

Meera Nursing Home Limited

# Meera House Nursing Home

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We undertook this unannounced inspection on 22 August 2016. Meera House Nursing Home is registered to provide nursing care and accommodation for a maximum of 59 people. At this inspection there were 58 people living in the home. This service is also registered to provide personal care for people living in their own homes. However, they did not have any people using this service at the time of this inspection. This care home provides care for older people of Asian origin of all religious backgrounds. Most of the care workers speak Gujarati, Hindi or Swahili.

At our last inspection on 3 October 2013 the service met all the regulations we looked at.

The care home has a registered manager. 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 of the Health and Social Care Act and associated Regulations about how the service is run.

People using the service informed us that they were satisfied with the care and services provided and these met their cultural and religious needs. They said they had been treated with respect and felt safe living in the home. This was reiterated by relatives we spoke with. There was a safeguarding adults policy and suitable arrangements for safeguarding people.

Care workers were responsive and knowledgeable regarding the individual choices and preferences of people. People's care needs and potential risks to them were assessed and recorded. Care workers prepared appropriate care plans which involved people and their relatives. Personal emergency and evacuation plans (PEEPs) were prepared for people and these were seen in the care records. People's healthcare needs were closely monitored. Care workers worked well with healthcare professionals to ensure that people's needs were met. This was confirmed by people and relatives we spoke with.

There were arrangements for encouraging people to express their views and experiences regarding the care and management of the home. Residents' meetings and one to one sessions had been held with people to enable them to discuss their care and the services provided. The minutes of meetings were available for inspection. The home had an activities programme which provided social and therapeutic activities and met their religious preferences.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS ensures that an individual being deprived of their liberty is monitored and the reasons why they are being restricted are regularly reviewed to make sure it is still in the person's best interests. During this inspection we found that the home had followed appropriate procedures for complying with the Deprivation of Liberty Safeguards (DoLS) when needed.

There were suitable arrangements for the provision of food to ensure that people's dietary needs, religious and cultural preferences were met. People were satisfied with the meals provided. The arrangements for the recording, storage, administration and disposal of medicines were satisfactory. Audit arrangements were in place and people who spoke with us confirmed that they had been given their medicines.

Staff had been carefully recruited and provided with induction and training to enable them to care effectively for people. They had the necessary support, supervision and appraisals from their manager. There were enough care workers to meet people's needs. Teamwork and communication within the home was good. Care workers were aware of the values and aims of the service and this included treating people with respect and dignity within a homely environment and providing a high quality of care.

People and their representatives expressed confidence in the management of the service. The results of the last service user and relatives satisfaction survey indicated that there was a high level of satisfaction with the care and services provided.

The premises were clean and no offensive odours were detected. Infection control measures were in place. There was a record of essential inspections and maintenance carried out. There were arrangements for fire safety which included alarm checks, drills, training and maintenance of fire equipment. We however, noted that the names of all staff present at fire drills were not always documented. The registered manager agreed that this would be done in future. A window restrictor in a bedroom on the first floor was not restricted sufficiently. We were informed soon after the inspection that this had been adjusted.

People and their relatives were aware of whom to complaint to if they had concerns. Complaints made had been promptly responded to. Regular audits and checks had been carried out by the registered manager of the home and officials arranged by the company.

## 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. The registered manager and care workers were aware of the safeguarding policy. They had received training and knew how to recognise and report any concerns or allegation of abuse. People informed us that they felt safe in the home.

Risk assessments contained action for minimising potential risks to people. There were suitable arrangements for the management of medicines. Care workers were carefully recruited. There were sufficient care workers to meet people's needs. The home was clean and infection control measures were in place. There was a record of essential inspections and maintenance carried out.

### Is the service effective?

Good ●

The service was effective. People who used the service were supported by care workers who were knowledgeable and understood their care needs.

People had access to healthcare services. Their nutritional needs were met. Care workers were well trained and supported to do their work. There were arrangements to meet the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

### Is the service caring?

Good ●

The service was caring. People were treated with respect and dignity. Care workers were able to form positive relationships with people and they were responsive to their needs.

Residents meetings and care reviews had been held. People and their representatives, were involved in decisions about their care.

### Is the service responsive?

Good ●

The service was responsive. Care plans were comprehensive and addressed people's individual needs and choices. Reviews of people's care had been carried out.

The home had an activities programme to provide social and therapeutic stimulation for people.

There was a complaints procedure and complaints made had been promptly responded to.

### **Is the service well-led?**

**Good** ●

The service was well-led. Audits and checks of the service had been carried out by the registered manager and senior staff. These included medicines administration and health and safety checks. Deficiencies identified were promptly rectified.

People, their relatives expressed confidence in the management of the service. Care workers worked well as a team and they informed us that they were well managed.

# Meera House Nursing Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider 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.

The inspection took place on 22 August 2016 and it was unannounced. The inspection team consisted of two inspectors. Before our inspection, we reviewed information we held about the home. This included notifications and reports provided by the home. The provider also completed a Provider Information Return (PIR). The PIR 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. The PIR also provides data about the organisation and service

There were 58 people living in the home. We spoke with 12 people and 4 relatives. We also spoke with a director of the company, the registered manager of the home, the registered manager of the domiciliary care service and six care workers. We observed care and support in communal areas and also looked at the kitchen, gardens and people's bedrooms.

We reviewed a range of records about people's care and how the home was managed. These included the care records for six people living there, six staff recruitment records, staff training records. We checked the policies and procedures and maintenance records of the home.

# Is the service safe?

## Our findings

People stated that they were safe in the home and were satisfied with the care provided. One person said, "Staff look after me very well. I have been much better since living here. I feel safe here. It is like my home." A second person said, "I am better here. It is like home. I feel safe here." A third person said, "My bedroom is clean. The home is clean." All relatives were of the opinion that people were safe and well treated by care workers.

We observed that people were cleanly dressed and appeared well cared for. Care workers were constantly present and they interacted well with people. We saw care workers speaking with people in a pleasant way and greeting visitors warmly.

The service had suitable arrangements in place to ensure that people were safe and protected from abuse. Care workers had received training in safeguarding people. They could give us examples of what constituted abuse and they knew what action to take if they were aware that people who used the service were being abused. They informed us that they could also report it directly to the local authority safeguarding department and the Care Quality Commission (CQC) if needed. The service had a safeguarding policy and staff had details of the local safeguarding team and knew how to contact them if needed. However, this had not been updated to include the role of the DBS (Disclosure and Barring Service) and the responsibility of the service to report staff implicated in abuse to the DBS. The registered manager stated that the policy would be updated. The updated policy was sent to use soon after the inspection.

Risk assessments had been prepared and these contained guidance for minimising potential risks such as risks associated with pressure sores, falls and certain medical conditions. Personal emergency and evacuation plans were prepared for people to ensure their safety in an emergency such a fire occurring in the home.

We looked at the staff records and discussed staffing levels with the registered manager of the home. On the day of inspection there was a total of 58 people who used the service. The staffing levels during the morning shifts consisted of the registered manager with 14 care workers (including two nurses). During the afternoon shifts there were eight care workers (excluding two nurses). At night, there were four care workers (excluding two nurses) on waking duty. Additional staff on duty included the household, administration, kitchen staff and the two registered managers. Care workers we spoke with told us that this staffing level was satisfactory and there was usually sufficient care workers to attend to their duties. Relatives and people informed us that there were sufficient staff and they were satisfied with the care provided. The registered manager stated that there was flexibility and additional would be provided if needed.

We examined a sample of six records of care workers. We noted that they had been carefully recruited. Safe recruitment processes were in place, and the required checks were undertaken prior to staff starting work. This included completion of a criminal records disclosure, evidence of identity, permission to work in the United Kingdom and a minimum of two references to ensure that care workers were suitable to care for people.

There were suitable arrangements for the recording, administration and disposal of medicines. The temperature of the room where medicines were stored was monitored and was within the recommended range. The home had a system for auditing medicines. This was carried out by senior staff of the home. There was a policy and procedure for the administration of medicines. There were no gaps in the medicines administration charts examined. People we spoke with told us they had been given their medicines. Controlled drugs (CD) were signed by two staff and the amount in the controlled drugs cupboard coincided with that in the CD register.

There was a record of essential maintenance carried out. These included safety inspections of the portable appliances, hoists, lifts and gas boiler. The electrical installations inspection certificate indicated that the home's wiring was satisfactory. There was a fire risk assessment and the fire alarm was tested weekly to ensure it was in working condition. Fire drills had been carried out. However, the time and names of care workers present during the drills were not recorded. This is needed to provide information that care workers had received guidance and instruction on action to take in the event of a fire. The registered manager agreed that this information would be recorded in the future.

The premises were clean and no unpleasant odours were noted. Care workers we spoke with had access to protective clothing including disposable gloves and aprons. The home had an infection control policy. We visited the laundry room and discussed the laundering of soiled linen with the registered manager of the home and laundry staff. They were aware of the arrangements for soiled and infected linen and the need to transport these in colour coded bags and wash them in a sufficiently high temperature to minimise the risk of infection.



## Is the service effective?

### Our findings

People and their representatives informed us that care workers were competent and able to care effectively for people. A person who used the service said, "The food is good. We get different foods." A second person said, "Staff are very good. Food is very nice." A third person said, "Service is good. Happy here. Everything is fine. Food is fine. It is vegetarian. Staff are nice and kind." A fourth person said, "Everything is good. We get what we want" – when talking about food options. A relative said, "My relative's weight is stable. Staff make sure my relative eats. They do check for our consent when decisions are needed."

People's healthcare needs were closely monitored by care workers. Care records of people contained important information regarding their background, medical conditions and mental health problems. There was evidence of recent appointments with healthcare professionals such as people's dentist, optician, dietician and GP. We noted that a pharmacy from the local health authority had visited the home recently to advise on the administration of medicines and their report indicated that there were no significant concerns.

There were arrangements to ensure that the nutritional needs of people were met. People's nutritional needs had been assessed and there was guidance for them and for care workers on the dietary needs of people and how to promote healthy eating. There was information for kitchen staff to inform them of people on diabetic diets. Monthly weights of people were recorded. Care workers were aware of action to take if there were significant variations in people's weight. The registered manager informed us that they would refer people to their GP for input from a dietician. People said they were satisfied with the arrangements for meals. There was a choice of main dish at meal times. We observed people eating their lunch. The meals were presented attractively and appeared balanced. The registered manager also informed us that the home was taking part in a Nutrition and Dietetics project pilot project organised by the local health authority. This project would be assess certain people using an approved malnutrition screening tool and review their food intake to ensure that they were receiving appropriate nutrition in accordance with prescribed guidelines.

Care workers were knowledgeable regarding the needs of people. We saw copies of their training certificates which set out areas of training. Training provided included food hygiene, moving and handling, health and safety and The Mental Capacity Act. Care workers confirmed that they had received the appropriate training for their role.

New care workers had undergone a period of induction and were enrolled on the Care Certificate. This course has an identified set of standards that social care workers adhere to in their daily working life. New care workers worked alongside experienced care workers to help them build relationships with people and provide care in a consistent way. The induction programme enabled care workers to be assessed against a variety of competencies, for the duration of their probation period. The topics covered included areas such as medicines, staff conduct, equality and diversity, confidentiality and health and safety.

Care workers said they worked well as a team and received the support they needed. The registered

manager carried out supervision and annual appraisals of care workers. Care workers we spoke with confirmed that this took place and we saw evidence of this in their records. They informed us that communication was good and their manager was approachable.

We checked whether the service was working within the principles of The Mental Capacity Act 2005 (MCA). The 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. The registered manager informed us that most people were able to make their wishes known and when others had relatives or representatives who advocated for them. The registered manager and care workers were aware of the need for best interest decisions to be made and recorded when necessary. Care workers were knowledgeable about the importance of obtaining people's consent regarding their care, support and treatment. They stated that they asked people for their consent or agreement prior to providing care or entering their bedrooms.

We also looked at the Deprivation of Liberty Safeguards (DoLS) which aims to make sure people are looked after in a way that does not inappropriately restrict their freedom. We saw one DOLS authorisation for one person. Applications had been submitted for 54 others assessed by the registered manager as needing authorisation. The registered manager informed us that they would be contacting the DoLS officers concerned regarding their delay in processing these applications. Care workers had received the relevant MCA and DoLS training and we confirmed this from records we saw.

## Is the service caring?

### Our findings

People who used the service and their relatives told us that they found care workers to be helpful and caring. One person said, "Staff are very good. They are like my daughters. Staff listen to me and talk to me. My bedroom is good. I like it." Another person said, "I am very happy here. Staff are just like my daughter. All staff are kind. They have a kind heart."

We saw that people were able to approach care workers and talk with them. There were respectful and pleasant interactions between staff and people who used the service and their relatives. Care workers spoke in a gentle way with people.

The registered manager and care workers had a good understanding of the importance of treating people as individuals and respecting their dignity. People and their relatives stated that care workers treated people like family members and listened to people.

We saw detailed information in people's care plans about their care needs. Care workers could provide us with information regarding people's background, interests and needs. Some care workers told us that they had worked in the home for several years and were aware of the needs of people.

Care plans included information that showed people had been consulted about their individual needs including their spiritual and cultural needs. Care workers we spoke with had a good understanding of equality and diversity (E & D) and respecting people's individual beliefs, culture and background. There were arrangements in place to meet these needs. The home had arrangements for ensuring that the religious observances of people were met. A priest had visited the home weekly to say prayers with the followers of their religion. Religious celebrities and local religious group members also visited people in the home. The registered manager stated that special religious and cultural days were celebrated.

People's preferences regarding food were also attended to. Care workers offered choices of main dish at meal times to people. This was confirmed by people we spoke with. The registered manager informed us that food can be provided to meet people's religious or cultural needs. In addition, he stated that food which was free of garlic and onions had been provided for some people who preferred it.

The bedrooms we saw were clean, well-furnished and had been personalised with people's own ornaments and belongings according to their preference. The registered manager informed us that the passenger lift in the home had recorded voice messages which were in both English and Gujarati. This was to ensure that Gujarati speaking people who used the service understood the instructions.

There was a spacious garden on the ground floor and people had direct access to it. A relative told us that people could stroll around it. There was ramp in the garden for people with mobility problems and to facilitate easy access for those using wheel chairs.

The registered manager stated that staff held one to one sessions with people so that they can express their views regarding the care provided. In addition meetings had been held where people and their relatives could express their views regarding the care and services provided. The minutes of these meetings were seen by us,

## Is the service responsive?

### Our findings

People and their relatives informed us that staff listened to them and they were responsive to their needs and views. They stated that people received care which they needed. One person said, "I have a nice bedroom. I am so happy here. I have no complaints." A second person said, "No complaints. I feel able to ask questions to staff. I have no complaints. All is well here." A third person said, "Staff listen to me carefully and give me an answer. I am very happy with them." A relative stated, "They do have activities for residents. My relative can walk in the garden. There are hand exercises and prayers. I really like the carers. They are very good."

The care provided was individualised and person-centred. People and their representatives were involved in planning their care and support. Assessments had been carried out and important information had been obtained from people and their relatives prior to people moving to the home. These assessments included information about a range of needs including nutrition, mobility, medical, religious and healthcare needs. Care plans were prepared with the help of people and their relatives. This was confirmed by people and their relatives. The care plans were up to date and addressed the needs of people. Monitoring charts for the care provided were seen by us. These included the monitoring of personal care, seizures for people with epilepsy, bowel movements and weights.

Care workers had been given guidance on how to meet people's needs and when asked they demonstrated a good understanding of the needs of each person. We discussed the care of people with diabetes with care workers. They were aware of the special needs of people and this included ensuring that people had sugar free food and received their medication as prescribed. Nursing staff were aware that they should check the blood glucose levels of people before they administered insulin to them.

Evaluations of care had been carried out monthly and evidence of this was provided. Reviews of care had been arranged with people, their relatives and professionals involved to discuss people's progress. This was confirmed by relatives we spoke with.

The home had a programme of activities and activities logs were available in each of the units of the home. Activities provided included arts and crafts, exercise sessions and religious prayers and worship. There were also visiting entertainers who performed Asian "Golden Oldies" and religious songs. People and their relatives confirmed that the home had organised activities for people. We saw people involved in religious worship and singing during the inspection. The registered manager stated that people's birthdays were celebrated in the home and their relatives had been invited.

The home had a complaints procedure and this was included in their handbook and displayed in the home. Relatives informed us that they knew how to complain. One relative stated that when they had complained the registered manager had responded promptly. Care workers knew that they needed to report all complaints to the registered manager so that they can be documented and followed up. We examined the complaints records. We noted that complaints made had been promptly responded to.

## Is the service well-led?

### Our findings

People and their relatives were satisfied with the management of the home and the quality of care provided. All people we spoke with made positive comments regarding the management of the home and the attitude and behaviour of staff. One person said, "I am very happy here. The manager is really good. He is kind. I can talk to him and he listens and takes care. No concerns." Another person said, "The manager is good. He listens to me. All staff are good." This feedback was also reiterated by relatives who described the home as well managed and the behaviour of staff as professional and helpful.

Care workers expressed confidence in the management of the home. One of them stated that there was a good team and the registered manager was approachable. Another staff informed us that they worked well as a team. A third care worker stated there was a pleasant, friendly and homely atmosphere where they helped each other.

There was a system for ensuring effective communication among staff. The home had a diary in each of the two units where care workers can write down important information they want passed on to the next shift such as appointments and duties for care workers. The registered manager and care workers informed us that there were daily handover meetings at certain times where information regarding the care of people was discussed daily. There were also staff meetings where they regularly discussed the care of people and the management of the home. The minutes of these meetings were seen by us. Information on posters in the home are also displayed in both English and Gujarati

There was a range of policies and procedures to ensure that care workers were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, safeguarding, administration of medicines and health and safety. Care workers were aware of these policies. The safeguarding policy and infection control policy needed to be updated so that they provided more comprehensive and current information. This was done soon after the inspection and evidence was provided.

The company had recently also carried out its own inspection which reflected areas examined by The CQC. Their inspection report seen by us was comprehensive and detailed. This identified deficiencies where improvements were needed. We noted that there was an action plan in response to this report and identified deficiencies had either been responded to or were in the process of being completed.

Audits and checks of the service had been carried out by the registered manager and a director of the company. These were carried out monthly and included checks on care documentation, cleanliness, medicines, and maintenance of the home. Evidence of these were provided. We however, noted the audits and checks did not identify some minor areas such as the names of staff who had attended the fire drills, an emergency pull cord being tied up instead of hanging down freely and the safeguarding policy not updated. The registered manager took prompt action and rectified the deficiencies. He also stated that in future, the health and safety checks would be carried out weekly.

The home had carried out a satisfaction service user and relatives survey in April of this year. The results seen by us were positive. The home had an action plan for addressing deficiencies and suggestions made. These included having staff team building sessions and ensuring that the complaints procedure could be seen by visitors. Staff were aware of the values and aims of the service and this included treating people with respect and dignity and encouraging them to be as independent as possible.