

# Medstar Care & Support Limited

## Beaconsfield Road

### Inspection report

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Date of inspection visit:

01 August 2023

08 August 2023

23 August 2023

Date of publication:

30 October 2023

### 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 expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Beaconsfield Road is a residential care home providing personal care to 4 at the time of the inspection. The service can support up to 4 people. The service worked with people living with a learning disability and/or autistic spectrum disorder. The home is a large, detached house in a residential area of Enfield, North London. Each person had their own room and there was a large well-kept back garden.

### People's experience of using this service and what we found

#### Right Support:

Staff supported people to have the maximum possible choice, control and independence be independent and they had control over their own lives. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. Staff supported people to achieve their aspirations and goals. The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs. People had a choice about their living environment and were able to personalise their rooms. Staff enabled people to access specialist health and social care support in the community. Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

#### Right Care:

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe. Staff understood people's individual communication needs. People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life.

#### Right Culture:

People received good quality care, support and treatment because trained staff and specialists could meet

their needs and wishes. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. People and those important to them, including advocates, were involved in planning their care. Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 18 April 2020).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Beaconsfield Road on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Beaconsfield Road

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by 1 inspector.

#### Service and service type

Beaconsfield Road is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Beaconsfield Road is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. At the time of the inspection, the registered manager was not present due to a period of planned leave. The inspection was supported by the deputy manager.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 1 August 2023 and ended on 23 August 2023. We visited the location on 1 August 2023.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the deputy manager, a team leader, 2 care staff and 3 people's relatives. People using the service were unable to speak with us because of their complex needs. We observed interactions between people and staff to gain an understanding of people's experience of their care. We looked at 2 people care and support records and risk assessments, 4 people's medicines records, 3 staff records including recruitment, supervisions and appraisal.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- Relatives told us they felt their loved ones were safe living at Beaconsfield Road. One relative said, "I think [Person is safe] because they know how [Person] has no sense of danger and what [they] can do if [they] becomes challenging. They know what to do so I think [Person] is safe."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well.
- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions.
- People's care records helped them get the support they needed because it was easy for staff to access and keep high quality care records. Staff kept accurate, complete, legible and up-to-date records, and stored them securely.
- Staff assessed people's sensory needs and did their best to meet them.
- Staff could recognise signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe.
- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.

Staffing and recruitment

- The service had enough staff, including for one-to-one / two-to-one support for people to take part in activities and visits how and when they wanted.
- The numbers and skills of staff matched the needs of people using the service.
- Staff recruitment and induction training processes promoted safety. Staff knew how to take into account people's individual needs, wishes and goals.
- There was a low turnover of staff which meant people received a continuity of care. A relative said, "There is consistency with the staff, they seem to retain staff, and this really gives stability to [Person]. If there is a change in circumstances or change of routine, he can become distressed."
- Staff were recruited safely. Staff files showed recruitment checks including two written references, an application form with any gaps in employment explored, proof of identity and a Disclosure and Barring Service check (DBS). DBS checks provide information including details about convictions and cautions held

on the Police National Computer. The information helps employers make safer recruitment decisions. The service did not use agency staff at the time of the inspection.

#### Using medicines safely

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- Staff understood how to use other methods such as talking and distraction when people experienced periods of distress. A relative commented, "Staff are really well tuned into [Person's] behaviour and what it means."
- People could take their medicines in private when appropriate and safe.
- Staff followed national practice to check that people had the correct medicines when they moved into a new place, or they moved between services.
- Staff reviewed each person's medicines regularly to monitor the effects on their health and wellbeing and provided advice to people and carers about their medicines.
- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.
- People's medicines were reviewed regularly. Staff were aware when people's medicines needed to be reviewed and followed up with healthcare providers.

#### Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements to keep the premises clean and hygienic.
- Staff used personal protective equipment (PPE) effectively and safely.
- The service made sure that infection outbreaks could be effectively prevented or managed. It had plans to alert other agencies to concerns affecting people's health and well-being.
- The service's infection prevention and control policy was up to date.
- All relevant staff had completed food hygiene training and followed correct procedures for preparing and storing food.

#### Visiting in care homes

- There were no restrictions on visiting and people's family and friends were able to visit when they wanted to.
- Relatives told us they were able to visit whenever they wanted but also usually called first in case people were out or had an appointment.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff completed a comprehensive assessment of each person's physical and mental health either on admission or soon after.
- There were clear transition plans in place such as social stories and staged visits when someone moved in. For one person, it was important their room was already set up with their belongings, furniture they wanted and colour before they moved in. Staff ensured this was done to help the person feel comfortable.
- One relative spoke about how important it was for them to be near to the home so they could visit regularly.
- People had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations, included physical and mental health needs. People, those important to them and staff reviewed plans regularly together.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.
- Staff ensured people had up-to-date care and support assessments, including medical, psychological, functional, communication, preferences and skills.

Staff support: induction, training, skills and experience

- People were supported by staff who were well trained and understood best practice in supporting people with a learning disability and/or autism.
- People who lacked capacity to make certain decisions for themselves or had fluctuating capacity had decisions made by staff on their behalf in line with the law and supported by effective staff training and supervision.
- Staff were knowledgeable about and committed to deploying techniques that promoted the reduction in restrictive practice.
  - Updated training and refresher courses helped staff continuously apply best practice. The service checked staff's competency to ensure they understood and applied training and best practice.

Supporting people to eat and drink enough to maintain a balanced diet

- People received support to eat and drink enough to maintain a balanced diet.
- People's care plans clearly documented what they enjoyed and did not like around food and drink.
- Staff encouraged people to eat a healthy and varied diet to help them to stay at a healthy weight.
- People with complex needs received support to eat and drink in a way that met their personal preferences as far as possible.

- People were able to eat and drink in line with their cultural preferences and beliefs.
- People enjoyed the Friday tradition of a take-away and chose what they wanted such as, fish and chips and West Indian food.

#### Adapting service, design, decoration to meet people's needs

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's sensory and physical needs.
- People were able to move around easily because there were visual aids in their home and staff had arranged the furniture to support this.
- People personalised their rooms and were included in decisions relating to the interior decoration and design of their home.
- Following the extremely hot weather last summer, the provider installed air conditioning in communal areas and sensory room to ensure people were able to access appropriate temperatures during summer months.
- The home had a large sensory room with lighting, cushion and music if required. People often went into the sensory room to help them if their environment became too stimulating or just to relax.

#### Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to live healthier lives and staff encouraged people to maintain their wellbeing both physically and mentally.
- People had health actions plans/ health passports which were used by health and social care professionals to support them in the way they needed.
- People were supported to attend annual health checks, screening and primary care services
- Multi- disciplinary team professionals were involved in/ made aware of support plans to ensure people's needs and wishes were being met.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives.
- Staff knew [people well and quickly recognised if they were becoming unwell. A relative said, "I have found staff really proactive in how they respond to emergency and his health. We are always informed about what is going on."

#### Ensuring consent to care and treatment in line with law and guidance

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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA.
- Staff ensured that an Independent Mental Capacity Advocate was available to help people if they lacked

capacity and they had nobody else to represent their interests.

- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented.
- For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions.
- Staff demonstrated best practice around assessing mental capacity, supporting decision-making and best interest decision-making. A staff member told us the MCA meant, "The ability for clients to make judgements and decisions for themselves. If not, it's about how they are supported. It's to support vulnerable people to make as many decisions for themselves as possible."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff saw people as their equal and created a warm and inclusive atmosphere.
- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to.
- Staff were calm, focused and attentive to people's emotions and support needs such as sensory sensitivities.
- Staff were mindful of individual's sensory perception and processing difficulties. Staff ensured people were protected from exposure to any environmental factors they would find stressful. For example, one person who found loud noises distressing used ear defenders to help reduce noise stimuli.
- We observed staff members showed warmth and respect when interacting with people. Relatives felt staff knew people well and understood their needs. A relative said, "Yea, I think they [staff] do know [Person] well...and how to work with [them]." A staff member told us, "The nature if the job is quite challenging but the passion for the job is great and making sure the service users have a good time. We get to know more about them everyday."

Supporting people to express their views and be involved in making decisions about their care

- People were given time to listen, process information and respond to staff and other professionals. Staff supported people to express their views using their preferred method of communication.
- Staff took the time to understand people's individual communication styles and develop a rapport with them. People were enabled to make choices for themselves, and staff ensured they had the information they needed.
- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics e.g. due to cultural or religious preferences.
- People, and those important to them, took part in making decisions and planning of their care and risk assessments
- Staff supported people to maintain links with those that are important to them.

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences, develop new skills and gain independence.
- Staff knew when people needed their space and privacy and respected this.
- Staff understood that helping people with everyday skill and promoting their independence supported well-being. A staff member said, "We want to make sure the clients have a good life, we want to improve their living skills and make their life better. We will also promote daily living skills and help them do as much

for themselves as they can. Such as helping with laundry. For example, I encourage [Person] to put his dirty laundry in his basket and help him fold and where to put his clothes. He does that now!"

- Surveillance in communal areas was used positively to promote the independence of people using the service.
- We observed staff asking people if they needed help with tasks and ensuring people were able to do as much as they could for themselves.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff provided people with personalised, proactive and co-ordinated support in line with their communication plans, sensory assessment and support plans.
- Staff discussed ways of ensuring people's goals were meaningful and spent time with people understanding how they could be achieved.
- Staff offered choices tailored to individual people using a communication method appropriate to that person. Staff spoke knowledgeably about tailoring the level of support to individual's needs.
- Each person had a section in their care plan where their goals and aspirations were documented. Staff understood how to support them in working towards achieving their goals and aspirations.
- The service met the needs people using the service, including those with needs related to protected characteristics.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff ensured people had access to information in formats they could understand.
- There were visual structures, including photographs, use of gestures/symbols/ and other visual cues which helped people know what was likely to happen during the day and who would be supporting them.
- People had individual communication plans/ passports that detailed effective and preferred methods of communication, including the approach to use for different situations.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to participate in their chosen social and leisure interests on a regular basis.
- People had individual activity plans tailored to things they enjoyed. This included, Zumba, snooker and day trips.
- Staff provided person-centred support with self-care and everyday living skills to people.

- Staff ensured adjustments were made so that people could participate in activities they wanted to.
- People were supported by staff to try new things and to develop their skills.
- Staff helped people to have freedom of choice and control over what they did.

#### Improving care quality in response to complaints or concerns

- There were clear systems in place to address complaints. People and those close to them had been given information on how to complain in formats that were accessible to them.
- At the time of the inspection, there had been no complaints received by the home.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider/ registered manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.
- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say.
- Managers worked directly with people and led by example.
- Managers promoted equality and diversity in all aspects of the running of the service.
- Staff felt able to raise concerns with managers without fear of what might happen as a result.
- Staff told us they felt supported and felt the registered manager ensured good teamwork. Staff said, " Oh my god! You would love to work with her [registered manager]! She is straight to the point, very supportive, She listens, that's the bottom line! She makes sure whatever we want to discuss she will help us. She really looks out for the clients, but also the well-being of staff."
- Management and staff put people's needs and wishes at the heart of everything they did.
- We asked relatives what they thought the best thing was about the service. Relatives were positive and one said, "It's not a crowded space the staff are really helpful. I think they manage [Person] and they really know him very well and respond really quickly to crisis. We are informed as parents when anything happens."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs/ oversight of the service they were managing.
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time.
- The provider invested in staff by providing them with quality training to meet the needs of all individuals using the service.
- Senior staff understood and demonstrated compliance with regulatory and legislative requirements.
- At the time of the inspection, there had been no incidents where duty of candour applied. However, the

registered manager was aware of the principles of the duty of candour and the importance of being open and transparent should anything go wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider sought feedback from people and those important to them and used the feedback to develop the service.
- Staff were aware of different ways of gaining feedback from people who may be unable to communicate verbally or in writing. Staff used observation of facial expressions, reactions to things such as food or activities and people's body language. This helped staff tailor people's care and provide a person-centred experience.
- There were regular staff meetings where staff were able to share information, discuss any concerns and share information. A staff member said, "Yes [we have staff meetings] every four weeks. We always share out ideas, opinions and challenges and we find solutions together."

Continuous learning and improving care; Working in partnership with others

- The provider kept up-to-date with national policy to inform improvements to the service.
- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.
- The service worked well in partnership with advocacy organisations/ other health and social care organisations, which helped to give people using the service a voice/ improve their well-being.