

Dr French Memorial Home Limited (The) Dr French Memorial Home Limited

Inspection report

13 Nether Street
North Finchley
London
N12 7NN

Tel: 02084454353
Website: www.drfrenchcarehome.co.uk

Date of inspection visit:
07 February 2019

Date of publication:
11 March 2019

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

About the service:

- Dr French Memorial Home Limited is a residential care home which provides personal care to older people and people living with dementia.
- At the time of our inspection, 23 people were using the service.

People's experience of using this service:

- The service was safe and people were protected from harm. Staff were knowledgeable about safeguarding adults from abuse and knew what to do if they had any concerns and how to report them.
- Risks to people using the service were assessed and their safety was monitored and managed, with minimal restrictions on their freedom.
- There were sufficient numbers of suitable staff to meet people's needs and support them to stay safe.
- Medicines were stored, managed and administered safely. Staff were trained, and their competency checked.
- People using the service were supported to have sufficient amounts to eat and drink and maintain a healthy balanced diet.
- Staff demonstrated a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards. People using the service were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
- People were treated with kindness, respect and compassion. People also received emotional support when needed.
- The atmosphere in the home was calm and relaxed. Staff knew the people using the service well and were knowledgeable about their needs and preferences.
- People and staff spoke highly of the management team and told us they felt supported.
- CQC's registration requirements were met and complied with and effective quality assurance procedures were in place.
- More information is in the full report.

Rating at last inspection:

- At our last inspection, the service was rated "Good". Our last report was published on 11 August 2016.

Why we inspected:

- This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

- We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care.

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 remained Good.

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Good ●

The service remained Good.

Dr French Memorial Home Limited

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

- Our inspection was completed by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

- This service is a residential care home and provides personal care to older people and people living with dementia.
- The service is required to have 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. Since the last inspection the registered manager had resigned and the temporary manager had been appointed to the post of manager and was in the process of being registered with the Commission (CQC).

Notice of inspection:

- Our inspection was unannounced.

What we did:

- Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from local authorities. We checked records held by Companies House.

- We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.
- We spoke with seven people who used the service and three relatives.
- We spoke with the manager, assistant manager, one health care assistant, the cook and the assistant administrator.
- We reviewed three people's care records, three staff personnel files, audits and other records about the management of the service.
- We requested additional evidence to be sent to us after our inspection. This was received and the information was used as part of our inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the service and we observed they were relaxed in the presence of staff. One person said, "I feel safe here." A relative told us, "My [relative] is well looked after here. It is safe."
- Staff knew how to recognise abuse and protect people from the risk of abuse. Staff received safeguarding training. One staff member said, "We have regular training in safeguarding which helps to keep us up to date."
- There was a whistleblowing policy, which staff could easily access.
- People were supported to understand how to keep safe and to raise concerns when abuse occurred.
- The manager sent us statutory notifications to inform us of any events that placed people at risk.

Assessing risk, safety monitoring and management

- Risk assessments were in place within people's care files that reflected each person's individual circumstances. The risk assessment prompted for further action depending on the overall level of risk. For example, referrals to Speech and Language Therapy (SALT), GP and district nurse input. Risk assessments were reviewed and updated regularly to ensure they reflected the changes in people's needs.
- People using the service were supported by staff who were aware of the risks to them. Staff we spoke with could describe the risks to individuals and how to manage those risks. For example, one member of staff said, "I am aware of people who are at risk of choking; I make sure their food is served at the right consistency."

Staffing and recruitment

- There were robust recruitment checks in place to ensure staff employed were suitable to work in a health and social care environment. Staff recruitment files evidenced that two references, identity checks and Disclosure and Barring Service (DBS) checks were completed before staff started to work unsupervised at the service.
- We observed staff responding promptly to people's requests for support and to participate in activities. We reviewed rotas and saw that staffing levels were planned and consistent with what staff and the manager told us.

Using medicines safely

- People told us they received their medicines on time and as prescribed.
- Systems were in place to ensure proper and safe use of medicines by following current professional guidance and engaging with professionals in people's medicine reviews.
- The service had appropriate facilities to ensure the safe storage of medicines.
- Staff followed procedures for ordering, disposing, administering and recording medicines for people in the service.

Preventing and controlling infection

- There was an infection control policy and staff received training in infection control and food hygiene.
- Staff followed good practice to prevent and control potential infection. For example, hand washing was thorough and staff had access to personal protective equipment, such as gloves and aprons, to reduce any possibility of cross contamination.
- Substances hazardous to health were kept securely to minimise the risk of people using them inappropriately.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed to see if any trends could be identified.
- Lessons learnt were shared with staff in team meetings and supervisions.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People told us that their care needs were met by the service. Assessments of their care and support needs were carried out before moving to the service to ensure that their needs could be appropriately met.
- Care plans considered people's needs, choices, views and preferences.
- People and their relatives told us they had been involved in planning their care and support. One person said, "My sons know everything about my care plan."
- People were involved in regular review of their care plans.

Staff support: induction, training, skills and experience

- Staff had the necessary knowledge and skills required to do their jobs. One person told us, "Staff know what they are doing. They are good."
- Staff had an induction and completed a range of training relevant to working in a caring environment. This was updated on a regular basis and provided to meet people's individual needs.
- Staff told us that they had regular supervisions and were supported well by the manager. They found consistent support enabled them to carry out their roles well.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutrition and hydration needs were met. We observed people enjoyed their meals and if they required assistance to eat their meal this was provided appropriately.
- People told us the food was very good and there was always a good choice at mealtimes. One person said, "The chef cooks very nice and delicious food."
- People's cultural and religious dietary needs were respected. For example, vegan and vegetarian meal options were always available.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked well with other professionals and organisations who were also involved in providing people with care and support, such as healthcare services.
- Relevant information was shared appropriately with other professionals, to help ensure people using this service consistently received effective care, support and treatment.

Adapting service, design, decoration to meet people's needs

- The premises were safe and accessible and people could choose whether they wished to spend their time in the communal areas or in a quiet area.
- ☐ People were involved in discussions regarding the layout and décor in the service.
- ☐ People's bedrooms were furnished and decorated in accordance with their individual choices.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain good health and had access to healthcare services as needed such as, district nurses, GPs, dieticians and speech and language therapists.
- Routine appointments were also scheduled with other professionals such as opticians, chiropodists and dentists.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff had attended training and were able to explain how they applied the MCA 2005 in practice.
- Staff understood the importance of helping people to make their own choices regarding their care and support. Staff consistently obtained people's consent before providing support.
- People's care records documented whether they had capacity to make specific decisions and where necessary, mental capacity assessments had been completed to consider if people were able to consent to the care they required.
- The manager was aware of their responsibilities to notify CQC where people had DoLS authorisations in place.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were supported by caring and kind staff who knew them well. A staff member told us, "We spend time getting to know everyone. We read the care plans as well." Staff could tell us about different people's care needs, any associated risks as well as their hobbies, interests, likes, dislikes and preferences.
- We observed people were comfortable and relaxed amongst staff. Staff acknowledged people when they went past them, addressed them by their preferred name and showed familiarity and respect in their approach to people.
- A relative told us, "This home is a very good place, and lovely people. I am impressed. [Family member] is quite happy. They do respect him."
- People were treated equally and all were offered the same opportunities.
- Staff respected people's wishes in accordance with the protected characteristics of the Equality Act. People were supported to maintain relationships with friends and family.
- The service complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

Supporting people to express their views and be involved in making decisions about their care

- Staff were aware of people's communication needs and the support they required to feel comfortable. We saw staff getting to people's level when talking to them so the person could hear them better. We observed staff having conversations with people and they used simple language to encourage people to interact.
- The manager and staff were aware of the need to support people to access advocacy services when required and advocacy information was available to people. An advocate is an independent person who can help people to understand their rights and choices and assist them to speak up about the service they receive.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's choices and autonomy within the home and spoke to people respectfully with kindness and compassion.
- Relatives we spoke with told us that staff were polite, and their input and relationships with their loved ones was valued. One relative said, "The atmosphere of the service is quite homely, very warm and staff are friendly."
- Staff told us how they maintained people's privacy and dignity when assisting with intimate care. For example, by knocking on bedroom doors before entering, being discreet such as closing the curtains and

gaining consent before providing care.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were treated as individuals and their personal likes, dislikes, preferences and daily routines were respected and promoted.
- People and those that were closest to them alongside any relevant health and social care professionals were involved in the planning and review of their care, to ensure that care was specific to their individual needs, preferences and person-centred.
- Care files included information about people's history, which provided a timeline of significant events which had impacted on them, such as, their physical and mental health. People's likes and dislikes were detailed in care plans.
- Staff said that the information contained in people's care files enabled them to support them appropriately in line with their likes, dislikes and preferences.
- External healthcare professionals had been involved in the care and treatment of those who lived at the service.
- Activities were flexible in order to meet people's needs. A range of activities were available for people. Activities schedules and information about activities were clearly displayed around the service. One person said, "I love reading books and watching television. I always have books of puzzles and cross-words."
- We saw people engaged in activities that they had identified as meaningful and important to them and staff supported people to spend as much time as possible doing the things they enjoyed, which stimulated their minds and offered opportunities for social engagement.

Improving care quality in response to complaints or concerns

- There were regular opportunities for people, and people that matter to them, to raise issues, concerns and compliments. This was through on-going discussions with them by staff on a regular and informal basis.
- Relatives were also made aware of the complaints system. Everyone we spoke with told us that they knew how to complain and they were confident that their concerns would be dealt with appropriately.
- The complaints procedure set out the process which would be followed by the provider and included contact details of the provider and CQC. This ensured people were given enough information if they felt they needed to raise a concern or complaint. The service had not received any complaints in the last 12 months.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The service had a clear vision and credible strategy to help ensure they continually delivered high quality care and support and achieved positive outcomes for people.
- We found that the service promoted a positive culture that was person-centred, open, inclusive and empowering.
- Staff told us that they were very happy working at the service. One member of staff told us that one of the best things about working there was seeing people achieve their potential and seeing improvements in people's health because of staff team working together.
- People and their relatives told us they would recommend the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People told us the service was well-led. One person said, "The manager is helpful and listens." A relative said, "I know the manager and can talk to her any time on any issue."
- The service ensured CQC's registration requirements were met and complied with. The manager told us they were fully supported by the provider and they understood their responsibilities.
- The manager ensured they kept themselves up to date with any necessary changes and communicated relevant information to the staff team effectively and efficiently.
- The management team at the service provided a good balance of skills, experience and knowledge.
- Staff said they had good support from the management team and the provider. Senior staff were approachable and listened to their feedback about the service. A staff member said, "The managers are always available to support."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was an open-minded and inclusive culture within the service whereby everyone was respected for their contributions and differences.
- People's equality, diversity and human rights were respected. The service's vision and values centred around the people they supported.
- People and staff we spoke with told us that everyone was treated equally and fairly.
- There were systems in place to involve people in the development of the service. A member of staff said, "We have regular staff meetings and everyone has the opportunity to discuss things." We saw that staff views were sought on the service and their voice was listened to.

- People, relatives and friends also had the opportunity to give their views on the quality of the service provided.
- The service regularly sought feedback from people through meetings, feedback forms and surveys. We saw that quality questionnaires were completed by people and relatives, which enabled them to provide their view on the service they received.

Continuous learning and improving care

- There were systems in place for auditing and monitoring the service. The management team undertook a range of checks and audits.
- There were a range of measures in place to ensure care delivery was safe and effective. Audits carried out included infection control, environmental checks, medicines, care plans, daily records and health and safety.
- The manager told us they kept up to date with changes in practice through the Skills for Care website, CQC newsletter for providers and registered managers' forums.
- Staff told us they were supported to raise concerns and ideas for continuous improvement.

Working in partnership with others

- The service worked in partnership with other organisations to make sure they were following current practice and provided a safe service for people. These included social services, district nurses, GP's and other healthcare professionals.
- They also maintained links with the local school and children came to visit the people living in the service. One person told us, "Children from a local school come here and spend some time with us. I love them."