

Mrs Shahnaz Abbasi

Murree Care Home

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 13 and 14 August 2015 and was unannounced. At the last inspection on 2 August 2013 we found the service was meeting the regulations we looked at.

Murree Care Home is a care home which provides accommodation and personal care for up to seven people. The service specialises in the care and support of adults who have learning disabilities and mental health conditions. At the time of our visit there were four people using the service.

The home is owned by an individual who is also responsible for managing the service. A registered provider is a person who has registered with the Care Quality Commission to manage the service. Registered providers 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.

Summary of findings

People's safety was not fully protected because recruitment practices were not robust and information on staff member's physical and mental health was not available.

Risks to people's health, safety and wellbeing were not always identified and assessed, therefore strategies for reducing risk and helping keep people safe were not in place.

There were quality monitoring systems in place however, these were not always effective in identifying areas where the quality of the service was not so good or used to make improvements.

People's safety was not fully supported as those who were prescribed medicine to take as needed did not have a protocol in place that provided guidance for staff to follow to ensure people received their medicines consistently. We have recommended that the provider use best practice guidance to improve this area.

Staff had received safeguarding training. They told us they understood how to recognise the signs of abuse and knew what action they needed to take to ensure people were protected if they suspected they were at risk of abuse or harm.

There were sufficient levels of trained and well supported staff to meet people's needs. Relatives told us staff had a good understanding of their family member's needs and preferences.

The Care Quality Commission (CQC) 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 when a Deprivation of Liberty Safeguards (DoLS) authorisation application should be made and how to submit one. This helped to ensure people were safeguarded as required by the legislation.

People were supported to keep healthy and well. Their health was monitored and they had access to healthcare services to meet their needs when required.

The staff encouraged and supported people to eat and drink sufficient amounts that met their individual preferences and reduced the risk to them of malnutrition and dehydration.

People were supported by caring staff who respected their privacy and dignity and promoted their independence. People were involved in decisions about their care, treatment and support needs.

People were supported to access fulfilling social and educational activities which were of interest to them. People were encouraged to maintain relationships with the people that were important to them.

The provider had arrangements in place to respond appropriately to people's concerns and complaints. Relatives told us if they had any concerns that they would speak to the staff and they would be listened to.

The manager promoted a culture that respected and valued each person. People, relatives and staff said the home was well run, spoke positively about the manager and how they ran the service in an inclusive and transparent way. People using the service and their relatives were encouraged to give feedback on the service so that the service could be developed and improved for people.

We found a number breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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 not consistently safe.

People were at risk of harm because safe recruitment practices were not always followed.

Risks to people were not always identified and management plans were not in place to mitigate the hazards they might face.

People's safety was not fully supported as those who were prescribed medicine to take as needed did not have a protocol in place that provided guidance for staff to follow to ensure people received their medicines in a way that was safe.

There were sufficient numbers of suitably trained staff to keep people safe and meet each person's individual needs and preferences.

Staff knew about their responsibilities to safeguard people and how to report suspected abuse.

Requires improvement



Is the service effective?

The service was effective.

People received care and support from staff who had been appropriately trained and who had a detailed knowledge about people's needs.

People were encouraged to drink and eat sufficient amounts to reduce the risk to them of malnutrition and dehydration.

People were appropriately supported by staff to make decisions about their care and support needs. The provider met the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) to help ensure people's rights were protected.

Good



Is the service caring?

The service was caring.

People were treated with respect and dignity and independence was promoted wherever possible.

Staff had a good understanding and awareness of people's needs and how these should be met. They knew what mattered to people to live a good life.

Staff worked with people and their relatives to understand people's individual needs so they could be involved in their care and support.

Good



Is the service responsive?

The service was responsive.

Good



Summary of findings

People's needs were assessed and care plans developed and reviewed with their involvement. Care was focussed on what was important to the individual and how they wanted to be supported.

People had access to varied social and educational activities. People also regularly accessed the community with support from staff.

There were systems in place to deal with complaints and people and relatives told us if they had any concerns that they would speak to the staff and they would be listened to.

Is the service well-led?

The service was not consistently well-led.

The provider was experienced and knew the service well. She demonstrated good leadership skills, was approachable, open and provided an inclusive and transparent culture at the service. Staff told us they felt well supported and enjoyed working in a positive environment. They were clear about their roles and responsibilities.

Although there were systems to assess the quality of the service provided in the home we found that these were not effective.

Requires improvement



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 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 13 and 14 August 2015 and was unannounced. The inspection team consisted of one inspector. Before the inspection we asked the provider to complete 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 looked at all the notifications and local authority quality monitoring reports we had received about the service since we last inspected on 2 August 2013.

During our inspection we spoke with three people using the service, the provider and three care staff. We reviewed two people's care records. We reviewed records relating to the management of the service including medicines management, staff training, audits, quality assurance and health and safety records. After the inspection we spoke with one commissioner and two relatives and asked them for their views and experiences of the service.

Is the service safe?

Our findings

One person told us they had no concerns about their safety and was able to discuss with staff any concerns about their safety within the service and out in the community. Relatives felt their family members were safe. Comments included; “I have peace of mind now, the staff are very good and have the right attitude to care for my [family member]. “The staff know [family member] well and would know if [family member] was unhappy.” People behaved in a way which showed they felt safe. They smiled and interacted with staff in a positive way.

People were not protected because recruitment practices were not robust. We viewed two staff records. Both records contained completed application forms, references and criminal record checks. However, information regarding the staff members’ physical and mental health was not available. This meant the provider could not be sure people they employed were suitable to work with people using the service.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Whilst the provider carried out a range of risk assessments, there were some areas where these were not completed comprehensively to fully ensure the safety of people and that of others. People were not always provided with safe care and treatment because risks to their wellbeing had not been appropriately assessed. For example, we saw that a risk assessment had not been carried out for a swimming activity. Staff described the actions that they took to keep the person safe, before, during and after the activity. This demonstrated that staff had a good knowledge about the risks involved and the actions that they took to mitigate the risk. However, there was no detailed management plan for staff to follow and ensure a consistent approach to keep people safe. We found that each person did not have their own individualised plan for how they would be evacuated in the event of an emergency such as a fire within the home. People accessed the kitchen with staff support, however the risks to people carrying out this activity had not been assessed and plans were not in place to reduce any potential risks. This showed us that the provider was not doing all that was reasonably practical to mitigate risks.

This was a breach of Regulation 12 (1) (2) (a) and (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People’s care plans contained information about the medicines they were prescribed. This included information about what medicines were prescribed for and administration directions including time, dosage and frequency. We saw records which detailed the quantity of medicines received and disposed of to provide a clear audit trail. We saw appropriate arrangements were in place for recording the administration of medicines. These records were clear and fully completed. The records showed people were getting their medicines when they needed them.

Medicines were stored appropriately in a locked cupboard and stock levels matched those on record. Records showed that regular medicine reviews took place to make sure people were getting the right medicines for their health and wellbeing. Relatives told us their family members received the medicines they needed and said they were kept up to date by the manager when medicines had been changed. Daily and weekly audits to check the administration of medicines were carried out by the staff and the manager to ensure that medicines were being given and recorded correctly. The audits helped staff to identify any issues, which could then be addressed.

However, where medicines were prescribed to be given only as required (PRN), or where they were to be used only under specific circumstances, individual when required protocols, (administration guidance to inform staff about when these medicines should and should not be given) were not in place. For example, we saw that staff administered a PRN medicine to a person for agitation; records were kept of when and why it was administered. Staff were able to describe the circumstances and reasons why they administered the medicine, however the individual protocol to provide staff with information and clear instructions was not available. This meant there was no information to enable staff to make decisions as to when to give these medicines to ensure people were given their medicines when they needed them and in way that was both safe and consistent.

The provider had taken appropriate steps to protect people from abuse, neglect or harm. Training records showed staff had received training in safeguarding adults at risk. Staff knew what constituted abuse, the signs they would look for

Is the service safe?

to indicate someone may be at risk of this and the action they would take, if they had a concern about a person, to protect them. Staff said they would not hesitate in speaking up if they had any worries. Comments from staff included “I would never not report, I have to report it because it is my duty to the people I look after.” And “The people here need us, they would not be here otherwise. If the manager did not do anything if I reported a concern I would contact Hillingdon safeguarding team directly.” They felt that the manager would listen to them and that their concerns would be taken seriously and acted on. Staff said they would feel able to whistle-blow, if necessary, without fear of reprisal. Care plans detailed how individuals needed to be supported to be kept safe, for example a person’s care plan detailed that they required support with having a shower and the number of staff this activity involved.

There were sufficient numbers of staff available to keep people safe and meet their needs. One person told us that

staff were always available to provide support. Both relatives said they felt there were enough staff on duty. Comments we received included “There is always two staff during the day and sometime three.” And “I have always seen two staff on duty. There are always staff with people when they go out.” Relatives we spoke with confirmed that they had seen a member of staff always present with people when they were in the communal areas. We checked the staff rota during the inspection and noted staffing levels had been planned which took account of the level of care and support each person required in the home and community. We observed staff were present in the home throughout the day. When people needed help or assistance, staff responded promptly. Staff we spoke with confirmed that there were always enough staff on duty.

We recommend that the registered provider seeks and follows advice and guidance from a reputable source, regarding medicines management in care homes.

Is the service effective?

Our findings

People received care from staff that were appropriately trained and supported. One person told us the staff provided care and support in the way they wanted. They told us they were happy living at the service. Relatives we spoke with also felt staff knew what they were doing and had a good understanding of how to meet their family member's needs. Comments included "They are very patient and take their time with my relative, they never rush." And "I'm confident they know what they are doing, the provider has experience of looking after people with mental health conditions and learning difficulties."

Two members of staff told us they had received a thorough structured induction when they started to work at the service. They said this had included training and working alongside other staff members and the manager. Records showed that staff competency was assessed by the manager. This was confirmed by both staff. Staff we spoke with said they had received training and support that had helped them to understand their role and responsibilities and the needs of people they supported. We looked at training records which showed staff had completed a range of training sessions which were relevant to the needs of people they were supporting. Staff told us they had regular supervision and appraisal meetings about their individual performance, professional development and any issues relating to the care of people at the service. This showed us that people received effective care because staff had received appropriate training and supervision and had the knowledge and skills necessary to meet the needs of the people they supported.

People's consent was sought before staff provided care and support and staff respected people's decisions. A person told us "We are never made to do anything that we don't want to do". Staff told us that they always asked people's permission before undertaking any task on their behalf or with them. For example, one staff member said "You have to have their permission first before you can do anything, if they don't give you permission you can't force them to do anything". Another staff member described how a person who could not communicate verbally gave consent through facial expressions, noises and gestures to ensure they had agreed to staff carrying out care and support.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a

process to make sure that people were only deprived of their liberty in a safe and least restrictive way, when it is in their best interests and there is no other way to look after them. We asked the manager and staff about their responsibilities in relation to the Mental Capacity Act (2005) and DoLS. The manager told us they had made applications to the local authority for authorisation for deprivations that were in place for some people. For example, where people required one to one support in the community. One person told us there were no restrictions on their freedom and they could come and go as they wanted.

People were supported to have a balanced diet, staff recorded people's weights and where risks to people had been identified they had been referred to the GP. One person said "The food is lovely, the staff cook well and they know what I like." Care plans detailed people's food and drink preferences, the level of support individual people required, any risks associated with eating and drinking and the type of equipment people required to promote their independence. For example, staff used a plastic spoon and cup for a person to ensure injuries were minimised to their mouth. Meals were prepared in line with people's choices and preferences and staff encouraged people to be involved in developing the menu. Where people could not verbalise their choices staff used picture menus to support them. A relative told us the staff had encouraged and supported their family member to eat well and stay healthy. They also told us that vegetarian meals were provided to meet their family member's religious needs. Staff told us they encouraged people to eat a healthy and balanced diet and monitored this closely through records they kept.

People's health and welfare was monitored and they were referred to healthcare professionals as required in a timely way to make sure people received the necessary support to manage their health and wellbeing. Care records confirmed that people had received input from healthcare professionals including GP, podiatrist, dentist and psychiatrist, to ensure their healthcare needs were being met. Relatives told us the staff were proactive in arranging GP appointments if their family member was unwell or there had been a change in their general condition. We saw that staff acted on any changes and advice provided by the GP such as administering antibiotics for an infection.

Is the service caring?

Our findings

People appeared content and looked well cared for. Relatives told us their family members were supported by caring staff. One relative said, “The staff are very good, caring and kind.” Another said “My family member looks happy and that is important to us. I know they are looking after [family member] well, they have a very good approach.”

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, respectful and there was an understanding from the staff of people’s individual needs and ways of communicating. Staff gave time to people to express themselves. For example, we saw a person telling staff what their plans were for the day and what time they would be returning to the service.

People were included in their care. We saw staff talking with people and seeking people’s permission before carrying out any support for example, staff asked a person if they could move them into another room and whether they wanted to self-propel their wheelchair or wanted staff to move them. Both relatives told us they felt fully involved in their family member’s care, attended review meetings and they were kept informed about changes in their care

and condition. Staff supported people in maintaining relationships with their friends and family members and relatives told us they were made welcome when they visited the service. People’s care plans included information about those who were important to them.

People were supported in promoting their independence according to their individual abilities. Some people were able to attend to their personal care needs. Where people required full staff support with their personal care needs, staff gave us examples of how they promoted independence, such as encouraging a person to hold their flannel whilst they put shower gel on it and encouraging a person to use their walking aid to maintain their mobility.

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. Relatives also said staff treated their family member with respect and dignity. Comments we received included “[Family member] is always clean, well presented and I know staff change [family member] clothes during the day if they need to.” And “[Family member] looks so well compared to where they lived before, clean, shaven and happy.”

Is the service responsive?

Our findings

People's needs were assessed and staff responded to people's needs in line with their individual care plans. People's care plans contained information about the person, such as their history, health, social, emotional, cultural and spiritual needs. People's likes, dislikes and preferences were recorded so that staff could provide individualised care. Care records provided a good picture of each person, their needs and how these were to be met. People's individual needs were regularly reviewed, recorded and any changing healthcare needs were responded to, for example mobility aids had been purchased for a person whose mobility needs had changed. People's physical, mental and emotional well-being was monitored and advice was sought from other healthcare professionals.

People's diverse needs were respected. Care records included details about people's ethnicity, preferred faith and culture. People were provided with cultural foods of their choice and supported to follow their chosen faith. For example, where people required specific types of food such as vegetarian this was provided. A person was supported to attend the Hindu temple and another person's care plan detailed how staff could support them to attend religious services at the Mosque if they wished to go. Staff knew the importance of respecting people's diverse needs and choices.

People were supported to pursue activities and interests that were important to them. Each person had an activity

programme and people were supported to undertake activities, such as going swimming, attending classes at college, attending clubs, visiting the park and visiting family and friends. One person told us that they participated in shopping and assisting in food preparation and that this was important to them.

People's views were taken into consideration and appropriate action taken to ensure the service was responsive to their needs. People had monthly meetings with their keyworker where they could discuss their care and support needs and go through their care plan. We saw that these meetings were recorded and allowed staff to track people's progress and review any actions that people wanted to achieve from the previous meeting to ensure they were completed. Relatives told us they were invited to review meetings and that staff kept them informed of changes in their family member's condition or support, along with any progress they had made.

A person told us they were confident to speak out if they had any concerns or complaints. They told us they could speak with any of the staff and the manager. The provider had a policy and procedure in place for dealing with any concerns or complaints. The procedure outlined how people could make a complaint and the steps taken by the provider for dealing with this. This was made available to people, their friends and their families. Relatives told us they were confident if they raised a complaint it would be dealt with appropriately. The manager told us that there had been no complaints within the 12 months prior to our inspection.

Is the service well-led?

Our findings

People's relatives and staff described the service positively. Relatives told us they found the manager to be approachable and open to any suggestions they had made so that improvements could be made to the service. Comments we received included "You can just pick up the telephone and speak with the manager." And "I have every confidence in the service and I know my family member is well looked after." We spoke with a commissioner of the service who told us the manager engaged with them regularly, respected their professional judgement and responded well to any advice given.

Systems to assess, monitor and improve the quality and safety of the service or identify and manage risks to people's safety were not effective. For example, care record audits had not identified that some risks to people's safety had not been appropriately assessed. Staff recruitment practices were not robust and information on staff member's physical and mental health was not available. Our findings during the inspection showed that the quality assurance system was not always effective because issues identified at the time of our inspection had not been recognised during the internal auditing process.

This was a breach of Regulation 17(2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager was visible and inclusive and spoke with passion about providing a good quality of life for the people at the service. All the staff we spoke with said they enjoyed working at the service and were committed to providing good quality care and support to people. They told us they felt they made a positive difference to the experiences of the people living at the service. They said the manager was approachable, worked alongside them and they felt able to express their views about how the service could be improved. Staff had a good understanding

and awareness of their roles and duties in relation to delivering good quality care at the home. One member of staff said "We are a good team, the manager has helped me gain confidence, you can speak with her and she listens." Another member of staff said "The manager is a good leader. She is always prepared to help you and offer guidance."

The provider was also managing the service and had been in post since October 2010 when the service was registered. She was supported by a team of care staff. The provider was very experienced and had a detailed knowledge of individuals, their needs and had developed strong relationships with local health and social care professionals. The service had notified the Care Quality Commission (CQC) of significant events which had occurred in line with their legal obligations in a timely manner.

People and their families were asked for their views about their care and support and they were acted on. Feedback was sought through care plan review meetings, individual meetings and by completing feedback questionnaires. All completed questionnaires we viewed were positive.

Staff meetings took place every month or on an ad hoc basis if specific information needed to be communicated. Staff told us they had the opportunity to feedback their views either at staff meetings, in supervisions or appraisals, or by approaching the manager directly. July and June 2015 minutes showed a variety of issues had been discussed, including the development of the service, people's care and support needs and staff training and development. This showed that staff were kept fully informed about any issues that needed to be discussed.

We viewed quality monitoring reports of visits conducted by the local authority and saw that the recommendations to improve the service had been actioned. This showed us the service worked in partnership with other organisations to make sure they were making improvements in providing a good service to people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The registered person did not operate effective recruitment procedures in order to ensure that no person was employed for the purposes of carrying on a regulated activity unless satisfactory information about any physical or mental health conditions was available.

Regulation 19 (1)(3)(a), Schedule 3 (8) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered person did not ensure care was provided to people safely through assessing the risks to their health and safety, doing all possible to mitigate these risks.

Regulation 12(1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person did not effectively operate systems to assess, monitor, make improvements and mitigate the risks relating to health, safety and welfare of service users.

Regulation 17(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.