

London Borough of Hackney

Median Road Care Home

Inspection report

25 Median Road, Lower Clapton, Hackney,
London, E5 0PF
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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 

Overall summary

This inspection took place on 9 December 2014 and was unannounced. At the last inspection which took place on 3 and 4 June 2014 the service had not met the regulations we inspected in relation to respecting and involving people, safeguarding people from abuse, staff support, complaints and quality monitoring. The provider completed an action plan detailing what improvements would be made to improve the quality and safety of the service.

Median Road Care Home is a care home providing a range of short-term interim, respite and intermediate care for up to 37 people. At the time of inspection there were 17 people who were still using the service, all of whom had dementia.

There was a registered manager at the service. 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 and associated Regulations about how the service is run.

Summary of findings

At this inspection we found that the provider was meeting all the regulations inspected.

People told us they felt safe. Staff followed procedures to protect people from the risk of abuse and neglect and knew what action to take if they had concerns about a person's welfare. Health and safety risks were assessed and action taken to reduce these whilst promoting people's independence.

Staff were knowledgeable about how to meet people's needs. They received regular training and supervision and had the knowledge skills they needed to carry out their roles and responsibilities.

The provider followed procedures under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards processes to provide legal protection for people who lacked mental capacity to decide about specific issues, such as where they lived.

There was good joint working with health and social care professionals.

People said staff were caring and treated them with dignity and respect. Staff were attentive to people's needs and promptly assisted them when they needed. The service had taken steps to involve and consult people and their relatives about their care. People's needs were assessed at the point of admission. Their care plans outlined the support they needed and people received support in line with their plans. People had access to a range of health and social care professionals to plan and meet their needs. Activities had increased providing people with more choice about how they spent their time. People knew how to complain and people's views and experiences were taken into account and listened to.

The service was well-led. Staff said they felt supported by the manager and the organisation, despite significant changes within the service. The service was regularly monitored by the registered manager to check the quality and effectiveness of the service, to improve the standard of the services provided to people and ensure their health and welfare.

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?

The service was safe. Staff followed procedures to protect people from the risk of abuse and neglect.

Staffing levels were sufficient to meet the needs of people.

People who used the service received their medicines safely.

Health and safety risks to people were assessed and actions identified to minimise risks and promote people's independence.

Good



Is the service effective?

The service was effective. Staff were knowledgeable about how to meet people's needs. Staff received regular training or supervision and staff had the knowledge skills they needed to carry out their roles and responsibilities.

The provider followed procedures under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards processes to provide legal protection for people who lacked mental capacity to decide about specific issues.

People were supported to have good nutrition and hydration.

There was good joint working with health and social care professionals.

Good



Is the service caring?

The service was caring. People said staff were caring and treated them with dignity and respect.

Staff were attentive to people's needs and promptly supported them as they needed.

The service had taken steps to involve and consult people and their relatives in the care people received.

Good



Is the service responsive?

The service was responsive. People's needs were assessed at the point of admission. Their care plans outlined individual support needs and people received support in line with their plans.

People had access to an increased range of activities providing them with more choice in how they spent their time.

People knew how to complain and people's views were taken into account and listened to.

Good



Is the service well-led?

The service was well-led. Staff said they felt supported by the registered manager and the organisation, despite significant organisational changes.

The registered manager ensured the quality and effectiveness of the service through regular audits and by consulting with people and their families, so as to improve and develop the services provided to people.

Good



Median Road Care Home

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.

This inspection was unannounced. The inspection was carried out by two inspectors 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.

Prior to our inspection we reviewed information we held about the service, including notifications about significant events such as safeguarding concerns.

We spoke with nine people who used the service and observed how people were being cared for. We looked around the home and observed lunch being prepared. We talked with five staff including, the registered manager, deputy manager and three support workers. We also spoke with two external health care professionals who had been in contact with the service.

We reviewed records about people's care, including five people's care files. We looked at three staff files, and records relating to how the home was managed. These included records of complaints, incidents, audits and quality monitoring reports and minutes of 'residents' meetings.

Is the service safe?

Our findings

At the last inspection, we found that staff had not always follow procedures to protect people from the risk of abuse. This meant the provider could not demonstrate that people who used the service were protected from the increased risk of abuse. At this inspection people who used the service told us they felt safe. Their comments included, "I have been here before and I feel safe here" and "I've experienced no difficulties and I feel safe using the service." There had been no reported incidents or any concerns about abuse since the last inspection.

Staff were knowledgeable about safeguarding people and whistleblowing and knew what action to take to safeguard people. Staff told us and training records confirmed that they had received safeguarding training. One staff member said, "People are absolutely safe. I know the procedure if I was concerned about abuse." Safeguarding was a permanent agenda item for all team meetings, management meetings and supervision sessions to ensure that safeguarding issues were discussed to improve staff knowledge and skills. The service used the multi-agency pan London guidance for the management of safeguarding issues.

People had up to date risk assessments in their care files. They covered identified risks and the action required to minimise those risks whilst at the same time maximising their independence. For example, we saw risk assessments relating to falls, ability to manage aspects of personal care, using stairs, public transport and risks associated with the person's needs and level of functioning if discharged home.

A review of procedures relating to health and safety, fire Safety, use of evacuation chairs and COSHH related issues was taking place. This included training for staff. Fire safety and emergency contingency plans were in place and were in the process of being reviewed. Equipment was checked regularly to ensure it was in good working order. This helped to ensure that people were protected from harm.

There were adequate staffing levels to meet people's individual needs. The registered manager advised there

had been a change of staffing to ensure minimum use of agency staff. They told us that agency staff numbers had reduced from 30 to seven since our last inspection. This helped to ensure that people were supported by staff who they knew and were familiar with their needs and preferences.

The manager told us that they had arranged one to one care support for people on three occasions during the past three months to ensure the continued safety of people with high or complex care needs or those with cognitive impairments who were taking longer to settle following their move to the home.

We looked at rotas for day and night duties. The deputy manager talked through staffing arrangements for each unit. Each unit had two staff per day shift and three staff at night, including a team leader and two support workers. Extra staff could be arranged to meet people's needs if required. We observed there were two support staff working in each unit during our inspection.

People received their medicines safely and as they needed. We looked at how medicines were managed in one unit on the ground floor. There were daily counts of medicines and records showed there were appropriate procedures in place and followed in relation to obtaining, storing, administering, recording and the disposal of medicines. The pharmacist provided staff with annual medicines training. All medicines were appropriately stored in locked cabinets in people's rooms.

There was a dedicated team of community nurses allocated to the intermediate unit and local community nurses attended to the other units. Community nurses visited daily to administer insulin, other injections and controlled medicines. Staff would speak with district nurses and the GP if people refused to take medicines and community nurses would speak with people where there were concerns to find out why they were refusing their medicines. The GP would be informed where this was not resolved

Is the service effective?

Our findings

At the last inspection staff did not receive regular training or supervision. This meant the provider could not ensure that staff had the knowledge skills they needed to carry out their roles and responsibilities. We found at this inspection that training for staff had increased. Staff told us they felt they were better equipped with the knowledge and skills they needed to carry out their duties as a result of having more training.

One support worker told us they had just completed training on infection control and that they had also received training on the Mental Capacity Act 2005 (MCA) and medicines. The duty manager was responsible for staff training on each unit and checked what training individual staff needed and arranged for this to take place. Another staff member said, “Any training we wish to go on, the manager bends over backwards for us to get it. Any training or changes, she constantly updates us with what’s going on. She gives us time to go to meetings and gives us support to answer any questions or concerns we have. We get monthly supervision without fail.”

Staff told us that they received supervision every month, which they found helpful. There was a process of appraisals in place and two staff members had received their appraisals. The team leaders provided supervision to support staff and the registered manager supervised senior staff. All staff had a week long induction and shadowed experienced staff during this period. There were daily handovers and more in-depth weekly handovers and monthly team meetings. This enabled staff to share information about people who used the service and follow through any actions needed.

All staff were allocated keyworker responsibilities where each person had a named support worker who met with them and offered support. People told us that staff were able to support them as they needed. One person said, “[Staff] know what I need. If I ask for something they do what they can.” Another said, “The staff are alright. They know what they are doing.” When asked about the care of individuals we found that that staff were knowledgeable about people’s needs and how best to meet them.

Median Road was closing down as part of an 18 month refurbishment plan, where the whole building was due to be fully renovated, modernised and reopened to operate as

a rehabilitation unit only. People were slowly moving out and each person had their own plan based on their individual assessed needs, taking into account their mental capacity. The plan was to move everyone out of the building by January 2015. At the time of inspection there were 17 people who were still using the service, all of whom had dementia. The social worker who worked at the service was involved in planning their care according to their assessed needs.

People who lacked the mental capacity to consent to moving out were undergoing a best interests process as required by procedures under the Mental Capacity Act 2005 (MCA). This was to plan their individual care and placement following their move.

One person who lacked capacity to decide where they lived had a Deprivation of Liberty Safeguard (DoLS) authorisation in place. This provided them with legal protection to ensure the decision about where they lived was made by following the best interests process, as required by the MCA.

The door entry system was being updated to ensure the continued safety of people who were unable to go out independently as well as promoting the independence of those who were able to make informed decisions. One person who liked to go out by themselves to buy newspapers was provided with the code to the door on a laminated card to enable them to do so. Other people with capacity were also given the code to ensure they were not deprived of their liberty and were able to leave the premises if they wished.

People received appropriate support to have their meals and to maintain a balanced diet. People told us they enjoyed the meals and their comments included, “Lovely food,” “The food is very nice” and “There is always a good choice of food and plenty to drink.” The lunch served was well presented and nutritious. During our observations we saw that people were given a choice of meals and drinks and where required staff assisted people with their meals.

Staff encouraged people to eat well and respected their wishes if they decided that they had had enough. Kitchen cupboards were well stocked and alternative meals were available upon request, including vegetarian, halal, kosher and other cultural dishes.

There was good joint working with health and social care professionals. People were supported to maintain good

Is the service effective?

health, have access to healthcare services and receive on-going healthcare support. One person told us they had received physiotherapy since they moved in and that it was working. Staff worked as part of an integrated team of health and social care professionals to assess and meet people's health and care needs. People had input from physiotherapists, occupational therapists, dietitians and other community health professionals who visited the service.

Staff monitored people's health, reported any concerns to healthcare professionals and ensured people were able to access their healthcare appointments. Assessments took place when people were in hospital prior to their admission. Once admitted there was a multi-disciplinary team meeting, involving the person and their family, during which goals were agreed. Once a week the intermediate care consultant visited from a local hospital and there were multi-disciplinary team meetings where staff planned and reviewed people's care.

Is the service caring?

Our findings

People received a service that was caring. Comments from people who used the service included, “All the staff are nice and friendly. I feel at home”, “I am happy here and have enjoyed my stay, but looking forward to going home to my family” and “This is a very nice place. I am well satisfied here.” One person who used the service previously told us that staff remembered her when she returned to the home again.

We observed that people were treated with dignity and respect and that people’s privacy was respected, for example, by staff providing personal care in people’s rooms. We saw how staff were caring at lunch time when one person told staff that their drink was too sweet. The staff member encouraged the person to dilute the drink by showing them the water and then assisted them to dilute it as they needed. Staff were attentive to people’s needs, for example, whilst supporting one person to have their meal, a staff member observed another person who dropped something, and promptly assisted them, engaging them in a discussion about what else they wanted or needed.

At lunch time we observed that people were given help in a relaxed non-obtrusive way, there was a happy atmosphere and people chatted to each other and staff engaged people in conversation.

One support worker said, “People can really express themselves. I think we give a good standard of care.” Another staff member said, “I think staff are caring and respectful and we do our best to make sure everything is in place.”

The provider had taken steps to involve people and their relatives in planning the care provided and consulted them about how to improve the service. There were meetings with people who used the service and relatives meetings were also held. One relative told us they had been actively involved in the decisions about their husband’s care. They told us, “I have no worries about my husband being here.” People’s files showed evidence of consultation and their involvement in decisions. For example, we saw signed consent forms giving staff permission to contact their GP and others regarding their care.

People’s diverse needs were assessed and met. For example, staff supported people to attend day centres relevant to their culture and supported people to practice their faith. People were supported to attend places of worship if they wished to do so. We also noted one person’s care plan identified a language barrier and instructed staff how best to communicate with them.

The registered manager advised there was further work to do in relation to encouraging people to engage in activities. The registered manager said there had previously been a culture of people watching TV and staff were slowly encouraging people to do other activities, but there was still a way to go.

Is the service responsive?

Our findings

At the last inspection each person had an individual plan outlining the support they needed, although plans did not always outline all their needs. At this inspection we found that care plans had been improved to outline people's individual needs and how to meet them.

Since the last inspection the service had started the process of reviewing support plans every four weeks to ensure that they reflected people's choices, preferences and care needs. Workshops had been scheduled to support staff to understand and to continue to improve how personalised care was provided and recorded. The first such workshop took place in September 2014 and more dates were scheduled. The care plans we saw had been reviewed and updated.

Individual care plans were completed by staff with involvement from relatives and multi-disciplinary professionals. Care was tailored to individual needs, for example, staff ensured a team of multi-disciplinary professionals monitored and provided care to a person who was found severely neglected at home. The person's health had been checked and there was involvement from health and social care professionals including input from a dietitian, optician, podiatrist and social worker.

People received care in line with their assessed needs. For example, people were encouraged to engage in increased activities as part of their preparation for going home, which were recorded in their care plans.

People's needs were assessed on an on-going basis at the service. The registered manager was involved in the decision making process about admissions to the home. This helped to ensure the service was able to respond to people's needs.

Files included hospital discharge assessments and reports from other healthcare professionals, including

occupational therapy functional assessments, which outlined a person's needs. Individual monitoring reports were in place, such as weight checks and daily progress reports. Since the last inspection there had been some improvement in daily records written by staff. We found they were more detailed in relation to recording people's care, engagement with staff, activities, observations and progress.

At the last inspection there was a lack of suitable activities for people. We found that activities had increased since the last inspection. This included trips to the local theatres and day trips. People were consulted about the activities they wished to pursue during their stay at Median Road.

We noted people took part in arts and crafts and had manicures. One person was encouraged and supported to carry out their interest of knitting and saw that knitting and needlework items had been purchased. In the lounge we saw DVD's, books, games, arts and crafts equipment set up. In one unit we spoke with a person who said they were supported to go out shopping to get the toiletries they needed.

One person who used the service told us they did not want to leave as they had been at the home for many years and liked it there. One relative said, "If you want a good rehab centre come to Median Road."

At the last inspection, the provider could not demonstrate that the complaints system was effectively implemented to address people's concerns and improve the service. Comments and complaints people or their relatives made were not always responded to and acted on. At this inspection people told us they knew how to complain. One relative said that staff contacted her if there were any concerns about her husband. A staff member told us, "No one has any complaints at the moment that I'm aware of. If any issues do arise they are definitely acted upon."

Is the service well-led?

Our findings

At the last inspection the provider did not have systems in place to manage and monitor the quality and effectiveness of the service to ensure that people received safe and appropriate care. During this inspection we found that audits were in place and recorded to monitor and improve the quality of service. Each unit had three care files audited on a weekly basis to ensure they contained all relevant documentation and action taken to address any identified gaps. The quality of the records written by staff were also checked and raised in staff meetings. A number of policies and procedures had been reviewed. Recently there had been an environmental health service check. The report gave the service four out of five with two recommendations and those actions had been completed.

There were monthly reviews conducted of any incidents and a quarterly review of complaints to identify common themes or areas of concern. The findings of these reviews were shared with staff during the monthly team meetings to ensure that the learning was shared and that all staff were aware of any relevant issues.

All the staff we spoke with gave us positive feedback about the management. One staff member said, "Things have improved, information sharing is now more effective. There is better communication for example, about changes happening, which was not fully happening before." Another staff member told us, "Management observe units and are more involved with staff, for example, about how staff relate and communicate with people. They also ask people how they feel about things and if they are happy with how staff are treating them and their general wellbeing."

The registered manager was aware that staff morale was affected by organisational changes. Staff told us they were

being kept up to date with information and supported through the changes as much as possible. The registered manager ensured there were sufficient resources to facilitate the changes whilst continuing to provide a safe and responsive service.

The registered manager was proactive in seeking people's suggestions and used these to improve the service. For example, they had increased the arts and crafts available following the suggestion of one person and assigned an activity room and staff to assist with this.

Satisfaction surveys showed that people had given positive feedback about the service. There had been a relatives meeting in August 2014 but only one relative had turned up. The registered manager was looking at other ways to engage relatives. There was a customer feedback and suggestions file, containing the minutes of the most recent 'residents' meeting, where people were able to raise any issues and share their views about the service.

The chef used questionnaires to help plan the menus including monthly food satisfaction surveys. The feedback received had been analysed and follow up surveys took place to compare views. The information gathered was used to improve the choices people had on the menu.

The registered manager had identified other areas for on-going improvement in the service. For example, regarding the quality and accuracy of daily records and the language used in these records and some care plans. The registered manager said they were working with staff to improve the quality of records. We saw that expectations were discussed with staff during team meetings and in one to one meetings. The registered manager advised that staff performance in this area would be monitored now that the expectations were clear.