

Monpekson Care Limited

2 Headstone Lane

Inspection report

Headstone Lane
Harrow
Middlesex
HA2 6HG

Tel: 02084240205

Date of inspection visit:
12 January 2017

Date of publication:
10 February 2017

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

2 Headstone Lane is a care home for people with learning disabilities. The home is registered for four people and had no vacancies on the day of our inspection. The home caters for people with learning disabilities, autism and challenging behaviour, some of the people had communication difficulties.

At the last inspection on the 5 February 2015 the service was rated Good.

At this inspection we found the service remained Good.

Staff spoken with demonstrated a good understanding of how to recognise and report allegations of abuse. Since our last inspection a new risk management system had been introduced which used the traffic light system to assess and respond to risk based on their severity. For example, red the highest and green the lowest risk. Medicines were managed safely and sufficient staff were deployed to ensure people's needs were met.

Staff were provided with a range of role specific training and the registered manager ensured that regular support was provided in form of regularly planned supervisions and appraisals. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service support this practice. People were involved and encouraged to take part in the preparation of meals.

Staff demonstrated a caring attitude towards people who used the service and ensured their dignity and privacy was maintained.

A new format of person centred care records had been introduced which ensured that care provided was centred around people who used the service. People were clear how to raise concerns. The service had not received any complaints since our last inspection.

The management at Headstone Lane was visible and involved in the care provided to people. Staff told us that the manager was supportive and approachable and would listen to suggestions made in how to improve the quality of care provided. Regular review and monitoring of care ensured that the quality of care was not compromised.

Further information is in the detailed findings below.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

2 Headstone Lane

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.

This comprehensive inspection took place on 12 January 2017 and was unannounced.

One inspector carried out this inspection.

During our inspection we spoke with the registered manager, one senior support worker, two support workers, two people who used the service and observed interactions between people and staff.

We looked at three care records, four staff and training records, medicines records and records relating to the management of the service such as audits, policies and procedures.

Is the service safe?

Our findings

People told us they were safe and protected from abuse at Headstone Lane. One person using the service told us, "I feel very safe here they look after me very well and make sure nothing happens." The same person told us "When I go to work I always carry a phone so I can call if anything goes wrong."

Training records confirmed that all staff had received safeguarding training. When speaking with staff they told us how they would recognise abuse and what they would do to ensure people who used the service were safe. They told us that they would speak to the manager or report abuse to the local authority and Care Quality Commission (CQC).

The service has reviewed all risk assessments since our last inspection and introduced a new system which was based on traffic lights to highlight the severity of risk and provide more detailed information on what actions were to be taken to minimise the risk. Staff told us that they liked the new system and found it easier to use.

People who used the service and staff told us that there were sufficient staff deployed to meet people's needs. Observations made during this inspection confirmed this. The registered manager told us that additional staff will be provided to facilitate activities and appointments, this was confirmed by staff. The provider had a robust recruitment procedure in place. Staffing records viewed confirmed that the procedure was adhered to and appropriate employment checks were carried out.

Medicines were managed safely. Staff received training and their competency was assessed to ensure they administered medicines safely. Medicines records viewed were of good standard and regular audits ensured that any discrepancies were dealt with as soon as possible.

The home was clean and free of offensive odours. Staff told us that they took great pride of a clean environment and told us "I like a clean home myself, so I make sure it's the same here."

Is the service effective?

Our findings

People told us "I like the staff here, they know me very well and take care of me." Another person who was not able to verbally communicate smiled and pointed at staff when we asked them what they thought about the staff.

Staff told us that they found it easy to access training and training records viewed confirmed that staff had received training relevant to their role. This included training in manual handling, food hygiene, health and safety, medicines administration and infection control. We saw in the annual training matrix, that new staff receive this training as part of their induction and established staff received annual refreshers. Staff told us that they had received regular supervisions, and this was confirmed by supervision records and appraisal records viewed in staff files.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where staff suspected that people lacked capacity an assessment had been carried out. However, only one out of the four people was assessed as having their liberty deprived and a standard authorisation had been issued by the supervisory body, the local authority.

We saw that people were provided with a well-balanced and nutritious diet. People's likes and disliked were taken into consideration and a menu audit was carried out which ensured the dishes provided were according to people's likes, dislikes and wishes. For example, one person enjoyed curry dishes and we saw that this had been reflected on the menu. Where people were at risk of malnutrition, losing or gaining weight we saw that the service had taken appropriate actions, by involving health care specialists such as a dietician in the care of people. During recent care plan reviews of two people it was highlighted that some people were at risk of becoming obese. As a response to this staff facilitated a weekly exercise session, which people told us they enjoyed.

The home has good links with community healthcare professionals and had responded quickly to people's changing health needs, by initially contacting the persons local GP and asking for a referral to specialist health care services if required.

Is the service caring?

Our findings

Everyone we met with, who were living in the home, gave us positive responses or made gestures, such as a smile, a nod and 'thumbs up' when we asked if the staff were good, kind and caring. People said they were listened to and told us their needs were met appropriately. All the staff demonstrated caring attitudes towards people and we saw this was consistent, regardless of the staff's roles. One person told us, "It's my home and I love it here" and "It's the best!" One person had commented in the home's quality assurance survey, "Overall the home offers excellent, personalised and homely service."

We saw that care plans contained information regarding people's likes, dislikes, interests and hobbies. These were reviewed on a regular basis and updated as and when necessary. People's choices were consistently respected by the whole staff team and some of these choices included whether a person wished to be supported by male or female care staff. Everyone we met either told us or expressed that they were consistently treated with dignity and respect. We also saw that people were supported to enhance and maintain their independence.

People's privacy was respected and staff shared with us examples of how they protected people's dignity when supporting them with personal care. For example, by closing doors and curtains and explaining clearly to people what they were about to do. We saw that staff knocked on people's doors before entering their rooms.

During this inspection we noted that the ethos of the service was to provide people with a genuine 'home for life'. One person had lived in the home for a number of years and some strong friendships had developed during this time. The registered manager also told us how they had developed good relationships with the professionals who could ensure that if people required additional support for example bereavement counselling this can be sought. This helped people to work through the grieving process if they lost someone close to them.

Staff had a good understanding of the importance of confidentiality. Care records were stored securely. Information was kept confidentially and there were policies and procedures to protect people's confidentiality. Staff were seen to ensure all support plans and care documentation was returned to a designated locked area once they have finished updating paperwork.

Is the service responsive?

Our findings

People and their relatives were involved in the planning and reviewing of their care and support. One person told us, "I meet my key worker and we talk about my feelings, what I want to do and what help I need." Staff took time to consider and understand what people enjoyed doing and recorded how they responded to different activities to ensure people could continue to take part in things they enjoyed.

Since our last inspection the service has changed the care planning format into a more person centred format, with the use of pictures and symbols to make it easier and more meaningful for people who used the service. The new care plans also reflected changes to people's needs, for example in regards to independent travelling arrangements

Staff had a good understanding of people's individual needs and said they were given time to ensure care documentation was updated in a timely fashion. Daily care records provided clear detailed descriptors of people's activities, moods and behaviours. Staff told us these were useful for reference if they had been off duty.

People were engaged in activities on the day of the inspection and staff supported people to participate in their chosen activity both within the home and in the community. Some people spent time in their rooms listening to music, while others went to the day centre.

People told us they enjoyed a range of activities and were actively supported by staff to follow their interests and develop new ones. We saw that people had devised their own activity schedules which highlighted all the things they had chosen to do and any activities they enjoyed repeating on a daily or weekly basis.

People told us they would talk to the registered manager, or staff, if they had any concerns. One person told us, "If there is anything I don't like, I would speak to the manager." The service has an appropriate complaints policy. At the time of our inspection there were no open or recent complaints.

Is the service well-led?

Our findings

The home has a manager registered with the Care Quality Commission. 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.

People and staff spoke highly of the leadership at the service. Comments regarding the registered manager included they were knowledgeable, approachable, and positive. Staff comments about the registered manager included "Good, really good. I actually don't think this home would be as good without this management. Short cuts are not tolerated. We get a great deal of support; managers would not ask us to anything they wouldn't do themselves."

Staff told us they found the supervision sessions, appraisals and team meetings useful. Feedback was always given in a constructive way. One staff member told us, "Supervision is a way of improving practice and setting goals. It helps me to keep expanding my knowledge. I would like to think it makes me better at my job and a better example to others." Staff described team meetings "We have an opportunity to brainstorm and feedback as a team. We can put forward suggestions of how things can be improved."

The provider has a legal duty to inform the CQC about changes or events that occur at the home. They do this by sending us notifications. We had received notifications from the provider when required.

The registered manager completed regular audits and spot checks to ensure the quality of care was monitored and maintained. In addition an external contractor carries out annual health and safety audits, which ensured that all necessary checks such as gas checks, fire checks and electrical checks were carried out and maintained. These audits were carried out monthly or quarterly and included health and safety, medication and fire safety amongst others.

All accidents and incidents which occurred were recorded and analysed. The time and place of any accident was recorded to establish patterns and monitor if changes to practice needed to be made.