrate an exceptional high standard of support, which is very inclusive.”

Staff were positive about the leadership of the home. One member of staff told us, “You are able to raise concerns, she (deputy manager) listens to you, she is a very caring person, she spends time out on the floor and helps, and she knows the residents personally.”

The registered manager was also the registered provider of the home. The deputy manager was primarily responsible for the running of the home and she had worked in the home for a number of years and initially started as a care worker. The deputy manager told us that the registered manager was very “hands on” and very supportive to staff and people who used the service. Staff told us that the registered manager maintained a strong and visible presence within the home and actively encouraged feedback from people and staff and used this to make improvements to the home.

Staff told us that they attended regular staff meetings and found these meetings relaxed although communication was focused and effective. Staff were encouraged to ask questions or offer comments or suggestions and individuals were listened to. This helped to ensure that there was an open and transparent culture within the

home and meant that the engagement and involvement of staff was promoted within the home. One care worker told us, “If I have any ideas, I mention this during team meetings and they have made changes to the way we support residents.”

We observed that the deputy manager was supportive of all of the staff and was readily available if staff needed any guidance or support. The deputy manager ensured that staff had opportunities to continuously learn and develop, for example, one of the care workers we spoke with told us they were undertaking a competency based health and social care qualification. This helped to ensure that staff were able to carry out their duties effectively so that people received good care and treatment.

A range of systems were in place to monitor and improve quality and safety within the home. For example, health and safety checks, care plan audits and medicines audits; however we noted that these had not been carried out since November 2014.

The quality audits were undertaken to monitor the effectiveness of aspects of the home, including care documentation, nutrition, medicines and infection control. Health and safety audits were undertaken to identify any risks or concerns in relation to fire safety.

Regular satisfaction surveys were carried out and sent out to the day centre, health professionals and relatives. The feedback received was very positive, with the most recent survey carried out during the summer of 2014. This ensured that people and significant others were consulted and involved in the running of the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person did not protect service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the recording, and using, of medicines used for the purposes of the regulated activity. Regulation 12 (f) (g).</p>