

A Onyerindu

A Onyerindu - 2 The Limes Avenue

Inspection report

2 The Limes Avenue
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Ratings

Overall rating for this service

Not sufficient evidence to rate



Is the service safe?

Not sufficient evidence to rate



Is the service effective?

Not sufficient evidence to rate



Is the service caring?

Not sufficient evidence to rate



Is the service responsive?

Not sufficient evidence to rate



Is the service well-led?

Not sufficient evidence to rate



Overall summary

This inspection took place on 12 March 2015 and was unannounced. When we last visited the home on 05 June 2014 we found the service was not meeting all the regulations we looked at.

The Limes provides personal care for a maximum of twenty older people, some of whom may have dementia. On the day of the inspection there was one person living at the home.

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

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.

On the day of this inspection there was one person using the service. This meant that although we were able to carry out an inspection we could not rate the quality of the service as we had insufficient evidence on which to do so.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty

Summary of findings

Safeguards (DoLS). These 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. Training records showed that staff had received MCA training. However the registered manager and the senior care staff could not explain to us the principles of the MCA or how mental capacity issues should be assessed.

The complaints policy did not tell people and their relatives who they could refer a complaint to outside of the service if they felt that the provider had not addressed their concerns.

The person who used the service was kept safe from abuse. Staff knew how to identify abuse that might occur in the service and knew the correct procedures to follow if they suspected that abuse had occurred.

Systems were in place to monitor the quality of the service and people and their relatives felt confident to express any concerns, so these could be addressed. Person who used the service, their relative and staff said the manager was approachable and supportive

Risks to people and how these could be prevented were identified. Staff were available to meet people's needs.

The one person who used the service was provided with a choice of food, and supported to eat when required. The person was supported effectively with their health needs. Medicines were managed safely.

Staff treated the person with kindness and compassion, dignity and respect. They responded to people's needs promptly.

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.

People were supported to have their medicines safely.

Not sufficient evidence to rate



Is the service effective?

The service was not always effective.

Staff did not know how assess people's capacity to consent to care under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff were supported through training and supervision to develop their understanding and skills to meet people's needs. Staff were supported by managers to carry out their roles effectively.

People were supported to eat a healthy diet and were able to choose what they wanted to eat.

People were involved in decisions about their health care. Staff supported them by liaising with health care professionals.

Not sufficient evidence to rate



Is the service caring?

The service was caring.

Staff were caring and knowledgeable about the people they supported.

People and their representatives were supported to make informed decisions about their care and support, and information was presented in ways they could understand to facilitate this.

People's privacy and dignity were respected.

Not sufficient evidence to rate



Is the service responsive?

The service was not always responsive.

The complaints procedure did not tell people who they could refer their complaint to if they were not happy with the provider's response.

Care plans were in place outlining people's care and support needs.

Not sufficient evidence to rate



Summary of findings

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

The service had a system in place to gather feedback from people and their relatives, and this was acted upon.

Is the service well-led?

The service was well-led.

The service had an open and transparent culture in which good practice was identified and encouraged.

Systems were in place to ensure the quality of the service people received was assessed and monitored, and these resulted in improvements to service delivery.

Not sufficient evidence to rate



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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 12 March 2015 and was unannounced.

The inspection was carried out by two inspectors and an inspection manager.

Prior to the inspection we reviewed the information we had 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 one person who used the service, one visitor, two care staff, the registered manager and responsible individual. We spent time observing care and support in communal areas.

We also looked at one care record of person who used the service, four staff records and records related to the management of the service.

Is the service safe?

Our findings

At our inspection in June 2014 we found that staff did not have clear guidance about how they should respond to safeguarding concerns as there were two different policies in place at the home. Following the inspection the provider sent us an action plan detailing how they would make improvements by reviewing their safeguarding policy. At this inspection we found that staff understood how to respond to safeguarding concerns as there were appropriate arrangements in place to protect people from the risk of abuse. The one person who used the service and their relative told us they felt safe and were confident that staff would respond appropriately if they raised concerns. The one person who used the service said, "Yes, I feel safe here." The person's relative told us that they felt confident in raising issues with the registered manager and said, "They don't cover anything up here."

We looked at the safeguarding policy and saw that it had been reviewed and updated. The policy told staff what to do if they suspected that abuse had taken place. Details of how to contact the adult abuse line were displayed at a number of different places around the home so that the person, their relative and staff would know who to contact if they had safeguarding concerns. Staff could explain how we would recognise and report abuse. They told us, and records confirmed that they had received training in safeguarding adults.

At our inspection in June 2014 we found that risk assessments did not identify risks to people and the action needed to prevent or reduce the risk. Following the inspection the provider sent us an action plan detailing how they would make improvements by updating and regularly reviewing risk assessments. At this inspection we found that the risk assessments for the one person who used the service had been regularly reviewed, identified the risks to them and the action needed to maintain their safety. Staff followed the person's risk assessments, for example, when assisting them to walk they made sure the person had their walking stick as outlined in the person's falls prevention risk assessment. The person's relative told us that staff provided care in a way that maintained the person's safety.

The home's electricity, gas and water supply services had been inspected and were assessed as safe. We checked the kitchen and found it to be clean. Kitchen staff were taking

temperatures of the fridges and freezers daily to ensure food was stored at safe temperatures. Records showed that fire alarms, lighting and extinguishers were checked regularly. Regular health and safety checks to ensure the building was safe for the person living there had been carried out.

Sufficient staff were available to meet the needs of the person who used the service. Two staff were working with the person and were available to meet the person's needs. The person's relative told us there were enough staff available to meet the person's needs. Records showed the service had nine staff including the manager and we were told they had access to a pool of bank staff as well. The staff rota showed the manager worked during the weekdays in the normal office hours and was 'on-call' at all other times. One member of staff was on duty from 9am to 9pm and one waking night plus a sleep-in staff from 9pm to 9am every day. The day staff were also responsible for preparing meals.

The manager explained to us how they would increase the number of staff on duty if more residents were to move in. The manager said the number of staff on duty would ultimately depend on people's assessed needs. This would be assessed as part of the pre-admission process.

The service followed safe recruitment practices as staff personnel records showed they had been subject to appropriate and necessary checks prior to being employed by the service. We looked at four staff files and saw that they contained proof of identity and evidence of the right to work in the UK. Records showed they had been subject to Criminal Records checks. Records also included staff's job application forms. Two references had been obtained to ensure staff were of good characters and fit for work. This meant the provider had taken appropriate steps to make sure people were safe and their care needs were met by staff who were suitable to work with people who used the service.

The person's medicines were managed so that they were protected against the risks of unsafe administration of medicines. The service had a policy and procedure for the safe management of medicines which included the procedure for self-administration. The service received people's regular medicines in 'blister packs' from the pharmacy and stored these along with the 'as required'

Is the service safe?

(PRN) medicines in a separate lockable room. We saw the medicines were stored tidily in the medicines room and it was checked on a daily basis whether the temperature of the room was appropriate.

There was a clear protocol for the administration of the PRN and topical medicines. Information about medicines and their side effects were held with the Medicines administration records (MAR). The MAR charts were in good order and contained clear instructions about the

administration of medicines. The MAR charts were signed as required when medicines were administered. We checked the stock of two medicines that were not in blister packs and found the remaining stock matched the records.

Staff received training in the safe handling of medicines. There was an audit system in place to ensure that medicines were managed appropriately. Medicines audits had been completed since our last inspection. They covered all aspects of the management of medicines.

Is the service effective?

Our findings

At our inspection in June 2014 we found that staff had not been trained in the Mental Capacity Act 2005 (MCA) and did not understand what constituted a deprivation of people's liberty. The registered manager had not applied to the local authority for Deprivation of Liberty Safeguards (DoLS) authorisations where restrictions had been placed on individuals to ensure any restrictions was in their best interest and reviewed on a regular basis. Following the inspection the provider sent us an action plan detailing how they would make improvements. Training records showed that staff had received MCA training. However the registered manager and the senior care staff could not explain to us the principles of the MCA and how mental capacity issues should be assessed using the two stage test. This is a test used when assessing a person's mental capacity to make certain decisions relating to their care needs.

The registered manager had made a DoLS application for the one person who used the service. Records showed that professionals had recently carried out a DoLS assessment and the registered manager explained that they were awaiting the full report regarding this. The person's care records had a best interest assessment that told staff what decisions the person was not able to make for themselves.

At our inspection in June 2014 we found that staff had not completed areas of the provider's mandatory training such as fire awareness, manual handling and food hygiene training. Following the inspection the provider sent us an action plan detailing how they would make improvements by ensuring that staff received this training. At this inspection we found staff had individual training matrices that showed what training they completed and when refresher training was due. Staff had completed training such as food hygiene, medication, first aid, moving and handling and safeguarding adults. New staff had a one day induction program to familiarise themselves with the home's residents, management and administration.

According to the provider's staff training and development plan staff were up to date with most of their training but nearly all of them needed refresher training in infection

control, medication and health. The registered manager had a plan in place to make sure that staff received the refresher training they needed so that their understanding and the skills they needed to meet people's needs were up to date.

Records showed staff had one to one supervisions at appropriate intervals and saw they discussed practice issues and any problems. Staff had annual appraisals where they talked about their performance and future personal development plans for example to work on writing care plans.

The one person who used the service told us that, "I eat well here." Their relative said, "The staff always offered a choice at mealtimes." The one person who used the service was asked what they would like to eat for their lunch. The service had a four weekly rotating menu with different choices each day which included classic British dishes. The menu was varied and nutritionally balanced including fruits and vegetables. The one person who used the service was asked the day before what they chose from the menu and the meal were planned accordingly. Senior care staff told us they recorded that person's dietary or cultural needs regarding their food. Staff explained that culturally appropriate meals were offered regular to the person who used the service.

The person who used the service had been referred to a speech and language therapist (SLT) as they had difficulties swallowing. Their weight was being recorded in their care plans, and they needed their food to be cut into small pieces to prevent the risk of choking. This was recorded in their care plan, and the person's relative confirmed that meals were always prepared in this way.

The relative of the person told us that they had been able to access the GP when it was necessary for the person. When they asked staff to contact their GP this was done quickly. They told us, "The GP, dentist and chiropodist visit regularly." The person was able to access the medical care they need. The person's relative said, "The GP has recently reviewed their medicines." Care records showed that the service liaised with relevant health professionals. Their care records showed that they had access to the medical care they needed.

Is the service caring?

Our findings

The relative of the person who used the service told us that the person was treated in a caring and respectful manner by staff who involved them in decisions about their care. This relative told us, "Staff are friendly and involve you in decisions about my relative's care needs." Staff provided care and support in a gentle and caring manner, listened to what the person had to say.

We observed staff respecting the person's privacy by asking about any care needs in a quiet manner and without being overheard by anyone else. Staff were able to give us examples of how they maintained people's dignity and privacy when providing personal care. The person's relative said they were able to discuss any issues that concerned them regarding the care that was being provided with staff.

Care plans showed that the person and their relative had been consulted about how they wished for care to be provided. The person's relative had been involved in

decisions and had received feedback about changes to the person's care. Staff understood the person's likes and dislikes and the care and support the person needed. The person's care plan included a clear description of their dementia care needs. This included how they might behave in certain situations.

Meetings were held with people at which issues regarding the general running of the service were discussed. Minutes were written in a way that supported people who used the service to understand and participate in decisions. For example, people had suggested options for the menu.

The person who used the service was supported to maintain relationships with their family. The person's relative said, "I can visit at any time I choose to." We found that the person's relative could visit them or go out into the community with them. The person's relative told us that they were always made welcome whenever they visited the service.

Is the service responsive?

Our findings

The registered manager said that there had been no complaints. The complaints policy had been reviewed in January 2014. The policy stated that complainants could speak to the Care Quality Commission if they were not satisfied with the outcome of the complaints investigation carried out by the provider. However the policy did not tell potential complainants that they could also go to the local authority or the Local Government Ombudsman. This could mean that people's complaints would not be fully investigated and action taken to address their concerns.

The relative of the person who used the service told us that they knew how to make a complaint and that when they had done this the provider had taken action to make sure their concerns were addressed. We looked at the complaints records for the service this showed that no complaints had been made in the last year.

Staff understood how to meet the needs of the person who used the service in line with their care plan. The person's relative said, "The staff understand my relative's needs." Care plans were in place to address people's identified needs, and these had been reviewed monthly or more frequently such as when a person's condition changed, to keep them up to date.

The person's relative told us they had been involved in reviewing care plans and any changes were discussed with them. The relative told us, "I always know what is going on." The person's care plan had been reviewed regularly and showed that their relatives had been regularly consulted about the person's needs.

Staff supported the person to make decisions about some aspects of their care, for example, what they would like to wear or if they wished to go for a walk. There had been monthly meetings where people were able to discuss aspects of their care and how the service was delivered.

The person was supported to engage in a range of meaningful activities. We saw that they were supported to go for a walk in the morning and later on played board games with a member of staff. The person told us that they like to look out into the garden and watch the birds. Staff interacted with the person and helped them identify the birds in the garden with the aid of a book on bird watching. On the day of the inspection it was the person's birthday. Their relative and staff spent time with the person, gave some presents and a cake had been prepared. The person's care records showed that they were supported daily to engage in activities so that their well-being was being promoted.

Is the service well-led?

Our findings

Act our inspection in June 2014 we found that the provider had not carried out a survey of people and relatives regarding their views of the quality of the service. Other quality audits regarding care plans and medicines had not been completed. Following the inspection the provider sent us an action plan outlining the improvements they would make so that they implemented quality assurance monitoring. At this inspection we found the provider had completed a survey of people and their relatives in July 2014. Results of this survey showed that all of the people and relatives who had completed the survey were happy with the care and support provided by the service. However there were only four people living at the service at the time of the survey.

The provider told us that they had been carried out audits of care plans and medicines administration. We saw a number of these audits and they showed that these had been carried out regularly up until February 2015. Action plans had been put in place where the need for improvements had been identified. The provider explained that as there was only one person living at the home it was

not possible to carry out audits of their care plans and medicines. We found that the care plans of the one person who used the service had been reviewed in March 2015 and where necessary the care plans had been updated.

The relative of the person who used the service told us that the registered manager was approachable and willing to make changes to the service when they had suggested them. The relative said, "I make suggestions and these are acted on." Meetings with people who used the service and relatives had been carried out up until January 2015. These showed that information about how the service was changing was shared. The provider had supported people and relatives to share their views of the service and how it might be improved.

Staff knew how to report accidents and incidents. In the last three months there had been no accidents or incidents recorded. The cause of past accidents and incidents had been identified and action taken to reduce the risk of them re-occurring. Accident reports showed that, where necessary, people had been referred to the GP for further treatment and review. Accidents and incidents were monitored so that the risks to the safety of person who used the service were appropriately managed.