

Monpekson Care Limited

Greenford House

Inspection report

38 Greenford Road
Harrow
HA1 3QH
Tel: : 020 8864 0626

Date of inspection visit: 31/7/2015
Date of publication: 28/09/2015

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

We undertook an unannounced inspection at Greenford House on the 31 July 2015.

This service is registered to provide accommodation and personal care for up to three people with learning disabilities. At the time of the inspection, two people were using the service and were able to communicate with us.

At our last inspection on 27 June 2014 the service met the regulations inspected.

There was a registered manager in post. 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.

Risks to people were identified and managed so that people were safe and their freedom supported and protected. Individual risk assessments were completed for each person however the assessments contained limited information and some areas of potential risks to people had not been identified and included in the risk assessments.

Summary of findings

Care plans were not person centred and did not reflect people's current needs. Complete and contemporaneous records had not been kept about people's care and support they needed and were receiving.

Safeguarding and whistleblowing policies and procedures were in place. Staff undertook training in how to safeguard adults. Care workers we spoke with were able to identify different types of abuse and were aware of what action to take if they suspected abuse.

Rotas were in place and there were enough staff in the home to provide care to people safely. There were effective recruitment and selection procedures in place to ensure people were safe and not at risk of being supported by people who were unsuitable.

People were cared for by staff that were supported to have the necessary knowledge and skills they needed to carry out their roles and responsibilities. Care workers spoke positively about their experiences working at the home. Care workers told us "I am supported in my role", "There is good teamwork here, everything is fine" and "I enjoy working here and enjoy working with the people."

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). When speaking with care workers, they showed a very limited understanding of how people's liberties could be deprived and were not aware of the differences between lawful and unlawful restraint practices. Records showed care workers were due to receive training on DoLS shortly after the inspection.

We saw people being treated with respect and dignity. Care workers had a good understanding and were aware of the importance of treating people with respect and dignity and respecting their privacy.

People using the service spoke positively about the home. One person using the service told us "They do help me, they are very good" and "[Registered manager] is very kind to us. There is nothing he can't do for us." We asked the person what their favourite thing was in the home and they told us "Everything."

A relative spoke positively about the staff and told us "They are lovely. I have no worries about them at all" and "They are brilliant, they keep me informed. They ring me if there's a problem, any hiccups, they are always on the phone."

There were arrangements in place for people's needs to be regularly assessed, reviewed and monitored. Records showed the registered manager conducted monthly, six monthly and yearly reviews.

Systems were in place to monitor and improve the quality of the service however some deficiencies in the service had not been identified.

We made one recommendations about the management of risks.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this 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?

Some aspects of the service were not safe. Risks to people were identified and managed so that people were safe and their freedom supported and protected. However, information was limited and did not address all of the areas a person could be at risk of. The management told us people's risk assessments would be reviewed.

There were effective recruitment and selection procedures in place to ensure people were safe and not at risk of being supported by people who were unsuitable.

There were suitable arrangements in place to manage medicines safely and appropriately.

Requires improvement



Is the service effective?

Some aspects of the service were not effective. Care workers had a very limited understanding of how people's liberties could be deprived and were not aware of the differences between lawful and unlawful restraint practices.

Records showed care workers were due to receive training on DoLS shortly after the inspection.

There were some arrangements in place to obtain, and act in accordance with the consent of people using the service, however there was a lack of understanding by the registered manager and care workers of the Mental Capacity Act 2005 (MCA).

People were supported to maintain good health. People received on going healthcare support and were involved in decisions about their nutrition and hydration needs.

Requires improvement



Is the service caring?

The service was caring. Positive caring relationships had developed between people using the service and staff and people were treated with kindness and compassion.

People were being treated with respect and dignity.

People using the service were supported to express their views.

Good



Is the service responsive?

Some aspects of the service was not responsive. Complete and contemporaneous records had not been kept about people's care and support they needed and were receiving.

People were supported to follow their interests, take part in them and maintain links with the wider community.

Requires improvement



Summary of findings

The home had clear procedures for receiving, handling and responding to comments and complaints.

Is the service well-led?

Some aspects of the service was not well led. There were systems in place to monitor the quality of the service however we found some deficiencies in the service had not been identified.

During this inspection, the management structure in place was two care workers, senior care workers, a registered manager and the provider.

Care workers spoke positively about the registered manager and the culture within the home.

Requires improvement



Greenford House

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.

This inspection was carried out by 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 two people using the service that had learning disabilities. People using the service were able to communicate with us. We spoke to two people using the service. 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 and meal times.

We spoke with one relative. We also spoke with the registered manager and two care workers. We reviewed two people's care plans, two 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

When speaking with people using the service they told us they felt safe in the home. One relative told us “[Person] is safe and stable.”

Risks to people were identified and managed so that people were safe and their freedom supported and protected. Individual risk assessments were completed for each person using the service which helped ensure they were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions. Although the risk assessments were specific to people’s individual needs, we noted the assessments contained limited information and some areas of potential risks to people had not been identified and included in the risk assessments. For example one person using the service used a walking frame as they were unsteady on their feet and required support with their balance. The risk assessment in place covered some information on the person’s walking ability however there was limited information about the safe practice and risks associated with using such equipment and steps staff needed to take to ensure the person was safe in areas such as moving and handling, when receiving personal care in the bathroom, when they went outside the home and when on public transport. Another person using the service would at times display signs of behaviour that challenged the service. However there was no risk assessment in place to show what type of behaviour the person would display and what the possible triggers were which could lead to such behaviour being displayed. There was also no information which detailed the social and emotional support that was required by staff to help the person feel at ease and proactive strategies to minimise the impact of behaviours displayed to keep people safe.

When speaking to care workers, they showed some understanding of people’s behaviour that challenged and told us “We give [person] their space, offer [person] something to do or eat, sit with [person] and that will calm down. [Person] chooses who they want to talk to so we respect that and give [person] space.” Records also showed and staff confirmed they had received training on safe moving and handling practices.

Records showed that accidents and incidents were recorded and any necessary action had been taken. However records showed an incident had recently occurred

involving one person using the service but this person’s risk assessment had not been updated and did not detail that measures were in place to minimise the risk of another reoccurrence and ensure the person was safe.

We spoke to the registered manager and he told us they would review the assessments and ensure they contained more detailed information relevant to people’s needs. The registered manager also showed us guidance he had obtained from the National Institute for Health and Care Excellence (NICE) on managing challenging behaviours and proactive strategies to manage behaviours that challenged. He told us he would be looking to incorporating best practice as outlined in the guidance and provides care workers with the appropriate training. However we were unable to monitor this at the time of inspection.

We recommend that the service seek advice from a reputable source about managing risks.

There was a system in place to identify and assess the health and safety of people using the service and others. We saw there were systems in place for the maintenance of the building and equipment to monitor the safety of the service. Portable Appliance Checks (PAT) had been conducted on all electrical equipment and maintenance checks.

There were safeguarding and whistleblowing policies and procedures in place. Training records showed and staff confirmed they undertook training in how to safeguard adults. Care workers we spoke with were able to identify different types of abuse and were aware of what action to take if they suspected abuse. They told us they would report their concerns directly to the registered manager, social services, the Police and CQC. Care workers were also able to explain certain characteristics a person they cared for would display which enabled them to know that something was wrong or the person was not happy. For example, care workers told us “You can tell by their facial expressions and how they react towards other people” and “We know the people very well here and you can tell by their behaviours and moods if they were not happy.”

There were suitable arrangements in place to manage medicines safely and appropriately. We looked a sample of the Medicines Administration Record (MAR) sheets and saw they had been signed with no gaps in recording when medicines were given to a person. There were arrangements in place in relation to obtaining and

Is the service safe?

disposing of medicines appropriately from a local pharmaceutical company. Records showed and care workers confirmed they had received medicines training and policies and procedures were in place.

Records showed there were rotas in place and we asked the care workers whether they felt there were enough staff in the home to provide care to people safely. Care workers told us “We have a good team, there is no problem with cover. The rota is done monthly”, “We can get cover. We can always ask and we get the extra support, the rota is always done in advance” and “We all help each other. There is always other staff available and lots of people around to help with cover.”

There were effective recruitment and selection procedures in place to ensure people were safe and not at risk of being supported by people who were unsuitable. We looked at the recruitment records for two members of staff and found appropriate background checks for safer recruitment including enhanced criminal record checks had been undertaken to ensure staff were not barred from working with vulnerable adults. Two written references and proof of their identity and right to work in the United Kingdom had also been obtained.

Is the service effective?

Our findings

A relative spoke positively about the staff and told us “They are lovely. I have no worries about them at all”

People were cared for by staff that were supported to have the necessary knowledge and skills they needed to carry out their roles and responsibilities. Care workers spoke positively about their experiences working at the home. Care workers told us “I am supported in my role”, “There is good teamwork here, everything is fine” and “I enjoy working here and enjoy working with the people.”

We looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. Training records showed that care workers had received an induction and completed training in areas that helped them when supporting people and these included safeguarding, infection control and challenging behaviour. Care workers told us “We have lots of training, in house and classroom based. Training tells you what to do and helps you if you are not sure about things.” Records also showed care workers received regular supervision. Care workers told us “Yes we have regular supervision. We discuss how we feel, if you want to suggest changes or ideas, they do listen to you and we can say if anything is wrong” and “In our supervisions, we talk about work and the people here, give any feedback and the manager gives us any updates we need to know about work.”

There were some arrangements in place to obtain, and act in accordance with the consent of people using the service, however there was a lack of understanding by the registered manager and care workers of the Mental Capacity Act 2005 (MCA). A mental capacity assessment had been completed for each person which outlined areas where people were able to make their choices and decisions about their care. Where a person was unable to give consent, records showed the person’s relatives and healthcare professionals were involved to ensure decisions were made in the person’s best interest. However people’s care plans contained limited information about people’s mental capacity and it was sometimes unclear why a person would need support in specific areas. For example in one person’s care plan, it stated “[Person] requires one to one support” and “[Person] is to be monitored on a regular basis”. The care plans did not state why the person would require the support and whether it was because of the person’s level of mental capacity, a particular health need,

safety reasons or was it the person’s choice to want such support provided for them. We raised this with the registered manager and he told us he would review the care plans and ensure more detailed information was included about people’s levels of mental capacity so it would be clearer why people needed specific support as part of their daily lives.

Records showed that staff had not received training on the Mental Capacity Act 2005 (MCA). When speaking with care workers, they were not able to explain what mental capacity was but showed an understanding of issues relating to consent. Care workers told us “We help [person] make their decisions, we will speak with them and explain so they can understand and make their own decisions. Care workers also showed awareness of involving a person’s relatives and healthcare professionals in areas in which a person was unable to give consent to ensure decisions were made in the person’s best interests. The registered manager told us staff were due to have training on MCA. Shortly after the inspection, the registered manager wrote to us and confirmed that staff had now received the relevant training on MCA and DoLS.

Records showed some arrangements were in place to manage the finances of people using the service as they did not have the capacity to do so themselves. Relatives were involved and they confirmed this when speaking to them. One relative told us “They have a money book which I can have a look at it anytime. I always get the receipts which show what the money has been spent. If I ask for the receipts, they give them to me immediately. There is no problem there.” The registered manager showed us records of people’s monies and explained the care workers recorded all the transactions and kept the receipts which the registered manager would check on a weekly basis.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes which 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 people using the service were not restricted from leaving the home. There was evidence that showed people went out and enjoyed various activities and community outings. In areas where the person was identified as being at risk when going out in the community, we saw that if required, they were supported by staff when they went out. The

Is the service effective?

registered manager told us he was in the process of applying for DoLS authorisations for the people using the service as it was recognised that there were areas of people's care in which the person's liberties were being deprived.

When speaking with care workers, they showed a very limited understanding of how people's liberties could be deprived and were not aware of the differences between lawful and unlawful restraint practices. Records showed care workers were due to receive training on DoLS shortly after the inspection.

People were supported to maintain good health and have access to healthcare services and received on going healthcare support. Care plans detailed records of appointments and medicine prescribed by healthcare professionals including GPs, chiropodist, psychiatrists and opticians. Information showed the date and type of appointment, reason for the visit, the outcome and any medicine prescribed or change in medicine. One care worker told us "If there is ever a problem, I would call the ambulance straight away."

A relative told us "They let me know of any health changes, hospital and doctors' appointments. They inform me of the

outcome of the appointment. I even know what tablets [person] is taking. When [person] was in hospital we had lots of support from the home. They were always there with [person]."

People were supported to get involved in decisions about their nutrition and hydration needs. The registered manager told us there was not a set menu in place as people were able to communicate their wishes and this was accommodated for them. People using the service went shopping every week and were able to purchase the food of their choice. One care worker told us "We always ask them what they would like to eat and they tell us". When speaking to people using the service, they confirmed this. People told us "Yes they ask me what I would like to eat. The food is good. On Sunday, we have a roast dinner and roast potatoes" and "We also have Chinese takeaway which I really like."

People were supported and encouraged with the preparation of their own meals. One person using the service cooked their own breakfast and prepared their packed lunch for when they went to the day centre. During the inspection, we observed they made their own coffee. In the evening, people were asked what they wanted to eat and people expressed their wish to get a takeaway. We found this was accommodated for and people using the service went with the care worker to get their meals.

Is the service caring?

Our findings

People using the service spoke positively about the home. One person using the service told us “They do help me, they are very good” and “[Registered manager] is very kind to us. There is nothing he can’t do for us.” We asked the person what their favourite thing was in the home and they told us “Everything.”

During the inspection, we observed that people were relaxed and at ease. People were free to come and go as they pleased in the home. Care workers were patient when supporting people and communicated with people in a way that was understood by them. We observed people were comfortable with each other and care workers were very attentive towards people’s needs. One care worker told us “We treat them more like friends here.”

We saw people being treated with respect and dignity. When speaking to care workers, they had a good understanding and were aware of the importance of treating people with respect and dignity and respecting their privacy. They told us “It is about respecting someone and understanding them. Putting yourself in their shoes and treating them with dignity” and “I stand aside when [person] is showering but always let them know that if they need anything, I am here for them.”

During the inspection, we observed people were supported to promote their independence. Care workers provided prompt assistance but also encouraged and prompted

people to build and retain their independence for example people made themselves drinks, participated in household chores and prepared their packed lunch before they went to a day centre. One care worker told us “[Person] dresses themselves and [Person] packs their lunch, makes breakfast and tea [person] makes it all by themselves.”

People were supported and encouraged in making decisions about their care, treatment and support. All the people using the service were able to verbally communicate their wishes.

People using the service were supported to express their views. Records showed there were resident and keyworker meetings with people using the service in which people were encouraged to say what they liked and didn’t like as much as they were able to do so. People were asked about where they wanted to go on holiday, if they were happy with their bedrooms and if they had any complaints. When speaking to people using the service, they confirmed the meetings did take place and one person using the service told us “My keyworker is very good. They do help me.”

Meetings were also taking place between the person using the service, their keyworker, registered manager and family members where aspects of people’s care were discussed and any changes actioned if required. When speaking with relatives, they confirmed this. One relative told us “Yes we have a review meeting twice a year. They are brilliant, they keep me informed. They ring me if there’s a problem, any hiccups, they are always on the phone.”

Is the service responsive?

Our findings

A relative they told us “The home is the best things that has happened to us. It has changed [persons] life, [person] is so much better.” And “They are brilliant. [Person] goes out on their own and they take [person] to so many places they wouldn’t have been able to otherwise.”

When speaking with the registered manager and care workers they were aware of people’s specific needs however care plans of people using the service were out of date and did not reflect people’s current needs and preferences. Care plans were not person centred as the information was very limited. Information such as people’s habits, daily routine, how they wanted their personal care and preferred times they liked to wake up and go to sleep had not been included. Although people were supported to be independent and were able to do certain tasks themselves, this was not reflected in the care plans and it was not clear what people were able to do themselves, where they needed support and why and what type of support was then needed. For example one person using the service told us “I do my own ironing and tidy my room” however this was not reflected in the person’s care plan. People’s risk assessments also contained limited information and some areas of potential risks to people had not been identified and included in their risk assessments.

We spoke to the registered manager and discussed the need for care plans to clearly reflect how and why people would like to receive their support. The reasoning why support was needed or not needed should be clearly recorded and show what people did for themselves which enabled the decisions to be made that support would not be needed for that person in specific areas. The registered manager told us he would review the care plans and ensure the information was more detailed and clearer.

Care plans were not person centred and did not reflect their current needs which put people at risk of receiving inconsistent care and not receiving the care and support

they need. Complete and contemporaneous records had not been kept about people’s care and support they needed and were receiving as risk assessments had not been updated after an incident had occurred at the home.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported to follow their interests, take part in them and maintain links with the wider community. Both people using the service attended a day centre and regularly went on holidays. One person using the service showed us pictures of a holiday they went on in Europe and told us they really enjoyed themselves. Another person using the service showed us trophies that they had won when participating in darts and snooker tournaments. People were able to visit family and friends or receive visitors and were supported and encouraged with maintaining relationships with family members. One person using the service told us “[Registered manager] takes me to see my brother.” One relative told us “The home have really helped involve [person] in family life. [Person] comes to family events, weddings and christenings.”

There were arrangements in place for people’s needs to be regularly assessed, reviewed and monitored. Records showed the registered manager conducted six monthly reviews of people’s care plans and care provided.

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. When speaking to people using the service, they were aware of that they could raise concerns if they were not happy. One person using the service told us “[Registered manager] is very good and we talk in the office. If I am not happy, I would say so.” Care workers showed awareness of the policies and said they were confident to approach the registered manager. They felt matters would be taken seriously and the registered manager would seek to resolve the matter quickly. There had been no complaints received about the service.

Is the service well-led?

Our findings

A relative spoke positively about the service and told us “We are lucky and they are wonderful. I hope nothing changes” and “We can’t ask for better.”

Systems were in place to monitor and improve the quality of the service. We saw evidence which showed checks of the service were being carried out by the registered manager. Checks covered all aspects of the home and care being provided such as premises, health and safety, medicines, care plans, risk assessments, finances, staff records and training.

However the checks did not identify that people’s care plans were not person centred and did not reflect their current needs/preferences. Complete and contemporaneous records had not been kept about people’s care and support they needed and were receiving as risk assessments had not been updated after an incident had occurred at the home. The checks also did not identify that sufficient action had not been taken with regards to MCA and DoLS including the appropriate training for staff in these areas. The registered manager told us he would

ensure the care plans and risk assessments are reviewed and updated to accurately reflect people’s needs and the appropriate action would be taken with regards to MCA and DoLS.

During this inspection, the management structure in place was two care workers, senior care workers, a registered manager and the provider. Care workers spoke positively about the registered manager and told us “[Registered manager] is quite good. He is really calm and explains things. They help us as much as possible.”

Care workers spoke positively about the open and transparent culture within the home and the provider. One care worker told us “I can ring the senior staff, the manager or the provider. They all get back to you.” 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 “If something is not right. We can say it, they encourage us to do so and they are really approachable.”

Feedback from people using the service had been obtained through key worker meetings and residents meetings. Records also showed that questionnaires had been sent out to relatives and positive feedback had been received about 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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Good Governance</p> <p>The provider failed to maintain an accurate, complete and contemporaneous record in respect of the care and treatment provided to people using the service.</p> <p>Regulation 17 (2) (b) (c)</p>