

Monpekson Care Limited

Greenford House

Inspection report

38 Greenford Road
Harrow
Middlesex
HA1 3QH

Tel: 02088640626

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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

We undertook an unannounced inspection on 15 September 2016 of Greenford House. Greenford House is registered to provide accommodation and personal care for up to three people with learning disabilities. At the time of this inspection, three people were using the service and were able to verbally communicate with us.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission [CQC] 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.

At our previous inspection of 31 July 2015, we found the provider failed to maintain an accurate, complete and contemporaneous record in respect of the care and treatment provided to people using the service. This meant the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the provider sent us an action plan setting out the actions they would take to meet the regulation. During this inspection we found action had been taken to meet the regulation. Records showed the registered manager had taken appropriate action to review and update people's care plans and risk assessments to accurately reflect people's needs.

People's health and social care needs had been appropriately assessed. Care plans were person-centred, and specific to each person and their needs. Care preferences were documented and staff we spoke with were aware of people's likes and dislikes. Care plans were reviewed monthly and were updated when people's needs changed.

Relatives informed us that they were satisfied with the care and services provided. Relatives also told us that they were confident that people were safe in the home.

Systems and processes were in place to help protect people from the risk of harm and staff demonstrated that they were aware of these. Staff had received training in safeguarding adults and knew how to recognise and report any concerns or allegations of abuse.

Systems were in place to make sure people received their medicines safely. Arrangements were in place for the recording of medicines received into the home and for their storage, administration and disposal.

We found the premises were clean and tidy. There was a record of essential maintenance carried out at the home. The service had an infection control policy and measures were in place for infection control. Bedrooms had been personalised with people's belongings to assist people to feel at home.

Staff had been carefully recruited and provided with induction and training to enable them to support people effectively. They had the necessary support, supervision and appraisals from management.

Staff we spoke with had an understanding of the principles of the Mental Capacity Act (MCA 2005). Capacity to make specific decisions was recorded in people's care plans.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The home had made necessary applications for DoLS as it was recognised that there were areas of the person's care in which the person's liberties were being deprived. Records showed that the relevant authorisations had been granted and were in place.

There were suitable arrangements for the provision of food to ensure that people's dietary needs were met.

Staff were informed of changes occurring within the home through daily handovers and staff meetings. Staff told us that they received up to date information and had an opportunity to share good practice and any concerns they had at these meetings.

A satisfaction survey had been carried out in April 2016 and the results from the survey were positive. The service undertook a range of checks and audits of the quality of the service and took action to improve the service as a result.

There was a management structure in place with a team of care workers, registered manager and the provider. Staff spoke positively about working at the home. They told us management were approachable and the service had an open and transparent culture. They said that they did not hesitate about bringing any concerns to the registered manager.

Relatives spoke positively about management in the home and staff. They said that the registered manager was approachable and willing to listen.

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. Relatives we spoke with told us their family members were safe. There were processes in place to help ensure people were protected from the risk of abuse.

Appropriate arrangements were in place to ensure there were sufficient and competent staff deployed to meet people's needs.

Risks to people were identified and managed so that people were safe and their freedom supported and protected.

Appropriate arrangements were in place in relation to the management and administration of medicines.

Appropriate employment checks were carried out before staff started working at the service. So only suitable staff were employed to provide people with care and support.

Is the service effective?

Good ●

The service was effective. Staff had completed relevant training to enable them to care for people effectively. Staff were supervised and felt well supported by their peers and the registered manager.

There were arrangements in place to obtain, and act in accordance with the consent of people using the service.

People had access to healthcare professionals to make sure they received appropriate care and treatment.

Is the service caring?

Good ●

The service was caring. People and relatives told us that they were satisfied with the care and support provided by the service.

People were treated with dignity and respect.

Review of people's care meetings had been conducted with relatives in which aspects of their care was discussed.

Is the service responsive?

Good ●

The service was responsive. Care plans included information about people's individual needs and choices.

There were arrangements in place for people's needs to be regularly assessed, reviewed and monitored.

The service had a complaints policy in place and there were clear procedures for receiving, handling and responding to comments and complaints.

Is the service well-led?

Good ●

The service was well-led. Relatives told us that management were approachable and they were satisfied with the management of the home.

The home had a clear management structure in place with a team of care workers, the registered manager and the provider. Staff were supported by management and told us they felt able to have open and transparent discussions about the service with them.

The quality of the service was monitored. There were systems in place to make necessary improvements.

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.

The inspection team consisted of 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 three people using the service. All the people had learning disabilities and could not always communicate with us and tell us what they thought about the service. Because of this, 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 two relatives. We also spoke with the registered manager and two care workers. We reviewed three people's care plans, four 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

Relatives of people using the service told us they felt their family member was safe in the home. They told us, "Yes I do feel [Person] is safe there" and "I have no reason to be concerned about [person]. They are safe there."

At our inspection on the 31 July 2015, we found risk assessments contained limited information and some areas of potential risks to people had not been identified. We made a recommendation about the management of risks. During this inspection, we found the registered manager had taken steps to update the risk assessments according to people's needs. Care plans we reviewed included relevant risk assessments which included preventative actions that needed to be taken to minimise risks of harm to people using the service. For example, one person using the service would at times display signs of behaviour that challenged the service. Records showed their risk assessments had been updated to reflect this and guidelines were in place for staff on how to support the person safely. Another person using the service had limited mobility. Care plans and risk assessments had been updated to show how the person was to be supported with the mobility inside and outside of the home.

There were safeguarding and whistleblowing policies in place and records showed care workers had received training in how to safeguard adults and were aware of actions to take in response to a suspected abuse. When speaking to care workers, they were able to explain the different types of abuse and the steps they would take if they suspected any potential abuse. One care worker told us, "If it is not right. You report it."

There were adequate numbers of staff on the day of the inspection. The atmosphere was calm in the home and staff were observed not to be rushed or under any pressure. We found care workers had worked at the home for a number of years which ensured a level of consistency in the care being provided and familiarity to people using the service. This was evident through our observations. We saw that people were comfortable around staff. The registered manager told us that they did not use agency staff and if cover was needed then a staff member came from one of the other homes the provider has in west London. The registered manager told us they ensured all the staff employed worked at all the homes to ensure that when cover was needed, people in any of the homes had a member of staff they were familiar with and the consistency in people's care was not compromised.

There was a monthly rota in place and care workers told us they knew their shifts in advance. The registered manager told us there was flexibility in staffing levels so that they could deploy staff where they were needed. For example, if people needed to be supported on community outings or when people had to attend appointments. The registered manager told us staffing levels were assessed depending on people's needs and occupancy levels. One care worker told us, "Yes there is enough staff. All permanent staff and there is always 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 five care

workers 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 evidence of their identity had also been obtained.

There were suitable arrangements in place to manage medicines safely and appropriately. People using the service had individual medication profiles which listed medicines they were prescribed, the dosage and times it should be taken. We looked at a sample of the Medicines Administration Records (MAR) sheets and saw they had been signed with no gaps in recording when medicines were given to a person, which showed people had received their medicines at the prescribed time.

There were appropriate systems in place to ensure that people's medicines were stored and kept safely. The home had a separate medicine storage facility in place. The facility was kept locked and was secure and safe. There were arrangements in place with the local pharmacy in relation to obtaining and disposing of medicines appropriately.

Records showed monthly checks were carried out by the registered manager and any discrepancies and/or gaps were identified and followed up. The registered manager showed us a written request he had sent on the 1 June 2016 to the dispensing pharmacist asking them to conduct a medication audit at the home. He told us he was still awaiting a response from the pharmacy but would follow this up.

Care workers had received medicines training and policies and procedures were in place. The registered manager told us he was in the process of implementing medicines competency assessments for staff to ensure they were assessed and monitored to demonstrate they were capable to support people with their medicines safely.

There were appropriate arrangements for managing people's finances and this was done in agreement with people using the service and their relatives where necessary. Money was accounted for and there were accurate records of financial transactions. The registered manager conducted monthly checks and signed off the balances to evidence they were correct. A relative told us, "I look at the petty cash and the bank statements. It all seems to be fine. [Registered manager] always asks and checks with me for any financial transactions."

There was a system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others. We saw there were systems in place for maintenance of the building and equipment, and to monitor the safety of the service. Portable Appliance Checks (PAT) had been conducted on all electrical equipment, legionella checks on the home's water supply and maintenance checks had also been carried out. The registered manager told us the water temperature was controlled to ensure the water temperature did not exceed the recommended safe water temperatures. Accidents and incidents at the home were recorded in an incident report book and incident forms were completed. Fire drills had been carried out, testing of the fire alarm and equipment were completed monthly by the registered manager. People using the service had a personal emergency and evacuation plan (PEEP) plan in place in case of fire.

Is the service effective?

Our findings

Relatives spoke positively about the staff. One relative told us, "I am happy with the care [person] receives. [Person] is happy there and is happy with the staff."

Staff told us that they felt supported by their colleagues and management. They spoke positively about working at the home. Care workers told us "I am happy here. I have a laugh with the people living here", "I quite like it here" and "We have good teamwork. We all talk and help each other."

Records showed staff were supported to gain and develop the knowledge and skills to enable them to support people effectively. We saw from records that staff had undertaken an induction when they started working at the home. There was on-going training to ensure that staff developed and maintained their skills and knowledge. Records showed that staff had also obtained national vocational qualifications (NVQ) in health and social care. One care worker told us, "I am now working on my NVQ Level 3."

Training records showed that staff had completed training in areas that helped them to meet people's needs. Topics included medication, first aid, infection control, moving and handling and fire safety. Staff spoke positively about the training they had received and were able to explain what they had covered during the training sessions. Staff told us, "Too much training! It does help me and what I need to do for my job" and "Training is very helpful."

Records showed that staff had received regular supervision sessions and this was confirmed by staff we spoke with. Supervision sessions enabled staff to discuss their personal development objectives and goals. We also saw evidence that staff had received an annual appraisal about their individual performance and had an opportunity to review their personal development and progress. One care worker told us, "Yes we have supervision, We sit and talk and you can voice your opinion" and another care worker said, "At supervision they ask how we feel and if we need help. We can speak openly."

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.

We checked whether the service was working within the principles of the MCA. We noted that care plans contained some information about people's mental state and cognition. Records showed that two people using the service had been assessed by the local authority as having capacity and one person as not having capacity to make certain decisions about their care. Records showed this person had their next of kin appointed and relevant healthcare professionals consulted to help support them with decisions about their care and ensure their best interests were being considered.

Staff had some knowledge of the MCA and training records confirmed that staff had received training in this

area. Staff were aware that when a person lacked the capacity to make a specific decision, people's families, staff and others including health and social care professionals would be involved in making a decision in the person's best interests.

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.

Observations and records showed evidence that people went out and enjoyed various activities and community outings. There was only one person using the service who was subject to their liberty being deprived. Records showed the home had made an application for the relevant authorisation and this was in place. Training records showed care workers had received DoLS training and were able to explain how people's liberties could be deprived and the reasons why this may be needed for their safety and best interests.

People were supported to maintain good health and have access to healthcare services and received on going healthcare support and we saw documented evidence of this. Care plans detailed records of appointments with health and social care professionals. During this inspection, we saw one person was supported to go to the hospital for a screening test. The person also told us, "They look after me. They check my blood pressure."

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. We saw that drinks and snacks were always available throughout the day. We noted people's requests for food or drink were promptly adhered to. The kitchen and dining areas were fully accessible to people using the service throughout the day. One person using the service told us, "They [staff] ask what we want. They give us a choice. [Care worker] is a good cook. We have things like shepherd's pie, beef burgers, macaroni and cheese and fish and chips. We also get Chinese takeaway."

Is the service caring?

Our findings

Relatives spoke positively about the way people were looked after. One relative told us, "I like the staff, they seem to be very caring."

During the inspection, we observed positive relationships between people and the staff. We observed that staff showed interest in people and were present to ensure that people were alright and their needs attended to. Staff were attentive and spoke in a gentle and pleasant manner to people. Staff approached people and interacted well with them. One person using the service spoke positively about the staff in the home. They told us, "I like [care worker]." When speaking about their key worker, they told us "[Care worker] is my keyworker. I really like her. She helps me shower. I can do it but sometimes I need help."

We saw people being treated with respect and dignity. Staff had a good understanding of treating people with respect and dignity. They also understood what privacy and dignity meant in relation to supporting people with their care. Care workers told us, "You always ask if they are ready to take a shower. Explain to them what you are about to do. It is whatever they want to do. They choose what they want" and "We only help them if they want our help. For example, [Person] will call you if they need help but if they want us to leave, we leave. We respect their wishes."

During the inspection, we observed some very positive interactions between staff and people. For example one person had come back from the hospital and displayed some signs of discomfort from the visit. We saw the registered manager and care workers provided reassurance to make sure they were okay. The person hugged a care worker who calmly explained to the person that it was okay and asked whether a cup of tea would make them feel better. The person agreed and was comforted by the support they received from the staff. The person even went onto say to the registered manager, "I don't know what I would do without you, you are a good man."

During the inspection, we also observed people using the service interacted very well with each other. Two people using the service have been living there together for a number of years. A new person had recently moved into the home but people were familiar with this person already from their local community club. One person using the service hugged the new person and told us, "[Person] is my friend."

The home had a very homely feel. People could choose where to sit and spend their recreational time. We saw people were able to spend time the way they wanted. Some people chose to spend time in the garden, in their bedroom and some people were out at the day centre. All bedrooms were for single occupancy. People were able to spend time in private if they wished to. Bedrooms had been personalised with people's belongings, such as photographs and ornaments, to assist people to feel at home. People spoke positively about their bedrooms. One person told us, "I have got everything I need in my bedroom."

There were some arrangements in place to ensure people were involved in expressing their views. People signed their care plans where they were able to and records showed there was involvement from family members. Records showed there had been formal review meetings with people using the service and their

relatives in which people's care was discussed and reviewed to ensure people's needs were being met effectively. Relatives confirmed this and told us, "Yes we have review meetings twice a year. We go through the care plans and medicines. I do have input and they [management] always ask for feedback."

Is the service responsive?

Our findings

Relatives spoke positively about the service and care people were receiving. They told us, "I feel confident about the care [person] is receiving and the attention they get from staff" and "[Person] receives the relevant care they need."

At our inspection on the 31 July 2015, we found the provider failed to maintain an accurate, complete and contemporaneous record in respect of the care and treatment provided to people using the service. This meant the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the provider sent us an action plan setting out the actions they would take to meet the regulation. During this inspection we found action had been taken to meet the regulation. Records showed the registered manager had taken appropriate action to review and update people's care plans and risk assessments to accurately reflect people's needs.

Care plans were individualised and person-centred and included information about a range of each person's needs including; health, care, social skills, community living, finances and communication. Care plans clearly detailed information about people's personal backgrounds, preferences, daily routines, what is important to them and their likes and dislikes. Care plans were reviewed monthly and updated when people's needs changed. The registered manager explained that regular reviews enabled staff to keep up to date with people's changing needs and ensured that such information was communicated with all staff. This demonstrated the registered manager were aware of people's specific needs and provided appropriate information for staff to enable them to provide the care and support effectively and safely. When speaking with care workers, they were able to tell us about people's personal and individual needs.

Care workers told us and records showed there was a handover after each of their shifts and daily records of people's progress were completed each day so staff were kept informed about people's needs. Records also showed a keyworker checklist was in place which care workers completed in relation to people's care to ensure people's needs were monitored and met. The checklist covered areas such as weight checks, toiletries, GP and healthcare appointments, well being, behaviour and identification of any changes in people's needs.

Records showed before living at the service, people's individual care and support needs were comprehensively assessed by the registered manager with people's involvement, staff from the person's previous home and their relatives. One person using the service had just moved into the home in mid July 2016. The registered manager told us they carried out the move step by step to ensure the person was comfortable with the staff and liked the home. The registered manager told us the person initially came round for tea on a couple of occasions so they were aware of what the home was like and to meet people currently living there. The person had also stayed at the home for two nights before moving there to make sure they settled into their new bedroom.

We were also informed by staff that the person's relatives also came to the home and staff went to visit the person before they moved so they could get to know the person and their needs. Care workers spoke positively about the way the move was managed by the home. One care worker told us, "We went to [person's] previous home. It gave us a feel of who they were and what they liked. It really did help us understand the person. The mum and dad came round too and told us a lot about [person]." During this inspection, we observed the person was settled in the home. The person interacted well with other people using the service and was comfortable with the staff around them. The person's relative also spoke positively about the way the move was managed. They told us, "The move was well managed. It wasn't forced onto them. [Person] was happy to go there."

Each person had their own activities timetable in place and people were supported with community visits and social activities. During this inspection, two people went to the day centre and one person stayed at home. We observed the person at home went out in the morning to the barbers and in the afternoon sat in the garden, had lunch and was writing. The person told us that they enjoyed sitting in the garden and loved to write and do word searches. People using the service also attended clubs and karaoke. One person using the service told us, "I went to [club] last night we played bingo and dancing." People were also supported to meet and maintain links with their families and go on holidays every year. At the time of this inspection, people were getting ready and looking forward to go on holiday. One person was going to Europe and two people were going to Butlins for the week. One person told us, "My bags are packed. We will go in the car and then the plane."

People using the service were encouraged by staff to be independent and retain their independent living skills. For example, one person would often make their own packed lunch for the day centre and go out independently to the shops. A care worker told us, "[Person] goes to the shops, pays and gets the receipts. [Person] will do it themselves. We will help them if they request it. We need to help [person] retain their independence as much as possible." One person using the service also told us, "That's my key worker. She is good. She helps me. When we clean my bedroom, I do the dusting and she does the hoovering. She does my washing and takes me shopping."

There were procedures for receiving, handling and responding to comments and complaints. We saw the policy also made reference to contacting the Local Government Ombudsman and the CQC if people felt their complaints had not been handled appropriately by the home. There were no recorded complaints received about the service. Relatives we spoke with had no complaints or concerns about the service.

Is the service well-led?

Our findings

Relatives spoke positively about the management of the home. They told us, "It is managed very well. I am kept very well informed and I have no difficulty with talking to them. I can suggest things and I know they are actioned" and "They [management] are very approachable."

There was a management structure in place with a team of care workers, registered manager and the provider. Staff had a positive attitude and were of the opinion that the service was well managed and had an open and transparent culture. Staff told us, "The company is good", "The company is transparent", "It is managed very well here", "I think they [management] are doing a great job", "They have brilliant ideas for people and are quite passionate about them. They are doing a fantastic job for the people" and "We all have the best interests for the people." On the day of the inspection we observed that there was a good working rapport between staff and they communicated well with one another.

Staff also felt the registered manager and provider were supportive and approachable. Staff told us, "They talk to us, we can talk to them and they do listen", "[registered manager] and [provider] are good people and are totally approachable", "We can talk to [provider] we have her number" and "At any time you can call them. It is absolutely brilliant."

The registered manager told us he was in the process of recruiting a deputy manager. This would ensure the home was effectively managed as some of the day to day responsibilities could be divided.

The service had a system for ensuring effective communication amongst staff and this was confirmed by staff we spoke with. Records showed there were staff meetings where staff received up to date information and had an opportunity to share good practice and any other concerns. Staff told us "We have meetings where they tell us everything" and "We can have our input and share our ideas."

There were systems in place to monitor and improve the quality of the service being provided to people. We found the service obtained feedback from relatives via questionnaires in April 2016. We noted the feedback was generally positive. Comments included, "[Person] is always well fed. Never made to eat anything they didn't like. He has good and varied choices", "All members of staff take good care of [person] and we family members are always welcomed in the home", "[Person] is always clean and tidy when at home and going out. Thank you all" and "The family are pleased and satisfied that [person] is looked after by caring staff", "You all do a fantastic job."

The service undertook a range of checks and audits of the quality of the service and took action to improve the service as a result. We saw evidence that checks had been carried out by the registered manager in various areas such as staffing, premises, records, complaints and supervision. The registered manager also told us he carried out unannounced visits and checked the home was okay however this was not documented. The registered manager told us he would ensure the unannounced visits and his findings would be documented and any actions taken would be recorded.

The service also had a Business Contingency Plan in place to ensure there were arrangements in place to ensure people were kept safe in the event of instances such as a power cut, adverse weather and emergency evacuation.

Care documentation was up to date and comprehensive. The home had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, safeguarding and health and safety. Staff were aware of these policies and procedures and followed them. People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.