Mrs Shahnaz Abbasi

Murree Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 30 April 2015 and was unannounced. The service was last inspected in January 2014 and was found to be fully compliant with all the regulations we checked at that time.

Murree Residential Care Home is a care home that is registered to accommodate up to three people who have learning disabilities and require support with personal care. At the time of our visit, the service was providing care for two people.

The service had a registered manager in place. 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.

People's rights were not always protected. The provider had not made an application under the Mental Capacity Act Deprivation of Liberty Safeguards for one person, even though their liberty may have been restricted.

There were procedures in place for ensuring any concerns regarding care and safety of people were appropriately

Summary of findings

responded to. Staff understood the procedures they needed to follow to ensure that people were safe. They described the different ways that people might experience abuse and the appropriate steps to take if they were concerned that abuse had taken place.

Staff had the skills and knowledge to support people who used the service. There were enough staff available at the service. Staffing levels were arranged according to the needs of the people using the service. We saw that people received a consistent and safe level of support during this inspection.

People were supported to eat healthy foods. People told us they liked the food and they were able to choose what they ate and drank. Care plans included information about supporting people to eat a healthy diet.

People told us they were treated with dignity and respect. Staff we spoke with understood the need to protect people's privacy and dignity. We observed staff knocked on people's doors before they could enter their rooms. Staff understood and responded to people's religious and cultural needs. People's care records contained documented evidence that arrangements had been made to ensure that their religious and cultural needs were responded to.

The service carried out assessments of people's needs to determine if they could be met by the service before they commenced providing care. This was to ensure the service was appropriate and could meet their needs.

There was a system to assure the quality of service they provided. We saw that the service was regularly reviewed. Prompt action had been taken to improve the service where shortfalls had been identified.

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?

Good

The service was safe. People told us they felt safe. There were appropriate safeguarding and whistleblowing procedures in place. Staff understood the procedures they needed to follow to ensure that people were safe. They told us the different ways that people might experience abuse and the correct steps to take if they were concerned that abuse had taken place.

We saw that appropriate arrangements were in place in relation to the recording and administration of medicines.

The provider had sufficient staff to meet people's needs. The rotas showed there were sufficient staff on duty to meet people's needs. People received a consistent and safe level of support during this inspection.

Is the service effective?

Requires improvement

The service was not always effective. People's rights were not always protected. For example, the provider had not made an application under the Mental Capacity Act Deprivation of Liberty Safeguards for one person, even though their liberty may have been restricted.

People had access to a range of health care professionals some of whom visited the home. We saw from records that people were supported to attend healthcare appointments if needed.

People's nutritional needs were met. The menus we saw offered variety and choice and provided a well-balanced diet for people living in the home.

Is the service caring?

Good

The service was caring. Staff were knowledgeable about people's needs and how to ensure they were met.

Staff told us how they promoted people's privacy and dignity and people confirmed their dignity and privacy were protected.

People were involved and their views were respected and acted on.

Is the service responsive?

Good

The service was responsive. People's needs were assessed before the provision of care began to ensure the service was able to meet their needs.

Care plans were in place which were personalised to meet the needs of individuals. These were kept under review and up-to-date to reflect people's current needs.

Staff supported people in maintaining relationships with family members. People using the service were able to go to visit family or receive visitors.

Summary of findings

Is the service well-led?

Good

The service was well-led. There was a registered manager in place and clear lines of accountability.

There were systems in place to ensure that the quality of the service people received was assessed and monitored.

Murree Residential 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.

The inspection team consisted of one inspector. We visited Murree Residential Care Home on 30 April 2015. During the course of the inspection we spoke with two people using the service, their relatives and three professionals involved in people's care. We also spoke with staff and the registered manager. We examined a range of records which related to people's individual care and the running of the home. These included; the care records of two people using the service, staff records, audits and various policies and procedures that related to the management of the service.

Before our inspection we reviewed the information that we held about the service. This included notifications and other information that that we had received from the service.

Good

Is the service safe?

Our findings

People told us they felt safe using the service. One person told us, "I am happy here. The manager has always been a good friend." A relative said, "I know [my relative] is well looked after."

There were procedures in place for ensuring any concerns regarding care and safety of people were appropriately responded to. This included a safeguarding procedure, which identified the responsibilities of staff and senior managers. Staff told us they had undertaken training about how to safeguard people they supported and they received regular refresher training. The records confirmed this. Staff could clearly explain how they would recognise and report abuse. They said that they would directly report their concerns to the registered manager. They also told us they could report allegations of abuse to the local authority safeguarding team and the CQC if management staff had taken no action in response to relevant information.

Assessments were undertaken to assess any risks to people using the service. These included risks from accessing the community, transport and medical conditions such as epilepsy. Staff were provided with information on measures to reduce the risk to ensure people were protected. Staff demonstrated they were aware of steps to take to reduce the risk and how to keep people safe. We also examined risk assessments regarding the safety and security of the premises, which provided information for people who used the service and staff on safety in the home. These included fire risk assessments and Legionella checks. Records indicated these were up-to-date and reviewed regularly.

Through our observations and discussions with relatives of people who used the service and staff, we found there were enough staff with the right experience or training to meet the needs of the people living in the home. The registered manager told us that staffing levels were arranged according to the needs of the people using the service. The registered manager showed us the staff duty rotas and explained how staff were allocated on each shift. The rotas confirmed that there were sufficient staff on shift at all times. We observed people received a consistent and safe level of support. We saw from records that additional staff were booked to support people to attend hospital or GP appointments. There were arrangements to cover staff absences. This included utilising bank staff from the provider's other service or employing a worker from an agency.

The provider ensured that staff employed by the service were safe to work with the people they cared for. There were suitable recruitment procedures and we saw required checks were undertaken before staff began to work for the provider. Each file contained two references from previous employers, criminal records checks, proof of identity and address, along with documents confirming the right of staff to work in the UK. The registered manager told us that no one would be allowed to commence work until all the relevant pre-employment checks had been completed.

We checked the arrangements for the management of people's medicines. There was a policy and procedure for the management of medicines which provided guidance for staff. Staff had completed their training in 'safe handling of medicines'. We found people's medicines were managed so they received them safely. We looked at the medicines administration records (MAR) for both people living in the home. These showed all required medicines were in stock and people had received their medicines as prescribed. Both of the people using the service had their prescribed medicines reviewed by their GP and the registered manager had kept a record of these reviews in the home.

All medicines were held securely in a lockable cabinet. Medicines were supplied pre-packed by the pharmacy. This minimised the risk of dispensing errors by staff. However, we saw that people who had been prescribed medicines to be used 'as required' or prn did not have protocols to support staff in their use. The manager provided evidence immediately following the inspection that PRN protocols were in place.

Requires improvement

Is the service effective?

Our findings

People who used the service and their relatives were happy with the care. One person told us, "I like it here. I enjoy spending time in the garden". A relative said, "[My relative] is receiving good care". We also spoke with some professionals involved in people's care who gave positive comments about the quality of care. They told us staff were knowledgeable about people's needs.

People were supported by staff who had the knowledge and skills required to meet their needs. Training records showed that staff had completed training in areas that helped them when supporting people. Completed training included, safe handling of medicines, moving and handling and epilepsy management. Some staff had recognised qualifications in health and social care. Two staff had obtained National Vocational Qualifications (NVQ) level 2 in care; another staff was completing level 5 in Health and social care management. Staff told us they received the training they needed to equip themselves with the skills and knowledge to provide care to people effectively, and our observations confirmed this. On two separate occasions we observed staff supporting someone who displayed behaviours that challenged the service. On both occasions staff were consistent in their approach, which always led to improvement in the person's behaviour.

People who did not have the capacity to make decisions had their legal rights promoted because staff had received appropriate training such as Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff knew if people were unable to make decisions for themselves that a 'best interests' decision would need to be made for them. Staff understood their obligations with respect to people's choices. They were clear when people had the capacity to make their own decisions, and told us that this would be respected. We observed people making decisions for themselves during the course of our inspection. These ranged from what they wanted to wear, meals, and going out.

Staff and the registered manager told us when people were not able to give consent they would talk to the person's relatives or in some examples refer to appropriate professionals. We saw that a mental capacity assessment had been completed for a person who was refusing a medical intervention. The registered manager explained the assessment was to examine if the person had the capacity to refuse the required intervention and therefore fully understood the implications of not having the intervention. The GP, family and social worker of the person had been involved.

There were no Deprivation of Liberty Safeguards (DoLS) currently in place. The DoLS safeguards are there to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. Services should only deprive someone of their liberty when it is in the best interests of the person and there is no other way to look after them, and it should be done in a safe and correct way. The registered manager told us that no one living at the service was subject to a DoLS authorisation.

We saw people moving about freely and one person could go out unaccompanied. We also identified that one person needed to be considered for a DoLS Authorisation because they were subject to continuous supervision by staff. This person could not freely leave the home unaccompanied because of safety concerns. We discussed our observations with the manager, and she told us she was going to make DoLS Authorisation application for this person.

People told us they liked the food at the service and they were able to choose what they ate and drank. Records of menus showed people were supported to eat healthy foods and care plans included information about supporting people to eat a balanced diet. People did not require any support with eating and drinking. People told us they had enough to eat and drink and we saw people were able to help themselves to drinks and snacks during the course of our inspection.

People had access to a range of health care professionals some of which visited the home. People told us that staff accompanied them to healthcare appointments if needed.

Records were kept of medical appointments which included details of any follow up action required. These showed people had access to various health care professionals, including GP's, opticians, consultant psychiatrists and dentists.

Staff received support from the registered manager to fulfil their roles. They received regular supervision and appraisals. Regular staff meetings were undertaken, which the registered manager explained were necessary to ensure information about people was effectively shared.

Requires improvement

Is the service effective?

We recommend that the provider follow DoLS guidance and ensure that the necessary applications are made for people subject to continuous supervision for their own safety. This is to ensure that the rights of people are protected.

Good

Is the service caring?

Our findings

People were complimentary about the attitude of staff. They told us staff were kind and caring. Their comments included, “Staff are really kind to me” and “I am close to staff. They look after us.” This was also confirmed by people’s relatives, who told us staff were respectful towards their family members. A relative told us, “I am very pleased with the care. [My relative] is supported by staff to visit me.” We observed that staff supported people with care and compassion. In one instance, we observed a member of staff reassuring one person and giving them space to be on their own when they became distressed.

People were involved in decisions about their care. We saw that care plans were person centred and clearly showed the input from people using the service. This enabled the staff to identify people’s care preferences. Care plans included information about people’s likes and dislikes and staff told us how this helped them to support people. Staff were able to describe the care and support people required and demonstrated a good understanding of people’s individual needs, including their personalities and strategies for engaging with them to reduce conflict as we observed during this inspection.

People told us that they were treated with dignity and respect, which was also confirmed by their relatives. Staff knocked and waited for the person to answer before they entered people’s rooms. We observed staff were respectful of people’s privacy and maintained their dignity. In one example, we saw that the provider had gained consent from a person before they placed a monitor in their room to detect epileptic seizures during the night. This demonstrated to us that management valued the importance of ensuring people’s privacy. Staff were seen to be polite and friendly when engaging with people. We saw when people asked questions about the day’s activities or meals staff answered and explained what was happening in a patient manner.

Staff understood and responded to people’s religious and cultural needs. People’s care records contained documented evidence that arrangements had been made to ensure their religious and cultural needs were responded to. These included any specific requirements in relation to food and religious observances. We saw one person was offered culturally-appropriate meals and was supported to attend local places of worship of their choice. Where this was not relevant, as was the case with the other person, there was evidence the provider had taken this into consideration. For example, the person’s care plan stated, “Presently, I have no dietary needs that relates to my culture or religion.”

People were encouraged to be as independent as they could. We saw staff encouraging people to participate in the preparation of their lunch. People told us they could make choices about their own care and how they spent their time. We saw the staff offering people choices and listening to and respecting their responses.

People were supported to maintain and develop relationships with family and friends if they wished. Relatives told us they visited the service and found that staff welcomed them.

Good

Is the service responsive?

Our findings

People told us they were happy with the care and support provided. A person receiving care told us, “Staff listen to me” and a relative said, “I see my relative once a week. This was arranged for me”.

Records confirmed that before people were using the service, their health and social care needs were assessed with people’s involvement to ensure the service was appropriate and could meet their needs. People could visit the service prior to moving in to familiarise themselves with staff and also to ensure staff were aware of their preferences and routines. One person told us, “I first visited a month before I came and I liked it.”

Following assessments, we saw that care plans were developed outlining how people’s needs were to be met. We looked at both care plans and other associated documentation such as risk assessments, menu and activities plans. From this we could see that there was detailed information about people, including their preferred routines. There were clear guidelines for staff on how to support people as they wished.

Care plans were kept under review and up-to-date to reflect people’s current needs. One review highlighted deterioration in a person’s health. The service had taken appropriate action in response to the change by supporting the person to see their GP, who made a referral for a hospital appointment for the person. The change in the person’s health was recorded in their care plan. This ensured people’s care plans remained up to date and relevant.

The provider operated a keyworker system. As part of their role, keyworkers ensured the involvement of the person, family and other agencies, including healthcare professionals in order that the goals of the person were achieved. People met with their keyworkers once every month and the outcomes of these meetings were fed into their care plans. In one example, we saw that some aspects of care of one person were changed as a result of changes in the circumstances of their relative. This had been discussed with the person in their keyworker meeting. The person and their relative told us they were happy with the new arrangement.

People’s views were taken into consideration and appropriate action taken to ensure the service was responsive to their needs. People and their relatives were regularly asked about how they felt about the service. We confirmed from records that the provider met with people and relatives and we saw that people were listened to. Where people had raised their concerns, this was recorded in the meeting minutes, along with suggestions for improvement. In one example, a person wanted support to visit relatives, and was supported to do so.

Staff told us the service supported people to take part in a variety of activities. These included household chores and social outings. People had been supported to go on holidays. Staff told us people were able to choose where they went. In a recent example, we saw that a person had made enquiries during a keyworker meeting about going on holiday this summer. There was evidence the registered manager had made enquiries about this with a travel company. The person confirmed to us they were aware enquiries were being made.

Staff knew how to respond to complaints and understood the complaints procedure. The service had a complaints procedure in place. A pictorial version of the complaints procedure was displayed in the communal area of the home which helped to make it accessible to people. Staff were aware of their responsibility to report any complaints. At the time of this inspection there were no complaints recorded. The registered manager told us they had not received any.

Good

Is the service well-led?

Our findings

There was a registered manager at the home. A person using the service told us the manager "is really good to me." Staff said, the manager was "supportive" and felt "valued."

Staff understood their right to share any concerns about the care at the home. The service had a whistleblowing policy. Whistleblowing is making a disclosure that is in the public interest. It occurs when an employee discloses to a public body, for example, the police or a regulatory body that their employer is partaking in unlawful practices. Staff were aware of when they would need to use the whistleblowing procedure. For example, they told us they would take it upon themselves to contact the local authority, CQC or any other relevant organisation if management staff did not take action in relation to concerns about people's safety.

The provider had effective systems for monitoring incidents at the home and ensuring learning took place. We saw people's care records had been updated following incidents to ensure that the most current information was available to staff. We examined minutes of staff meetings and saw where relevant incidents and accidents were discussed to ensure staff were kept informed and also that they could learn from these.

The registered manager monitored the quality of the care provided by completing regular audits on various areas of service delivery. These included, people's care records, infection control and medicines arrangements. We saw from records that these audits were reviewed to create action plans for improvements were needed. We saw that action plans were responded to and improvements made in areas such as people's activities, care plans and security arrangements following audits.

The provider involved people and their families in monitoring the quality of care so areas for improvement could be identified. Satisfaction surveys had been completed by people and their relatives in 2014. We saw others had been completed for the previous years. People and their relatives gave favourable comments to questions such as, 'are you happy with services provided by Murree Care', 'are you satisfied with the meals served at the home' and 'do you feel you are treated with respect at all times'.

The provider sought feedback from the staff through a staff survey, supervision and meetings. We saw from meeting minutes their feedback was used to make changes to the service. Staff told us of improvements in training, activities for people and their punctuality to work; areas, which we saw had been, discussed in previous staff meetings.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered manager of the home had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

Records of people's care showed that the provider worked well with partners such as health and social care professionals to provide people with the service they required. A healthcare professional told us staff were, "attentive and knowledgeable about people they supported".