

M.H.J. Crausaz Limited

Ronak Home

Inspection report

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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 28 August 2015 and was unannounced. At the last inspection in December 2014 we found breaches of the legal requirements. This was because there was medicines were not being managed safely. People worked risk of receiving unsafe or inappropriate care and support as there had not been an assessment of their capacity to make decisions in line with the Mental Capacity Act 2005. Verbal complaints had not been recorded by the provider and they were not able to show how they had responded to these complaints. Care plan audits had not been carried out and this meant

that where people's needs had changed this had not been recorded in their care plans. At this inspection we found improvements had been made and that they now met the previous legal breaches.

Ronak Home provides accommodation, care and support for ten people with a learning disability or people on the autistic spectrum. There were 9 people using the service on the day of our inspection.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

Staff understood people's rights to make choices about their care and the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards.

There was an accessible complaints policy which the registered manager followed when complaints were made to ensure they were investigated and responded to appropriately.

Staff were available in sufficient numbers meet people's needs. Staff knew how to keep people safe. Staff knew how to identify abuse and the correct procedures to follow if they suspected that abuse had occurred.

People were kept safe from the risk of abuse. Risks to people were identified and staff took action to reduce those risks. People were provided with a choice of food.

There were systems in place to ensure that people consistently received their medicines safely, and as prescribed.

Care was planned and delivered in ways that enhanced people's safety and welfare according to their needs and preferences. Staff understood people's preferences, likes and dislikes regarding their care and support needs.

People were treated with dignity and respect. People using the service, relatives and staff said the registered manager was approachable and supportive. Monthly audits were carried out across various aspects of the service, these included the administration of medication, care planning and training and development. Where these audits identified that improvements were needed action had been taken to improve the service for people.

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 knew how to identify abuse and the correct procedures to follow if they suspected that abuse had occurred.

The risks to people who use the service were identified and managed appropriately

Staff were available in sufficient numbers to meet people's needs.

Medicines were managed safely.

Good



Is the service effective?

The service was effective. The registered manager had taken sufficient action to comply with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People's healthcare needs were monitored and information about people's on going health needs was up to date.

Staff received training to provide them with the skills and knowledge to care for people effectively. Staff were supported through regular supervision to meet people's needs.

People received a variety of meals and the support and assistance they needed from staff with eating and drinking, so their dietary needs were met.

Good



Is the service caring?

The service was caring. Staff treated people with kindness and compassion, dignity and respect.

Staff responded to people's needs promptly.

People were involved in decisions about their care, and had access to advocates to help them make some decisions.

Good



Is the service responsive?

The service was responsive. People's care was planned in response to their needs.

Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service.

People using the service and their relatives were encouraged to give feedback to the provider and there was an effective complaints system in place.

Good



Is the service well-led?

The service was well-led. The provider had effective systems to check and monitor the care of people received.

The culture of the service was open and transparent.

The registered manager regularly checked the quality of the service provided and ensured people were happy with the service they received.

Good



Ronak 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 took place on 28 August 2015 and was unannounced.

The inspection was carried out by an inspector, a pharmacist inspector, a specialist professional advisor who was a nurse with knowledge of needs of people with learning disabilities

Prior to the inspection we reviewed the information we held about the service. This included information sent to us by the provider, about the staff and the people who used the service. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We spoke with the local safeguarding team and a GP to obtain their views.

During the visit, we spoke with three people who used the service, two visitors, five care staff and the registered manager. We spent time observing care and support in communal areas.

We also looked at a sample of seven care records of people who used the service, nine medicine administration records, three staff records and records related to the management of the service.

Is the service safe?

Our findings

At our inspection in December 2014 we found had concerns with the way in which medicines were managed in the home. Following the inspection the provider sent us an action plan detailing how they would make improvements to medicines management. We checked medicines storage, medicines records and care plans, and supplies of medicines for all nine people living at the service. We found that medicines were now managed safely, and we were assured that people were now receiving their medicines safely, consistently and as prescribed.

All prescribed medicines were available at the service and were stored securely. Medicines stocks were checked daily, to pick up issues promptly. Records of medicines received, administered and disposed of were clearly completed and up to date, with no gaps. The temperature of the medicines storage area was monitored twice a day, and we saw from the monitoring records that medicines were kept at the correct temperatures to remain effective. There were no medicines requiring refrigeration.

Staff were responsible for administering medicines to people. We asked about arrangements for when people wanted to self-administer their medicines. Staff told us that they had attempted to support one person to self-administer medicines, but this had not been successful, so this was stopped in the person's best interests, to ensure the person received their medicines regularly. Another person was being supported to self-administer a prescribed cream.

Records showed that the relative of a person living at the service had bought some over the counter medicines recently and asked staff to administer them. These had not yet been administered, as staff told us that they would not administer any over the counter medicines to people, until they received authorisation from the GP that it was safe to do so.

For people at risk of seizures, seizure management protocols had been updated in May 2015, and emergency medicines were available, with arrangements in place to ensure that people had access to these emergency medicines when they were away from the home. Some people were prescribed medicines for agitation, and

protocols were in place to give staff sufficient guidance on when these should be used. We saw from records that these were not overused, and the reason for administering a dose was recorded.

People who used the service told us they felt "safe". One person said, "The staff are nice." We saw that staff knew how to communicate with people and support them if they became distressed. Information was available in a pictorial format for people about whom they could talk to if they had concerns about the way they were treated. Staff could explain how people might communicate that they were distressed or being abused. Staff knew how to report concerns if they felt people were at risk of being abused. They understood the service's policies regarding abuse and safeguarding. These were available for staff to consult. Staff told us, and training records confirmed that they had received training in safeguarding adults.

When people who used the service became distressed staff responded to them in a sensitive manner so that their safety and wellbeing was supported. Staff could explain how they managed situations where the behaviour of people who use the service presented a risk to themselves or others. Staff explained how they responded to each person's behaviour in a way that met their individual needs regarding communication and the triggers for their behaviour. Particular ways to respond to people's behaviour were recorded in their risk assessments and care plans. For example, one person liked to listen to music to help them to relax and this was recorded in their care plan.

People's risk assessments were based on their individual needs and lifestyle choices. Risks such as leaving the service without support, self-harm and risks to others were covered. For each of these areas people had an individualised support plan. These had been constructed and reviewed with the involvement of the person. People were able to go out if they wanted to. Staff explained that they worked with people to help them to be safe when they accessed the community by giving them information about possible risks to their personal safety and how they could respond.

People told us that enough staff were available to meet their needs. One person said, "Staff help you." Staff told us that there was enough staff available for people. We observed that on three occasions when people requested support from staff they responded promptly. The manager showed us the staffing rota for the previous week. These

Is the service safe?

were completed and showed that the numbers of staff available were adjusted to meet people's changing needs. Extra staff were brought in on days where more support was required, for example, with activities and appointments.

We looked at three staff records and we saw there was a robust process in place for recruiting staff that ensured all

relevant checks were carried out before someone was employed. These included appropriate written references and proof of identity. Criminal record checks were carried out to confirm that newly recruited staff were suitable to work with people. This minimised the risk of people being cared for by staff who were inappropriate for the role.

Is the service effective?

Our findings

At our inspection in December 2014 we found that people were at risk of receiving unsafe or inappropriate care and support as there had not been an assessment of their capacity to make decisions in line with the Mental Capacity Act 2005. Following the inspection the provider sent us an action plan detailing how they would make improvements by ensuring that people's capacity was assessed. Where necessary Deprivation of Liberty Safeguards (DoLS) authorisations would be obtained. At this inspection we found that assessments had been carried out of people's capacity to consent to care and support. Referrals under the Deprivation of Liberty Safeguards (DoLS) had been made where people lacked capacity to make decisions about their care. Most people had a DoLS in place. The registered manager explained that they had involved professionals and people's relatives and made sure that the least restrictive option was taken when a person could not consent to care and treatment.

Staff had received training in the Mental Capacity Act 2005 (MCA) and (DoLS). Staff were able to explain the restrictions placed on people who used the service. Staff had also completed training on managing behaviour that might challenge the service. Care plans gave detailed guidance of how staff were to respond to these behaviours, and where they were to take decisions in the person's best interest as the person had been assessed as not having capacity to make certain decisions about their care. Staff understood people's right to make choices for themselves and also, where necessary, for staff to act in someone's best interests. Staff were able to describe people's rights and the process to be followed if someone was identified as needing to be assessed under DoLS.

People were supported by staff who had the skills to meet their needs. Staff told us they received regular supervision and training that helped them to meet people's needs effectively. Two members of staff who had recently started to work at the home had completed a detailed induction. This included time spent getting to know the needs of people who used the service and how these should be met. Training records showed that staff had completed all areas of mandatory training and had also had specific training on

autism and managing behaviour that challenges. All staff had completed a vocational qualification in care. The training matrix showed that staff had completed refresher training when this was needed.

The registered manager told us staff received supervision every two months in line with the provider's policy. Records showed that staff supervision was happening and that staff were offered the chance to reflect on their practice. As part of this supervision staff were questioned about particular aspects of care and the policies of the service. This helped staff to maintain their skills and understanding of their work with people. Staff had received an appraisal in the last year. Records showed that staff appraisals identified areas for development and any required training.

People were supported to eat and drink to meet their needs. One person said, "They asked me what I want to eat." People who used the service had individual menus each week, which were created in consultation with the person and reflected their individual nutritional needs. We observed that people were asked what they wanted to eat for lunch and where they wished to, were involved in the preparation of their meal with staff support. People were involved in purchasing the food for the week with staff support. One person told us they regularly went with staff to do the weekly shopping.

Care plans identified people's specific nutritional needs and how they could be supported to eat a nutritious and healthy diet. One person's care plan stated that they were on a weight reducing diet. Their care plan showed that this had been discussed with them and their relative. Each person's weight was monitored monthly. The dietician and the speech and language therapy team had been consulted regarding appropriate diets to meet people's needs. This information had been recorded in people's care plans.

Records showed that staff involved medical and healthcare professionals when necessary, and people were supported to maintain their health. People who use the service had health care passports which outlined their health care needs and medical histories. These were accompanied by communication passports that outlined how people could be communicated with and how they responded to medical treatment and symptoms such as when they were in pain. Staff were able to explain people's health care needs and knew which health professionals were involved in their care. People's care records showed that each

Is the service effective?

person who used the service was regularly supported to see the health and medical professionals they needed to, which was recorded on a form with details of the appointment, the outcomes and actions for staff.

People were supported to see other healthcare professionals, such as speech and language therapists,

dentists, dietitians and psychiatrists. People's care records showed that there was regular input from the specialist community nursing and integrated care team. Changes to people's needs were reflected in their care plans and staff acted on the advice of medical and other professionals.

Is the service caring?

Our findings

People were treated with respect and their views about their care and how their needs should be met were acted upon by staff. Staff engaged positively with people who used the service, using a range of communication techniques (for example, Makaton on sign language and symbols) to establish people's views. People told us that they were "happy" and "liked" the way staff treated them.

Staff responded to people sensitively when offering to support them with their personal care needs. Staff understood people's preferences relating to their care and support needs. Care plans recorded people's preferences and likes and dislikes regarding their personal care and the support they received. This included if they preferred certain foods or whether they wished to have same gender care when staff supported them with personal care.

Care plans showed that people and their relatives had been consulted about how they wished to be supported. Care plans were available in a range of pictorial formats that reflected people's communication needs. Staff

explained that these were used in monthly key worker meetings with people to discuss how their needs were being met and to help identify any changes that people might want in how their care and support was provided.

The registered manager had monthly discussions with the relatives of people who use the service and these were recorded in their daily notes and reflected in their care plans. Where people did not have a relative who could advocate on their behalf the service had helped them to access a community advocacy service so that they were supported to share their views.

Staff told us they made sure that people were treated with dignity and respect. Staff explained that they knocked on people's doors before entering their bedrooms, and made sure that doors were closed when providing people with personal care. They explained what they were doing and addressed people by their preferred names. We observed that staff spoke to people in a respectful and dignified manner. One person told us, "The staff always asked what you want." Staff training records showed that staff had been trained in the principles of dignity.

Is the service responsive?

Our findings

At our inspection in December 2014 we found that when people who used the service made a complaint verbally these had not been recorded by the provider and they were not able to show how they had responded to these complaints. Following the inspection the provider sent us an action plan outlining how they would address this issue by ensuring that people's complaints and any actions taken to resolve them were recorded. At this inspection we found that where people had made verbal complaints these had been recorded. There was a record of any action taken to follow up and resolve people's complaints.

The service responded to people's and relatives complaints so that their concerns were addressed. The complaints policy was available around the home in both an easy read and pictorial format. Minutes of meetings with people and discussions with relatives showed that they were asked if they had any concerns about the service. Where they had concerns, action was taken to address these and the outcome had been recorded. Complaints were used as part of ongoing learning by the service and so that improvements could be made to the care and support people received.

Staff understood how to meet people's needs and responded in line with the needs identified in their care plans. Staff also understood the importance of meeting people's cultural and religious needs, by supporting them to attend a place of worship of their choice and community activities. Records showed that people were also supported to participate in their local community by attending religious services to support their spiritual needs. One person told us, "Staff will help, when I need them."

Care records showed that people and their relatives had been involved in the initial assessment and ongoing reviews of their care needs. As part of the initial assessment process people were able to spend time at the service so that staff could become familiar with their needs. This also supported people to become familiar and comfortable using the service. Staff had carried out risk assessments and ongoing monitoring of people's needs. People had individualised care plans that were regularly reviewed and updated. Where people's needs had changed the service had responded by consulting with the relevant health and care professionals. Staff knew about these changes and how they were to respond to meet the needs of the person.

People were able to discuss their needs with staff at monthly key worker meetings. The records of these meetings showed that changes to people's needs had been discussed with them and their relatives. Staff had included this information where appropriate in people's care plans. People's care plans showed that where people's needs, wishes or goals had changed the service had responded so that people received care which met their individual needs.

People were able to engage in a range of activities that reflected their interests. These included regular shopping trips, going to the park and attending local day centres and clubs. Each person had an individualised pictorial activities plan. Daily records showed that people were supported to take part in these activities. People went on shopping trips in the morning, while another person went to the local park in the afternoon.

Is the service well-led?

Our findings

At our inspection in December 2014 we found that Care plan audits had not been carried out and this meant that where people's needs had changed this had not been recorded in their care plans. After the inspection the provider sent as an action plan Outlining how they would address this issue by introducing regular care planning audits. At this inspection we found that care plan audits were being carried out. Where these identified areas for improvements care plans had been updated and showed that the appropriate action had been taken. People's medical needs and an annual review of their health needs were up to date and as audits of care plans had highlighted when these needed to be carried out. People received appropriate and safe care as there were systems to regularly monitor and assess the quality of the service.

Staff, people and relatives told us that the service had a management team that was approachable and took action when needed to address issues. The service had an open culture that encouraged good practice. The registered manager was available and spent time with people who used the service. Staff told us the registered manager was open to any suggestions they made and ensured they were meeting people's needs. Staff had regular team meetings during which they discussed how care could be improved. The minutes of these meetings showed that staff had an opportunity to discuss any changes in people's care needs.

The values of the service were discussed with staff during their induction. Training records showed that staff were encouraged to complete professional qualifications and ongoing training so that they developed the skills to implement the values of the service. Staff were supported through regular supervision and an annual appraisal to identify areas for further training and development. Staff

told us that the registered manager discussed areas of good practice relating to autism and learning disabilities with them so that they could effectively meet the needs of people. In this way they were supported to develop and improve their practice.

The registered manager regularly involved people and their relatives in monitoring and assessing the quality of the service. The registered manager had regular contact with relatives, community advocates and professionals and had acted on any feedback from this to improve how the service met people's needs. Health and social care professionals had told us the service acted and delivered care based on their recommendations. The registered manager had recently sent out surveys to people who used the service, relatives and professionals to get their views of the service and to identify any areas for improvement.

Staff knew where and how to report accidents and incidents. There had been four incidents in the last two months. These had been reviewed by the acting manager and action taken to make sure that any risks identified were addressed. Accidents reports showed that, where necessary, people had been referred to their GP or the district nurse for further treatment and review. Accidents and incidents were monitored so that the risks to people's safety were appropriately managed.

Regular auditing and monitoring of the quality of care was taking place. These checks were recorded and any issues were addressed with staff in their supervision. We saw that audits were carried out across various aspects of the service, these included the administration of medication, care planning and training and development. Where these audits identified that improvements needed to be made, records showed that an action plan had been put in place and any issues had been addressed.