Heritage Care Limited

80 Meridian Walk

Inspection report

80 Meridian Walk
London N17 8EH
Tel:
Website: www.heritagecare.co.uk

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

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This inspection took place on 7 October 2015 and was unannounced. The previous inspection was on 17 October 2013 and the service was meeting all standards inspected at that time.

This care home provides accommodation and care to up to six people who have a learning disability, who also have a physical disability and associated health conditions. Four of the six people use a wheelchair at all times. At the time of this inspection there were three men and three women living in the home in single bedrooms with en-suite facilities and the equipment needed to support them such as hoists and a lift.

The service 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. The provider, Heritage Care Ltd, runs twenty-eight registered care services.

Summary of findings

We found people were cared for by staff who knew their needs well. Staff supported people with their physical and health needs, medicines, personal care and leisure needs. Staff knew people well including their individual likes and dislikes.

People's care plans contained information setting out how each person should be supported. People living in the home had limited communication so staff ensured they got to know them well and involved their families in planning their care.

Senior staff from Heritage Care Ltd visited the home on a regular basis to carry out audits and tell the registered manager what improvements were needed. They then checked if the improvements were made at the next meeting.

We found this service was meeting all the regulations inspected and providing a good standard of care.

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?

Good

The service was safe. Staff had assessed risks to each person's health and safety. There was guidance for staff on how to minimise risks to people's safety.

Staff knew people's needs and there were enough staff on duty to meet their assessed needs.

Staff were knowledgeable about safeguarding people from any potential abuse and whistleblowing which meant they were able to raise concerns appropriately to protect people in the home from unsafe care.

People received their prescribed medicines correctly as the management of medicines in the home was safe.

The building was well maintained and fully accessible for people with a physical disability.

Is the service effective?

Good

The service was effective. Staff were trained to support people with all aspects of their care.

People's nutritional needs were met using staff knowledge of their preferences and guidelines written by a speech and language therapist on each person's eating and drinking support needs.

Staff supported people to see healthcare professionals regularly and supported them in the service to look after their health. They also supported them when they had hospital stays by providing one to one support in hospital.

Is the service caring?

Good

The service was caring. Staff demonstrated good understanding of people's individual preferences and support needs and formed positive relationships with people. People were relaxed and comfortable in the home.

Staff respected people's diverse backgrounds and supported their relationships with their families.

Is the service responsive?

Good

The service was responsive. People had person centred care plans. Staff supported people to go out to different places that they liked to go to. People had access to physiotherapy, speech and language therapy, sensory activity and massage in the home.

The service had a complaints procedure which was available to families and they said they felt able to raise any concerns and would receive a good outcome.

Is the service well-led?

Good

The service was well led. Staff felt able to approach the registered manager for advice and support. The registered manager had managed the home for a number of years and knew all the people in the home well. He was knowledgeable about all aspects of his role and making continuous improvements to ensure a good quality of care was provided.

People's relatives and professionals outside the home had a good relationship with the registered manager. The provider carried out regular audits and made plans for improvements.

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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 unannounced inspection took place on 7 October 2015. The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience was knowledgeable about the needs of people with profound and multiple disabilities.

Before the inspection we reviewed all the information we held about this service, including the notifications sent in by the provider over the past 12 months, previous inspection reports and information provided to us by the local authorities and professionals involved with people living in the home. 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 used a number of different methods to help us understand the experiences of people living in the service as they were unable to tell us their experience. One person was in hospital at the time of the inspection and three people were on holiday. We spent time observing how staff interacted with the remaining two people in the communal areas. We were able to spend time with these two people to assess their wellbeing.

We looked at three people's care records in detail. We also carried out pathway tracking which involved reading care records to see whether the plans for people's care were actually taking place and discussing these with staff and the person's family. We spoke with the registered manager, deputy manager and two staff members on duty. We contacted the relatives and professionals for people living at the home to ask for their views on the home. Everybody living in this home had regular contact with their relatives. We were able to get the views of two professionals and the relatives of five of the six people living in the home.

We also checked menus, two staff recruitment files, staff duty rosters, staff training, supervision, appraisal and meeting records, accident and incident records, quality audits, selected policies and procedures and medicine administration record charts.

Good

Is the service safe?

Our findings

Staff were trained in safeguarding people from the risk of abuse. There were procedures in place to manage people's money safely to reduce any risk of financial abuse. As people in the home were not able to talk to us we asked their relatives who saw them regularly for their views. They all thought that people were safe and protected from the risk of harm.

People had risk assessments in place to advise staff on the risks to their safety and wellbeing. Staff had good knowledge of people's needs and were able to tell us the risks for each person. All staff had completed emergency first aid training.

People's medicines were managed safely. Medicines were stored securely and all the staff who gave people their medicines were trained in medicines management. A list of people's medicines and possible side effects were kept in their files for staff to read. One person's medicines were crushed on written advice from their GP.

The staffing level at the time of the inspection was three staff on duty during the day and one awake on duty at night with another staff member sleeping in the home and available to help if needed. Staff worked 7am to 11am and 2pm to 9.30pm. Between 11am and 2pm there were no staff during the week as everybody went out to day services during the day. We considered that the level of staffing was low for this group of people who all had complex needs and required full support with personal care. The registered manager told us that the provider considered this staffing level to be sufficient to meet people's needs. We did not find any evidence of people's needs not being met.

Staff recruitment records showed that appropriate checks had been taken out on new staff before they started work including criminal record checks and references.

The building was safe and health and safety audits were undertaken to identify any risks. Staff were aware of the safety risks for each person and ensured their rooms were personalised safely and they had equipment to keep them safe, for example bedrails, specialist beds and chairs and trip hazards were removed from rooms. One person had equipment in place which alerted staff if they got out of bed so that staff could go and support them to ensure their safety.

We noted there was no guard to prevent people from touching the hob in the kitchen area. The registered manager and staff members told us that people had never approached the hob and they did not consider this a risk as a staff remained at the cooker when preparing meals.

The home was clean and there were no infection control concerns. Clinical waste was disposed of safely. The 2015 food hygiene rating for the service was five stars. The electrical wiring, legionella, fire and gas safety checks were up to date and showed no concerns. Equipment such as the lifts, hoists and people's own equipment was checked regularly for safety. The fire alarm system was recently inspected and found to be in good working order and fire doors, emergency lighting and the fire alarm were checked weekly by staff.

Good

Is the service effective?

Our findings

Relatives told us they thought staff had the skills and knowledge to meet their relative's needs. The provider had a training calendar so that the registered manager could see what training was available for staff and he kept good records of the training staff attended. Staff were trained in topics relevant to the job. Training was booked for staff in communication and supporting people with eating and drinking which was planned to take place soon after the inspection. A member of staff explained that induction included shadowing an experienced member of staff and reading the care plans and more recently watching videos of individuals. A senior staff member was undertaking management training and the registered manager was suitably qualified for the role.

Staff said they felt supported and some had worked at the home for years so knew people well.

A relative confirmed; "they have some who have been there a long time." Another relative said, "yes I do believe they understand his needs. They've all been there for some time and they do know him well." Fifty percent of staff had an appraisal in the last year and the others were planned. Staff had regular supervision with the registered manager.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager had applied for Deprivation of Liberty authorisations for all six people living at the home. We saw evidence that the local authority had received the applications but these had not yet been authorised. The provider had trained staff in understanding the Mental Capacity Act in general and the specific requirements of the Deprivation of Liberty Safeguards. Staff understood the need to check that people consented before providing care. As people in this home were unable to use verbal communication staff had to interpret their behaviour and facial expressions to see if they consented to what staff were doing.

People received good support with their eating and drinking. Two relatives told us they thought the food was good. There was a menu plan and records were kept of what people ate so that staff could monitor that they were eating and drinking enough. Three people had dysphagia (difficulty with swallowing) and staff had attended emergency first aid training so were able to respond if somebody choked. People living at the home had written guidelines from a speech and language therapist who had assessed their needs. The guidelines were printed onto each person's placemat so that staff supporting them to eat knew exactly how to support them to eat and drink safely.

Staff knew people's physical health needs. Staff supported people to see healthcare professionals when they needed to. They kept detailed records about all health appointments so that all staff knew about people's current health. Relatives said that staff ensured people saw the GP when unwell. The registered manager reported that the service had a good relationship with the GP and local pharmacist. Everybody went to a specialist dentist when needed, at a local hospital. A dental hygienist had trained all staff in supporting people with oral hygiene. People saw a physiotherapist either in the home or at their daycentre when needed. Staff were trained in administering rescue medicines for emergencies when a person had a seizure.

One person was in hospital at the time of the inspection and staff were providing support to them in the hospital, sharing this support with the person's relatives.

People in the home needed full support with all aspects of personal care. The standard of care was good though two relatives said staff could be more proactive in some areas such as nail trimming and shaving.

Good

Is the service effective?

The building was purpose built for people with a disability so was fully wheelchair accessible and had a lift. Each person had an adapted bathroom to meet their needs and there were ceiling hoists and portable hoists to help people transfer from their wheelchair to bed.

Good

Is the service caring?

Our findings

We asked relatives of people living in the home for their views on the care provided. One relative told us, " the staff are very caring people who have been there long term. I've no complaints."

Other relatives commented, "I have no concerns, no problems with the staff. They are very caring" and, " I know they're very caring as he's very happy there" and, "they know everyone there very well."

Relatives said that staff communicated with them regularly though one relative had some difficulties in communication as they had to bring somebody who spoke English with them or the registered manager arranged for a member of staff from another service to interpret.

We saw staff acted in a caring way towards the two people who were at home on the day of our inspection. The staff spoke quietly to people and respected their wishes. When people arrived home from daycentres staff helped them take off their shoes and offered them drinks then left them to relax in their preferred seats. Both people were content and relaxed during the time we spent with them.

Staff worked hard to try and find effective ways to communicate with people. They used the services of a speech and language therapist to help with this. One person who was deaf-blind was being supported to try a new communication system. Staff were booked onto training about communicating with people who have profound and multiple disabilities.

Staff were able to tell us about people's preferences and one member of staff told us, "we need to find ways to involve them and encourage them. I try to make myself in that person's place."

People did not always have a choice about whether they were supported by male or female staff as sometimes there were no male staff on duty. Relatives did not raise any concerns about this. One said, "[my child] doesn't mind or care about the gender, just that you do his care and treat him well."

People came from a variety of cultural and religious backgrounds and their diverse needs were respected. Staff had attended training in equal opportunities and diversity. The registered manager said that they use a member of staff who works in another service to make calls to one person's relatives who did not speak English.

Staff were aware of the religious background that each person came from and celebrated some festivals in the home. The registered manager told us that people who were Muslim celebrated Eid with their families. Staff supported one person to attend church but other people did not practise any religion.

Staff supported people's right to privacy. People spent time alone in their rooms if they chose to and staff did not go into people's rooms without good reason.

Good

Is the service responsive?

Our findings

The service was responsive to individual needs and preferences. The registered manager and staff knew people's needs and preferences well and were able to tell us how they communicated, where they liked to sit, what they liked to eat and how they liked to spend their time. Staff supported people's relationships with their families. Another member of staff explained, "People can visit whenever they want. We have some parents who come every weekend. They are very involved. The only thing is to ring first in case they're going out." One person's relatives lived outside London and the registered manager had arranged a holiday in that area so that this person could see their relatives. The relative said they really appreciated being able to see them every day during that holiday as they were not able to visit the care home often.

A relative told us '"[x] goes out a lot, has regular days at the centre, I know [x] likes that too. But they go on their own outings, they don't always go out as a group you know."

People's ability to go out was determined by staffing levels but staff were able to give us examples of good person-centred activities. One example was staff supporting somebody to go and watch their favourite TV programme being filmed. People went out for meals, to the cinema, shopping and to local parks. Everybody had the opportunity to go on holiday every year, two people had recently been on holiday and three people were on holiday when we visited; one with their family and the other two with staff from the service. In the home, people listened to music, had sensory activities and two had regular massages from a visiting massage therapist.

Staff on duty had a person-centred approach. A member of staff told us, "'it's all about the individual. Does everyone have to be up at 7.30? Why ? We get to know everyone, read their support plan and their care plan. What does that tell us about them? How can we support them better?" A member of staff explained how one of the residents "doesn't use words, but can hold his cup with one hand and push under it with his left hand. This means he controls how much he drinks." This was an example of staff encouraging people to be as independent as they were able to be.

Care plans had detailed information about people's needs and preferences. Staff had good knowledge of individual care plans. One person's care plan was overdue to be reviewed as it was dated June 2014 and at least one item in it had changed since then. We saw that this plan was in the process of being updated. The goals in the care plans were not well developed but the registered manager told us they were working on improving this.

There had been no complaints since the last inspection. We asked people's relatives if they felt able to complain. One said, "well if I had to, I would talk to the manager. If I'm not happy I'm sure I could find someone higher, but there's no need." Five families visited regularly and there was a poster called "Got a problem?" displayed to inform them how to raise concerns and complaints.

Good

Is the service well-led?

Our findings

Staff said they were supported well by the registered manager and deputy and enjoyed working for Heritage Care Ltd. There was good leadership in the home by the registered manager. One relative said, “the manager is always there.”

Records in the home were kept in well organised files. The registered manager had prepared for an inspection by the Care Quality Commission by developing files of evidence to show how the service was safe, effective, caring, responsive and well led. At the last annual team day the registered manager had trained the staff team in understanding the new regulations and inspection methodology.

Records were kept of the care provided to people every day including details of what they ate and drank so that staff could monitor their health and wellbeing on an ongoing basis.

The provider’s audits highlighted any areas that needed to be improved and set out actions for the registered manager to follow. They had highlighted in August 2015 that person-centred care plans needed to be reviewed with goals within four months and we saw that this work was in progress.

The provider had a “Get connected” group operating on a regional and national level which involved staff and people who use services with the aim of enhancing services and people’s lives.

There was evidence the service learned and developed from feedback from outside parties. The registered manager explained how they were improving the care plan files following feedback from a professional.

The registered manager said that surveys had not been successful in seeking feedback so staff sought relatives’ feedback on an informal basis as they had regular contact.

A professional involved with the home told us that their client's familywere very happy with the service and and that the service was well run and organised with staff who were very friendly and helpful.” One comment was, “We are very pleased with the service that we know Meridian Walk provides and the professional relationship we have with them.”