Mrs Shahnaz Abbasi

Murree Care 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

Summary of findings

Overall summary

The inspection took place on 31 August 2016 and was unannounced.

The last inspection took place on 13 and 14 August 2015 when we found that they were not meeting all the required Regulations. In particular, risks were not always mitigated, recruitment checks did not always ensure staff were suitable and the provider's systems for monitoring the quality of the service did not always identify risks.

At the inspection of 31 August 2016 we found the provider had made the necessary improvements.

Murree Care Home is registered to provider accommodation and personal care for us to six people who have mental health needs. At the time of the inspection six people were living at the service. Their primary need was their mental health needs. Some people also had learning and physical disabilities. The service was owned and managed by a registered individual. They also owned one other care home in North West London.

Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People were happy living at the service. They felt well supported and their individual needs had been discussed with them. They helped to plan and review their own care. People were supported to learn independent living skills and to be part of the local community.

The staff were appropriately supported and trained. They had the information they needed to care for people and the manager worked closely with them to ensure people's needs were met.

The environment was suitable for the needs of the people who lived there. They had their own bedrooms which they had personalised. They also had unrestricted access to communal areas. People had their own front door keys and were supported to use community facilities. They were involved in a range of activities both within the home and in the community. They had access to college courses and took part in group and individual social and leisure pursuits.

The service was appropriately managed. The owner was also the manager and she worked closely with the staff. There were systems for monitoring the quality of the service and these were effective. The provider liaised with other professionals and stakeholders to make sure people received the support they needed from those who were important to them.

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.

There were enough staff employed to support people and they were recruited in a way to ensure they were suitable to work with vulnerable people.

The risks people experienced had been assessed and there were plans to manage these risks and help to keep people safe.

People received their medicines in a safe way and as prescribed.

The environment was safely maintained.

There were appropriate procedures for safeguarding people from abuse and the staff were trained in these.

Is the service effective?

Good

The service was effective.

People had consented to their care and support and were able to make choices about this.

The staff had the training, support and information they needed to care for people.

People's nutritional needs were met and they had a choice of freshly prepared food.

People's health needs were assessed, monitored and met.

Is the service caring?

Good

The service was caring.

People were supported by kind and caring staff.

People's privacy and dignity were respected.

Is the service responsive?

Good

The service was responsive.

People's care and support needs were assessed, recorded and reviewed with the person. Their support plans reflected their individual preferences and included information about what was important to the person.

People's health, community living skills and mental wellbeing had improved since they moved to the service.

People took part in a range of social and leisure activities both within the home and the community.

Is the service well-led?

Good

The service was well-led.

People had the opportunity to express their views and be involved in planning their own care.

Other stakeholders were happy with the service provided and felt people's needs were met.

There were appropriate systems to audit the service and to ensure good quality care was provided.

Records were accurate, up to date and appropriately maintained.

Murree 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 checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was carried out by one inspector and took place on 31 August 2016 and was unannounced.

Before the inspection visit we looked at all the information we held about the service. This included the last inspection report, the provider's action plan and notifications of significant events and safeguarding alerts.

During the inspection we met all six of the people who lived at the home and the manager. People living at the home spent the majority of the day out in the community participating in activities and the support staff were with them. We briefly met one of the support workers.

We looked at the environment, medicines and records relating to the care and wellbeing of people using the service, staff records, and other records the provider used in running the service.

Good

Is the service safe?

Our findings

At our inspection of 13 and 14 August 2015 we found that people were at risk of harm because safe recruitment practices were not always followed. At the inspection of 31 August 2016 we found improvements had been made.

There were appropriate procedures for the recruitment of staff. These included inviting the staff for a formal interview. The provider carried out checks on their suitability which included criminal record checks, checks on their identity, eligibility to work in the United Kingdom and references from previous employers. Candidates were asked to provide a full employment history. We looked the staff recruitment files for all the staff employed to work at the service at the time of the inspection and saw that these checks had been carried out.

At our inspection of 13 and 14 August 2015 we found that risks to people were not always identified and management plans were not in place to mitigate the hazards they might face. At the inspection of 31August 2016 we found improvements had been made.

The manager had conducted and recorded risk assessments for individuals and safety for everyone at the home. The risk assessments identified who was at risk, what the hazards were and included plans to reduce the risk. Assessments had been regularly reviewed and updated when changes had taken place. Risk assessments reflected individual needs and abilities and each person had a different range of risk management plans. These included self-neglect, violence, safety in the community, road safety, bathing, use of the kitchen and a number of activities in the home and the community. There was evidence that risk assessments and ways to reduce risk were discussed at staff team meetings and with individual people using the service.

At the inspection of 13 and 14 August 2016 we found that there were no protocols or guidance in place for people who were prescribed medicine to take as needed. We made a recommendation relating to this. At the inspection of 31 August 2016 we found that improvements had been made. There were clear protocols describing the circumstances when people would need to receive these medicines. The staff recorded all administration of these types of medicines along with a detailed report of why they had administered the medicine on each occasion. For example, some people received these medicines when they became agitated or aggressive. The staff recorded the incidents of agitation describing how they had supported the person before the medicine was administered and why they felt medicines were needed.

Medicines were stored securely and appropriately. There were accurate and up to date records of medicines received at the service and of administration and any disposal of medicines. The staff administering medicines had received appropriate training and there was a range of information about each medicine people were prescribed including what the medicine was for and any side effects.

The environment people lived in was safe. There were regular checks on fire safety, gas, electricity and water

safety, including water temperatures. These were recorded. People living at the service and the staff took part in fire drills and there was information about what to do in event of a fire or other emergencies available for people to see. Some people required specialist equipment to help keep them safe when moving or in bed. There was information about how to use the equipment safely and evidence of regular service checks.

Incidents and accidents were recorded and these had been discussed with the person involved, the staff team and any other relevant parties so that the risk of these reoccurring could be avoided.

The provider had a procedure regarding safeguarding and information about this was shared with people using the service and staff. The staff had received training in safeguarding adults and we saw that this, and what the staff needed to do if they suspected someone was being abused, had been discussed in individual and team meetings.

There were appropriate procedures to support people to manage their money. This included storing small amounts of cash in a secure place and obtaining receipts for any purchases made on behalf of or with people using the service. Some people managed their money independently. There were clear and accurate records of expenditure for people who received support to manage their finances.

There were enough staff on duty to support people. We looked at a sample of staff rotas and saw that there was always at least one member of staff on duty at night and two during the day. The manager worked at the service in addition to these numbers. They told us that additional staff worked when people needed support to access particular activities or healthcare appointments.

Good

Is the service effective?

Our findings

People who used the service had been involved in planning their own care and had consented to this. We saw evidence of regular meetings with people to discuss their care and support. They had signed agreement to their support plans and review meetings. People were consulted about everyday decisions, such as how they spent their time and what they ate.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that providers only deprive people of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. The manager understood their responsibility for making sure the least restrictive options were considered when supporting people and ensured people's liberty was not unduly or unlawfully restricted. The manager had submitted DoLS applications for authorisation where people's liberty had been restricted in the service. The capacity assessments, best interest decisions and DoLS applications and authorisations were recorded. People's care plans also stated who should be involved in any best interest decisions for each person, for example decisions about medical interventions in the future.

The Mental Capacity Act 2005 (MCA) provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving the person, if possible, people who know the person well and other professionals. The staff had received training about the MCA and there was evidence that this was discussed at team and individual staff meetings.

The staff had the training, support and information they needed to care for people. The staff team was relatively small and there were good systems for them to communicate with each other. The manager worked alongside them most days and was available to support them. Information about the service, policies and procedures and their roles and responsibilities were clearly recorded. There were regular team meetings and we saw these included discussions about key procedures (such as safeguarding and infection control), the people living at the service and training needs. People's risk assessments were also discussed to make sure everyone was following safe working practices. The staff also had regular formal supervision meetings with the manager and annual appraisals. These were recorded and included discussions on the staff member's practice, training needs and career development. The manager told us the service was supporting staff to undertake vocational qualifications, some of these at management level. They said some staff were given additional management responsibilities and tasks to help them develop their skills.

The staff had taken part in classroom based training when they started work at the service and this was updated regularly. The manager told us they accessed training provided by the local authority as well as private training providers. We saw evidence of regular staff training in a number of areas which included infection control, safe moving and handling, health and safety, food hygiene, equality and diversity, administration of medicines, fire safety, safeguarding adults, first aid and mental health needs.

The environment was suitable to meet the needs of the people who lived there. Each person had their own bedroom which had been personalised by the person. Some of the bedrooms had en-suite facilities and some had equipment to support people with mobility needs. There was a communal lounge which was comfortable and had been personalised by people at the home. The manager told us they had obtained planning permission to build a games room in the garden and work on this was due to start later in the year.

People's nutritional needs were met and they had a choice of freshly prepared meals. Dietary needs and special requirements were recorded as part of each person's support plan. Where they had an identified need there was information about this and how the staff should support them. People living at the home were involved in planning meals, shopping for food and preparing food. During the inspection one person had travelled independently to a local market to buy food for the house. There was a weekly planned menu which people had chosen, but they were able to ask for, or prepare themselves a different meal to this if they wished. Food choices and preferences were discussed with each individual at monthly meetings and these were recorded. The kitchen was stocked with fresh food, including fruit and vegetables.

People's health needs were assessed, monitored and met. The support plans included detailed information about people's mental and physical health. There was evidence they had opportunities to see the healthcare professionals they needed to stay healthy. Information from healthcare appointments and any changes to planned healthcare were recorded.

Good

Is the service caring?

Our findings

People appeared content and looked well cared for.

During our inspection we saw that people were comfortable in the presence of the staff. The interactions we observed between people and staff were caring, non-judgemental and respectful. There was an understanding from the staff of people's individual needs and ways of communicating. Staff gave time to people to express themselves.

People were included in their care. They were consulted about their support plans and had regular meetings with the staff to discuss these and suggest any changes they wanted. People were asked how they wanted to spend their time and what they wanted to do each day. For example on the day of the inspection, five people chose to go out for an arts and craft activity. The sixth person went shopping and then chose to join the others.

People were supported to maintain independence and learn new skills. For example, support plans included information on what the person could do for themselves and how the staff should support this. Some people travelled and accessed the community independently. They were able to do this and made arrangements with the staff about when they would return so the staff knew they were safe. Other people required more support but were still encouraged to be as independent as they could be. For example, one person required the support of the staff to take a shower and get dressed. However, they were encouraged to select and carry their own toiletries to the bathroom, chose their own clothes and manage areas of their own personal care regime which they were able to.

Staff supported people in maintaining relationships with their friends and family members People's care plans included information about those who were important to them. There was evidence that relatives were involved in planning and reviewing people's care where appropriate.

The staff delivered care which promoted and protected people's dignity and privacy. We observed staff knocking on people's bedroom doors before entering. They told us that all personal care was carried out in people's bedrooms and ensured that their privacy and dignity was maintained by ensuring bedroom doors were closed and curtains drawn.

Good

Is the service responsive?

Our findings

People's support needs were assessed, recorded, reviewed and met in a person centred way.

The support plans included information entitled ''Who am I?'', ''What I want to change and achieve'' and ''Priority areas.'' Information within these sections reflected people's individual preferences, needs and wishes. There were detailed records to show the things people could do for themselves and the support they needed from the staff. Support plans covered people's personal care, health care, mental health, communication, daily living skills, social and emotional needs and medicines needs. Each person met with staff once a month to discuss and review their support plan. These meetings were recorded. There were additional reviews involving others who were important to the person, such as social workers and family members.

The staff recorded the care they had provided each day and how the person had felt about this. These records showed that support plans were followed and adjusted to reflect changes in people's needs.

The manager told us about the progress people had made since they moved to the home. This included increased mobility for one person, less aggression and violence from one person and one person reducing the amount they smoked and drank. These positive changes in people's lives had been acknowledged and recorded in support plans and people were encouraged to work towards other goals to improve the quality of their lives.

People were supported to take part in a range of social and leisure activities which reflected their interests and needs. During term time some people went to college. People also accessed the local community shops, sports centres, resource centres, cinemas, swimming pool, library and bowling alley. There was a planned programme of activities for each person and they were encouraged to participate in these. As part of the programme people learnt independent living skills, such as cooking, shopping and cleaning and community skills such as road safety and using public transport. People's skills and needs were reassessed each month so that progress they made in learning new skills was recognised and they were given new opportunities.

People living at the home supported each other well as a community and often took part in activities together, enjoying each other's company. The staff recorded what each person had achieved each day and how they had felt about the activities they took part in. They also kept photo albums to celebrate and remember some of the special events and activities people had participated in.

The provider's complaints procedure was displayed at the service and shared with people who lived there. There had been no recorded complaints. The manager told us that they were available to see people daily and any concerns were discussed at the time before they escalated into formal complaints. However, there was a procedure which included contact details for the local authority and the Care Quality Commission if people felt they wished to make a more formal complaint.

Good

Is the service well-led?

Our findings

At the inspection of 13 and 14 August 2015 we found that although there were systems to assess the quality of the service provided in the home we found that these were not effective. At the inspection of 31 August 2016 we found improvements had been made.

The provider was an individual who was also managing the service. They were a registered nurse and had experience working in hospital, military and residential settings before setting up the care home. They also owned and managed another care home. They were visible and inclusive and spoke with passion about providing a good quality of life for the people at the service.

There were systems to monitor the quality of the service and to make sure people's needs were being met. These included regular checks on health and safety, records, medicines and the environment. Where problems had been identified we saw action had been taken to put these right.

The manager met with people living at the service and staff regularly to discuss the service and how they felt about it. People and their relatives were encouraged to complete annual satisfaction surveys. One relative had completed a recent survey stating, ''This is an excellent service.''

The London Borough of Hillingdon carried out quality monitoring checks at the service. Their most recent check in July 2016 noted that there had been improvements to the service. They made some further recommendations for change and we saw evidence that the manager had responded to these and made the changes.

The provider had a business development plan which outlined the service's aims and objectives and philosophy of care. There was also an emergency continuity plan which recorded how the staff should respond to various emergency situations to ensure people were kept safe. There were a range of policies and procedures and these were regularly reviewed and updated. The staff had signed a record to show that they had read and understood these.