

Medstar Domiciliary Care Services Limited

Beaconsfield Road

Inspection report

231 Beaconsfield Road
Enfield
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Beaconsfield Road is a residential care home providing personal care and support for up to four adults with physical and learning disabilities and profound or complex needs. At the time of our inspection, three people were using the service.

The home is a large detached house in a residential area of Enfield, North London. People had large comfortable bedrooms. There was a large rear garden and a sensory room that people were able to freely access.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The service consistently applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Relatives and healthcare professionals told us they felt people were safe living at Beaconsfield Road. People's personal risks were assessed and regularly reviewed. There were systems in place to ensure safe management and administration of people's medicines. Staff understood safeguarding and how to raise any concerns.

People were supported by staff who received relevant training and support. People were supported and encouraged to choose what they wanted to eat and drink. Staff used multiple ways of communication with people who were unable to communicate verbally or had limited verbal skills.

Staff were kind and compassionate in their interactions with people. There was a homely atmosphere at Beaconsfield road which both relatives and healthcare professionals commented on positively.

There were systems in place to monitor and improve the quality of care and people's experience of the home. We received positive feedback about how the home was managed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 09/01/2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the providers date of registration with CQC.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Beaconsfield Road

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Beaconsfield Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and formal notifications that the service had sent to the CQC. Notifications are information that registered persons are required to tell us about by law that may affect people's health and wellbeing. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with two staff including the registered manager and the head of operations. We spoke with one person living at the home. We used observations to help us understand the experience of people who could not talk with us. We looked at two care records and risk assessments, three people's medicine records, three staff files including supervision and recruitment records, and other paperwork related to the management of the service including staff training, quality assurance and rota systems.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with three care staff, one relative, one learning disabilities nurse and received feedback via e-mail from a social worker that worked with people living at the home.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding and were aware of how to recognise different types of abuse. They were also aware of how people, that may not be able to communicate, may show signs of abuse and how to recognise this.
- Staff were aware of how to report any concerns both within their own organisation and also to external agencies such as the local authority and CQC.
- Relatives and healthcare professionals told us they felt people were safe living at the home. One relative said, "I think safety issue is no concern, the place is well staffed, and he has a key worker who he has built a good relationship with." A healthcare professional commented, "[Person] is showing signs of being comfortable, using their [staff] names and seeking physical contact from them. This is all very positive."
- As people living at the home were not able to communicate, we observed their interactions with staff. People appeared calm, relaxed and smiling when with staff.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People had well written and very detailed risk assessments. Risk assessments gave staff clear guidance on how to minimise people's known risks.
- Each person had a Positive Behaviour Support Plan (PBS). PBS's looked at people's specific behaviours, what may trigger them and how staff could work effectively with people to keep them safe.
- There were environmental risk assessments which looked at the building, fixtures and fitting and the garden area. This ensured people's environment was safe and fit for purpose.
- Risk assessments were regularly reviewed and updated if changes occurred.
- There were certificates in place to show that equipment and facilities were monitored. This included regular, gas, electrical, water, hoist and lift maintenance checks.
- Accidents and incidents were well documented with any investigations and outcomes. We saw that accidents and incidents were discussed at staff meetings to help prevent any reoccurrence.

Staffing and recruitment

- There were enough staff on duty during the day and night to ensure people's needs were met and people were kept safe.
- Where people required one-to-one or two-to-one care within the home or when going out, we saw this was in place and regularly reviewed by the placing authorities and the home.
- Staff were recruited safely. Staff files showed two written references, an application form with any gaps in employment explored, proof of identity and a Disclosure and Barring Service check (DBS). This informs the service if a prospective staff member has a criminal record or has been judged as unfit to work with

vulnerable adults.

Using medicines safely

- Medicine administration records showed people received their medicines safely and on time.
- Staff had been trained in medicines administration. Records showed staff had regular competency assessments to ensure they were safe to administer medicines.
- Each person had a medicines risk assessment that documented all medicines a person had been administered, what potential side effects staff should be aware of and how to report any concerns.
- Where people had been prescribed 'as needed medicines' there was clear guidance in place for staff to explain, in what circumstances these medicines should be given. 'As needed' medicines are medicines that can be given for things like pain relief and to help anxiety.
- Only one person living at the home had been prescribed as needed medicine for anxiety. However, we saw that staff had not needed to administer this in the last month. Staff explained how they used talking and distraction strategies to work with people when they may become distressed.
- Records showed people had regular medicines reviews by GP's and psychiatrists.
- There were systems in place to records medicines stock and disposal.

Preventing and controlling infection

- The home's communal areas and people's bedrooms were clean and smelled fresh at the time of the inspection.
- Where staff supported people with personal care they had access to gloves and aprons.
- There were coloured chopping boards in the kitchen for different types of food to help prevent cross infection.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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; Staff working with other agencies to provide consistent, effective, timely care

- Relatives and healthcare professionals were positive about the assessment and transition process for people moving into the home. There was a strong understanding of each person's needs and how transition between services could impact upon people with a learning difficulty.
- People, healthcare professionals and, where appropriate, relatives were fully involved in the assessment process.
- There were two people who had transferred from another service. One healthcare professional associated with the home told us, "The manager was really good, we had a really good and well-planned transition. It was seamless. [Person] has gone into great atmosphere."
- For another person, the staff worked with the person and their previous placement for a number of months to ensure a smooth transition. A relative commented, "I must say, the new staff where he is now really worked closely with the previous placement and the transition went really really smoothly. They managed to work together and had a really good plan to for this [transition] gradually. They had a really good handover and maintained his same routine and approach."

Staff support: induction, training, skills and experience

- Relatives and healthcare professionals told us they felt staff were well trained and worked well with people. A healthcare professional said, "[Person's] key worker in particular is very good, but they have worked to build up a team of workers around [person] that are all working well with him." A relative said, "The staff are really very good."
- Staff received a comprehensive induction prior to starting work at the home. This included mandatory training such as safeguarding and manual handling and getting to know people. Staff also shadowed more experienced staff for a period of time before being able to work alone.
- Staff were sufficiently well trained to perform their roles. Staff received regular supervision to support them in their role.
- Records showed and staff confirmed, they received regular training. This also included training in working with people with a learning difficulty, behaviour that challenges and various health and safety topics. A staff member told us, "The training, what you get is amazing."
- All staff had been enrolled to complete the care certificate. The care certificate is a set of standards and principles that care staff should adhere to, to underpin good care delivery. The registered manager told us the goal was for all staff to have completed this by the end of April 2020.

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

- People were supported to choose what they wanted to eat and drink.
- Where people had specialist dietary requirements such as puree foods this was provided. Clear guidance was available to staff to ensure they knew how to support people to safely eat and drink.
- Where people were unable to verbally communicate, staff told us of the ways they promoted choice. A staff member said, "We ask them. With the non-verbal people we use pictures. If it's a drink we can show them the cartons, like apple and orange juice and the person can point at what they want or make a noise or use facial expressions indicating what they want."
- Staff knew what people's likes and dislikes around food. One staff member told us, "One person loves pasta for breakfast, staff give him the choice of three types. [Person] uses pictures to point to what he wants."
- There was a weekly menu that was created with people's input. However, the registered manager told us this was flexible as people could change their mind on the day.

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

- The home had adapted a room to become a sensory room. This had coloured lights, soft texture fabrics, relaxing colours and music was available if people wanted it. The registered manager told us this was used by people as a space to relax. We observed one person saying 'sensory' and was supported to spend time in the sensory room.
- The home was large and spacious, which allowed people to walk around freely and have areas where they were able to have quiet time and privacy.
- There was a well-kept garden people had safe access to.
- People were able to personalise their bedrooms as they wished. One person showed us their room and proudly pointed at the pictures they had drawn which had been put up on their wall.

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

- People had regular reviews of their care by healthcare professionals who also ensured the home continued to meet people's needs.
- The home also conducted weekly and monthly reviews of people's on-going care. This included how their emotional and physical needs were addressed.
- People had access to routine healthcare appointments as well as referrals to specialist services such as psychiatry, learning difficulty teams and speech and language therapists. A healthcare professional said, "They [staff] have a great working relationship with other teams such as the learning difficulties team here."
- Staff knew people well and were able to recognise if a person 'did not seem themselves' or if their behaviour may be indicating the person was feeling unwell or was distressed. Staff knew how to raise any concerns and who to refer to.

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 when this is in their best interests and legally authorised under the MCA. 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 and whether any conditions

on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people were subject to a DoLS this was clearly documented in their care plans and records showed when DoLS needed to be reviewed.
- Staff had received training on the MCA and were able to explain what this meant for the people they worked with. A staff member said, "Where you make a decision for a client who may not be able to make a decision. We would have best interest meetings, make sure that whatever the client enjoys can be met in an appropriate way."
- Information from MCA assessments and DoLS had been carried over into people's care plans to ensure staff were aware of how to appropriately care for people.
- Staff asked people for consent before carrying out any care. Staff told us they knew how people reacted when they wanted help or if they were refusing where they were not able to communicate verbally. This was also documented in people's care plans.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Throughout the inspection staff demonstrated a caring and kind attitude.
- Healthcare professionals were positive about the way people were treated. Comments included, "I found them [staff] really person centred. They are considered in terms of the support they give to [person]" and "I think [person's] getting on very well. Getting him into a homely environment. He was in a hospital and I think getting him into a homely atmosphere has really helped him."
- Staff that we observed and spoke with during the inspection used respectful language and interacted with people in a calm and supportive manner.
- People also interacted with staff well, often smiling or using hand gestures to communicate. There was a happy and relaxed atmosphere within the home.
- During the inspection we observed a person becoming distressed. Staff spoke with the person calmly and used distraction techniques to help the person express themselves and relax.
- People had a good quality of life. Staff supported people in a way that promoted their individuality and freedom whilst ensuring their safety in the least restrictive way.
- At the time of the inspection there were no people with specific religious or cultural needs.

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

- People were encouraged and supported to express their views. Where people were not able to communicate verbally, staff used pictures and hand actions to provide people with choice on day-to-day decisions.
- We observed staff talking with people in a respectful manner and asking what they wanted to eat and what they wanted to do during the day.
- Relatives and people were fully involved in the pre-assessment process and their views and opinions respected.

Respecting and promoting people's privacy, dignity and independence

- Staff understood some people needed personal time. A staff member told us one person used hand gestures to indicate they wanted some time alone in their bedroom. Staff would support the person to their room. We observed another person going to the sensory room. The registered manager told us the person went in alone unless they requested staff to be with them.
- Staff asked one person to show us their bedroom and waited for the person to give consent. There was a clear understanding this was the person's home and private space.
- Where people needed personal care, staff understood how to ensure people's dignity. One staff member

said, "In terms of their different abilities, for example, if a client needs a bath and needs support I would do it with a bit of respect, closed doors, making sure no one is around."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had detailed and person-centred care plans that reflected their care needs and who each person was as an individual. Care plans were created from people's initial assessments.
- Care plans included information on people's life histories, their physical and emotional needs and specific healthcare information.
- Each person had a key worker. This is a staff member who has the responsibility for working with an individual and ensuring that they were receiving the necessary care to maintain their well-being.
- Key workers completed weekly and monthly reviews of people's care. Where there were any changes, people's care plans were immediately updated.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans had a section that detailed their communication needs. These were clear and gave staff information on how each person communicated, what certain body movements, facial expressions and sounds may mean. This meant staff were able to work effectively with people.
- Where people were able to communicate verbally, there was guidance for staff such as, using short clear sentences and allowing people time to respond.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged and supported to have a good quality of life and engage in activities they personally enjoyed.
- Activities were planned with people from information gathered during the pre-assessment stage. Each person had an activity timetable tailored to their individual likes. This helped create routine for people but was also flexible if people wanted to do something different.
- We observed one person asking to go and play snooker, this was immediately facilitated, and the person went with a staff member. The registered manager told us this was something the person really enjoyed and did regularly.
- One person liked going swimming and would make sounds and movements to indicate they wanted to go swimming.
- People were supported to maintain contact with their families. People's care plans documented who was

important in people's lives and how staff should support them to maintain these relationships.

Improving care quality in response to complaints or concerns

- There had been no complaints since the home had registered with the CQC.
- A healthcare professional commented, "We have no complaints at all. They [the home] are in contact with the learning difficulties team and we can ask for anything and they will respond."
- A clear complaints policy was in place. The registered manager told us this was given to relatives when people moved into the home.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- Throughout the inspection the registered manager and staff showed a thorough and compassionate understanding of the people they were working with.
- Staff were complimentary of the registered manager and how they were supported in their role. Staff said, "She listens to every staffs opinion, she is not an autocratic leader" and "She's a good manager. Very approachable and helpful and she communicates well."
- Relatives and healthcare professionals were positive about how the home and management communicated with them. A relative said, "I have really good communication with the manager. Communication is really effective." A healthcare professional commented, "Communication is good. Has been over the phone, email and in person."
- People's outcomes were regularly assessed through regular reviews to ensure people were able to achieve a safe and enjoyable quality of life. Feedback from a healthcare professional which noted areas of good practice they had observed said, "Examples of [registered manger] practice...exceed the scope of practice provided by many other services that I come into contact with."
- There was a focus on improving care. Any outcomes of accident and incidents and audits were analysed and acted on.

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

- There was a clear management structure in place which staff understood.
- The registered manager was aware of their legal responsibilities to notify CQC of any concerns or incidents.
- The registered manger completed a range of audits to ensure a safe and good quality of care was maintained. Where any actions were identified, these had been addressed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The home had not been open for long and surveys to gain feedback had not yet been completed. However, as the home was small, regular verbal feedback was obtained from relatives and healthcare professionals. Where any issues were raised, these were immediately addressed.

- Relatives and healthcare professionals were positive about how staff and management communicated with them and told us they asked for their views and opinions.
- Where people were unable to verbally communicate or had limited verbal communication, staff used various techniques such as pictorial aids, to engage people and involve them in their day-to day care.
- There were monthly staff meetings where staff were able to openly raise any concerns and have constructive discussions around people's care and management of the home.
- The home worked in partnership with multiple health and social care agencies. Healthcare professionals were positive about the way the home interacted with them.
- We saw appropriate referrals to relevant healthcare agencies were made when necessary.