

Monpekson Care Limited

20 Westwood Avenue

Inspection report

Westwood Avenue
South Harrow
Middlesex
HA2 8NS

Tel: 02084224176

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11 October 2016

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We undertook an unannounced inspection on 11 October 2016 of 20 Westwood Avenue. 20 Westwood Avenue is registered to provide accommodation and personal care for up to three people with learning disabilities. At the time of this inspection, three people were using the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission [CQC] to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection on 20 October 2015, we found breaches of legal requirements in relation to Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found the assessment of risks to the health and safety of people using the service was not being done appropriately. Complete and contemporaneous records were not maintained in respect of the care and treatment provided to people using the service and quality assurance systems were not effective in to monitor the quality of the service being provided to people who used the service. The service was rated as requires improvement.

Following the inspection the provider sent us an action plan setting out the actions they would take to meet the regulation. During this inspection we found action had been taken to meet the regulations. Records showed the registered manager had taken appropriate action to review and update people's care plans and risk assessments to accurately reflect people's needs. Care plans were individualised and person-centred. The service undertook a range of checks to monitor the quality of the service and took action to improve the service. A satisfaction survey had been carried out in April 2016 and the results from the survey were positive.

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

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

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

We found the premises were clean and tidy. There was a record of essential maintenance carried out at the home. However we noted and discussed with the registered manager the décor of the home as it contained basic furnishing and there was a need for improvement. The registered manager told us she would address these matters. Shortly after the inspection, we were told by the registered manager that a decorator had

been called and work had already commenced in the home.

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

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

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

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

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

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

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

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

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

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

Appropriate employment checks were carried out before staff started working at the service..

Is the service effective?

Good ●

The service was effective. Staff had completed relevant training to enable them to care for people effectively..

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

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

Is the service caring?

Good ●

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

People were treated with dignity and respect.

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

Is the service responsive?

Good ●

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

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

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

Is the service well-led?

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

The home had a clear management structure in place with a team of care workers, the registered manager and the provider.

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

Good ●

20 Westwood Avenue

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and provide a rating for the service under the Care Act 2014.

The inspection team consisted of one inspector. Before we visited the home we checked the information we held about the service and the service provider including notifications and incidents affecting the safety and well-being of people. No concerns had been raised.

There were three people using the service. All the people had learning disabilities and could not always communicate with us and tell us what they thought about the service. Because of this, we spent time at the home observing the experience of the people and their care, how the staff interacted with people and how they supported people during the day and meal times.

We spoke with one relative. We also spoke with the provider, registered manager, two care workers and a visiting healthcare professional. We reviewed three people's care plans, four staff files, training records and records relating to the management of the service such as audits, policies and procedures.

Is the service safe?

Our findings

Relatives of people using the service told us they felt their family member was safe in the home. A relative told us "I have no concerns about [person's] safety."

At our inspection on the 20 October 2015, we found the assessment of risks to the health and safety of people using the service was not being done appropriately. This meant the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the provider sent us an action plan setting out the actions they would take. During this inspection we found action had been taken to meet the regulation. Records showed the registered manager had taken appropriate action to review and update people's care plans and risk assessments to accurately reflect people's needs. For example, one person using the service needed close supervision in the kitchen as they had a tendency to throw items of cutlery on the floor. Records showed their risk assessments had been updated to reflect this and guidelines were in place for staff on how to support the person safely in the kitchen. Risk assessments had also been updated to appropriately reflect the risks people faced in the community and the support they required to keep them safe.

All the people using the service displayed behaviours that challenged the service. At our last inspection, there was limited information about what those behaviours were and how they were to be managed effectively and safely. During this inspection, we found care plans contained clear information about the behaviours people could display, the possible triggers and the support that was required by staff. This was explained by positive behaviour strategies staff would adopt to help people to feel at ease and to minimise escalation of behaviours that challenged the service.

When speaking to care workers, they showed understanding of people's behaviours that challenged and the support they would provide to keep the person safe. Records also showed some care workers had received training in challenging behaviours.

There were safeguarding and whistleblowing policies in place and records showed care workers had received training in how to safeguard adults and were aware of actions to take in response to a suspected abuse. When speaking to care workers, they were able to explain the different types of abuse and the steps they would take if they suspected any potential abuse.

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

consistency in people's care was not compromised.

There was a monthly rota in place and care workers told us they knew their shifts in advance. The registered manager told us there was flexibility in staffing levels so that they could deploy staff where they were needed. For example, if people needed to be supported on community outings or when people had to attend appointments. The registered manager told us staffing levels were assessed depending on people's needs and occupancy levels. During the inspection, we observed a person who needed to be supported with two members of staff when going out in the community, this had been accommodated for.

There were effective recruitment and selection procedures in place to ensure people were safe and not at risk of being supported by people who were unsuitable. We looked at the recruitment records for four care workers and found appropriate background checks for safer recruitment including enhanced criminal record checks had been undertaken to ensure staff were not barred from working with vulnerable adults. Two written references and evidence of their identity had also been obtained.

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

There were appropriate systems in place to ensure that people's medicines were stored and kept safely. The home had a separate medicine storage facility in place. The facility was kept locked and was secure and safe.

Records showed monthly checks were carried out by the registered manager and any discrepancies and/or gaps were identified and followed up. There were arrangements in place with the local pharmacy in relation to obtaining and disposing of medicines appropriately. The registered manager told us they had recently changed the pharmacy as the previous pharmacy did not undertake an audit of medicines at the home. The registered manager told us that this was something she wanted done and changed to a pharmacy who agreed to do this. During the inspection, the service was visited by pharmacy representatives who assessed the medicines arrangements currently in place the home.

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

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

Is the service effective?

Our findings

Relatives spoke positively about the staff. A relative told us "Staff are very good and some staff are exceptional. [Care worker] is incredibly good with [person]."

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

Training records showed that staff had completed training in areas that helped them to meet people's needs. Topics included medication, first aid, infection control, diabetes, moving and handling and fire safety. Records showed that staff had received supervision and appraisal sessions and this was confirmed by staff we spoke with. Supervision sessions enabled staff to discuss their personal development objectives and goals.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA

At our inspection on the 20 October 2015, we found people's care plans contained limited information about people's mental capacity. During this inspection we found care plans had been updated to reflect information about people's levels of mental capacity. For example, care plans had a specific section titled 'My ability to make decisions' which detailed areas people could make decisions and areas where support from staff was needed.

Records showed people had their relatives and relevant healthcare professionals consulted to help support them with decisions about their care and ensure their best interests were being considered. Care plans contained current consent forms which had been signed by relatives as people using the service did not have the capacity to do so themselves.

Staff had some knowledge of the MCA and training records confirmed that staff had received training in this area. Staff were aware that when a person lacked the capacity to make a specific decision, people's families, staff and others including health and social care professionals would be involved in making a decision in the person's best interests.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes which protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person

from harm.

Records showed the registered manager had applied for DoLS authorisations for the people using the service. We saw the relevant processes had been followed and standard authorisations were in place for people using the service as it was recognised that there were areas of people's care in which the person's liberties were being deprived.

Training records showed care workers had received DoLS training and were able to explain how people's liberties could be deprived and the reasons why this may be needed for their safety and best interests.

People were supported to maintain good health and have access to healthcare services and receive on going healthcare support. Care plans detailed records of appointments with health and social care professionals relevant to people's specific needs. Records also showed people attended relevant healthcare professionals to assess and monitor behaviours that challenged the service. During this inspection, we observed a district nurse came to the home to give an insulin injection to a person using the service who required this twice a day. Records showed this was done regularly and the registered manager told us they had no problem with the district nurses and they came everyday as required. At the last inspection, we found there was limited information about the person's diabetes in their care plan. During this inspection, we found the risk assessment had been updated to show the support the person was receiving from healthcare professionals, the signs staff should look for in cases of hypoglycaemia or hyperglycaemia and the any actions they needed to take.

A relative provided positive feedback about the way their family member was supported with their healthcare. They told us "They phone when [person] is not well and take them to the doctors promptly. [Person] had some dental treatment recently and the care worker that came with us was brilliant with [person]."

People were supported to get involved in decisions about their nutrition and hydration needs. The registered manager told us there was not a set menu in place as they knew what people liked and if they wanted to eat something else, it would always be accommodated for them. In the kitchen we saw there was a blank weekly menu sheet which staff were recording what people had eaten during each day. We noted people's requests for food or drink were promptly responded to. The kitchen and dining areas were fully accessible to people using the service throughout the day. During the inspection, we observed the evening meal being prepared with fresh ingredients and vegetables.

At the last inspection, we found care plans contained limited information about what people did or did not like to eat. During this inspection, we saw care plans had been updated to show what people enjoyed eating and drinking and any support they needed with their meals. For example in one care plan, it stated 'I have a fondness for Mars bars. I have a tendency to eat quickly which can cause me to choke and need prompting to slow down when eating.' Care plans even reflected where people liked to eat in the home, for example in another's persons care plan it stated 'I prefer to sit on my favourite dining chair by the door.'

We found the premises were clean and tidy. However we noted and discussed with the registered manager the décor of the home as it contained basic furnishing and there was a need for improvement. The home was tired looking. The decor was bland with old furnishings. The kitchen table had an old table cloth covered with a plastic sheet. There was no consistency with the table furniture as there were three different style chairs at the table, one chair was a wooden chair and was wobbly. When we went upstairs, we saw people's cupboards were chipped, some walls needed to re-painted and in one person's bedroom we saw the headboard for their bed had been ripped. The décor upstairs was bland; there were no bright colours or pictures.

The registered manager told us they had put pictures up but people using the service would pull them down. We discussed with registered manager alternative places where pictures could be hung without posing risk to people using the service, which was one way of making the house look and feel more homely. The registered manager told us she would address these matters. Shortly after the inspection, we were told by the registered manager that a decorator had been called and work had already commenced in the bedrooms.

Is the service caring?

Our findings

Relatives spoke positively about the way people were looked after. A relative told us "The home is very good. The quality of care is exceptional" and "[Person] is well looked after."

During the inspection, we observed positive relationships between people and the staff. We observed that staff showed interest in people and were present to ensure that people were alright and their needs attended to. Staff were attentive and spoke in a gentle and pleasant manner to people.

We saw people being treated with respect and dignity. Staff had a good understanding of treating people with respect and dignity. We observed care workers providing prompt assistance when needed.

People using the service have lived together for a number of years. People could choose where to sit and spent their recreational time and staff respected their decisions. We saw people were able to spend time the way they wanted. People were able to spend time in private if they wished to.

People using the service were unable to verbally communicate with us. However people's care plans contained information which showed how people communicated and how staff should communicate with them. For example, in one person's care plan, it stated 'I use little or no speech, but can understand and acknowledge conversation if spoken slowly and with a sound tone that I can recognise and make sense of. I usually respond by humming or making throaty sounds' and 'When I need assistance I will take staff by the hand and lead them to the area in which I need help'. Care plans also detailed information about what body language or gestures people would display in different scenarios such as when they wanted to eat or if they were upset or distressed. During the inspection, we observed staff interacting well with people and spoke to them in ways that people were able to understand.

There were arrangements in place to ensure people were involved in expressing their views. Records showed there had been formal review meetings with people using the service and their relatives in which people's care was discussed and reviewed to ensure people's needs were being met effectively. Relatives confirmed this and told us "Yes we have a review meeting every six months. It is an open meeting and a chance to exchange opinions and discuss. It is good."

Is the service responsive?

Our findings

Relatives spoke positively about the service and care people were receiving. A relative told us "This is the ideal setting for [Person]. It meets their needs. They have a very good understanding of [Person]."

At our inspection on the 20 October 2015, we found the provider failed to maintain an accurate, complete and contemporaneous record in respect of the care and treatment provided to people using the service. This meant the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

Care plans were individualised and person- centred and included a range of information for each person's needs including; health, care, social skills, community living, finances and communication. Care plans clearly detailed information about people's personal backgrounds, preferences, daily routines, what is important to them and their likes and dislikes. There was information which showed how people's independence was encouraged by providing prompts for staff to enable people to do tasks by themselves. For example in one care plan it stated 'I need help with personal care and grooming. I can dress myself with guidance, so that I do not put my clothes on inside-out. Staff encourage me to choose clothes in accordance with the weather.'

Care plans were reviewed monthly and updated when people's needs changed. The registered manager explained that regular reviews enabled staff to keep up to date with people's changing needs and ensured that such information was communicated with all staff. This demonstrated the registered manager was aware of people's specific needs and provided appropriate information for staff to enable them to provide the care and support effectively and safely. When speaking with care workers, they were able to tell us about people's personal and individual needs. However a relative told us "The paperwork seems to something they struggle with and getting it all completed." The registered manager and staff did tell us they felt there was a lot of paperwork to complete but this was being shared amongst staff to make it easier to manage.

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

At our inspection on the 20 October 2015 we found there were activity planners in place however the information was limited and not clear as to what activities people would be involved with. During this

inspection, we found the activity planners had been updated and information was clear as to what activities people were going to be participating in. This was also noted in daily notes that were completed by staff on what activities people had been undertaken. During the inspection, we observed one person was at home, another person went out into the community and had lunch and one person was attending college. Two people using the service were under 30 years old and did not attend day centres although they were taken out to various places such as the park, shopping, bus rides or lunch. We spoke to the registered manager at the last inspection about the need for people to still be engaged with activities outside the home that are meaningful and mentally stimulating for people to develop new skills and social relationships. The registered manager told us they had approached day centres but this had not been successful as some day centres refused to accept people based on potential behaviours that people could display. She also told us they were still speaking with some possible day time activity placements and initial assessment forms had been completed. A relative told us "They do as much as they can. [Person] has one to one sessions where they have a massage and a cooking session. They [management] are always open to suggestions about possible activities with people."

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

Is the service well-led?

Our findings

Relatives spoke positively about the management of the home. A relative told us "They are always there at the end of the phone" and "The input from [providers] has been exceptional."

At our last inspection on the 20 October 2015, we found that there were no effective quality assurance system in place to monitor the quality of the service being provided to people who use the service. This meant the registered manager was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the registered manager sent us an action plan setting out the actions they would take. During this inspection we found action had been taken to meet the regulation.

The service undertook a range of checks to assess the quality of the service and took action to improve the service as a result. We saw evidence that checks had been carried out by the registered manager in various areas such as staffing, premises, records, complaints and supervision. During this inspection we found the provider and registered manager took appropriate action to address some of the issues raised at the last inspection. Care plans and risk assessments had been updated and were more person centred and reflected people's needs and preferences. There was clear information about behaviours people displayed that challenged the service and guidance for staff on how to manage this and keep people safe.

There were systems in place to monitor and improve the quality of the service being provided to people. We found the service obtained feedback from relatives and healthcare professionals via questionnaires in April 2016. We noted the feedback was positive. Comments from family included "I am very happy with [person's] care at Westwood. We get on with staff and we are always informed of any issues. [Person] is well settled. We can visit whenever we want. Staff are friendly at all times."

Comments from visiting healthcare professionals also included "I observe during my visits all staff offering choices and offer a variety of food. The arrangements in place are suitable for [persons] medicinal needs and meal times are according to [persons] diabetic schedule" and "Staff are lovely, respectful and have a good attitude. They also report to us if they have any concerns about the person. [Person] is always clean and look presentable." One healthcare professional commented "The home operates very well. They treat each individual according to their needs and lifestyle. People are always well groomed and clean. The staff here work very well with each other and is very professional and polite" and "If I had a relative who needs this care and support, I would be happy to let them come here. I would recommend this home to others."

There was a management structure in place with a team of care workers, registered manager and the provider. Staff had a positive attitude and felt the registered manager and provider were supportive and approachable. The service had a system for ensuring effective communication amongst staff and this was confirmed by staff we spoke with. Records showed there were staff meetings where staff received up to date information and had an opportunity to share good practice and any other concerns.

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

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