

Mrs Shahnaz Abbasi

Murree Residential Care Home

Inspection report

17 Marquis Close
Wembley
Middlesex
HA0 4HF

Tel: 02089031571

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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?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 27 June 2017 and was unannounced. Murree Residential Care Home is a care home that is registered to accommodate up to four people who have learning disabilities and require support with personal care. At the time of our visit, there were three people living in the home.

We last inspected the home on 30 April 2015 and found no breaches of regulations and rated the home as "Good".

There was a registered manager in post at the time of our inspection. 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.

During the inspection we observed people were treated with kindness and compassion. It was evident that positive caring relationships had developed between people who used the service and care staff. People who used the service spoke positively about staff and the care provided at the home. People who used the service told us they felt safe in the home and around care staff.

We also found that appropriate arrangements were in place in relation to the recording and administration of medicines.

There were enough staff to meet people's individual care needs and this was confirmed by staff we spoke with. On the day of the inspection we observed that care staff were not rushed and were able to complete their tasks.

Systems and processes were in place to help protect people from the risk of harm and staff demonstrated that they were aware of these. Identified risks associated with people's care had been assessed and plans were in place to minimise the potential risks to people.

Care staff told us that they felt supported by management. They told us that management were approachable and they raised no concerns in respect of this. We saw evidence that staff had received training in various areas but found that there was a lack of evidence of training in relation to safeguarding procedures and medicines management. We saw evidence that staff received regular supervision sessions.

People's health and social care needs had been appropriately assessed. Care plans were person-centred, detailed and specific to each person and their needs. Care preferences were clearly documented and included comprehensive detail. People told us that they received care, support and treatment when they required it. Care plans were reviewed regularly through key worker sessions and were updated when people's needs changed.

People in the home had capacity to make their own decisions and care plans demonstrated that they were involved in making decisions about their care.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS ensure that an individual being deprived of their liberty is monitored and the reasons why they are being restricted is regularly reviewed to make sure it is still in the person's best interests. Following a recommendation made at the previous inspection, the provider had taken appropriate action to ensure that two people had necessary DoLS authorisations in place.

People spoke positively about the food arrangements in the home. They explained that they had a choice of foods and there wasn't a set menu as people ate what they liked and when they liked. People's weights were recorded regularly. This enabled the service to monitor people's nutrition so that staff were alerted to any significant changes that could indicate a health concern related to nutrition.

People spoke positively about the atmosphere in the home and we observed that the home had a homely atmosphere. Bedrooms had been personalised with people's belongings to assist people to feel at home.

We found the home had a management structure in place with a team of care staff and the registered manager. Staff told us that the morale within the home was good and that staff worked well with one another. They spoke positively about working at the home. They told us management was approachable and there was an open and transparent culture within the home and they did not hesitate about bringing any concerns to management.

Staff were informed of changes occurring within the home through staff meetings and we saw that these meetings occurred regularly and were documented. Staff told us that they received up to date information and had an opportunity to share good practice and any concerns they had at these meetings.

We noted that there was a lack of documented evidence to confirm that comprehensive regular audits were carried out by the provider. We made a recommendation in respect of this.

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 home was safe. We saw that arrangements were in place in relation to the recording and administration of medicines.

People told us that they felt safe in the home and around care staff.

Risks to people were identified and managed so that people were safe.

Appropriate systems were in place to manage emergencies.

Is the service effective?

Good ●

The service was effective. Staff were supervised and felt well supported by their peers and the registered manager.

People were encouraged to make their own choices and decisions where possible. Staff and the registered manager were aware of the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

People had access to healthcare professionals to make sure they received appropriate care and treatment.

Is the service caring?

Good ●

The service was caring. We saw that people were treated with kindness and compassion when we observed staff interacting with people who used service. The atmosphere in the home was calm and relaxed.

People were involved in making decisions about their care. Care plans provided details about people's needs and preferences. Staff had a good understanding of people's care and support needs.

Is the service responsive?

Good ●

The service was responsive. Care plans were person-centred, detailed and specific to each person's individual needs.

A formal satisfaction questionnaire was carried out in 2016. The feedback received was positive and no concerns were raised.

The home had a complaints policy in place and there were procedures for receiving, handling and responding to comments and complaints.

Is the service well-led?

The service was well led with the exception of one area. Some audits and checks were carried out but these were not all comprehensive.

The home had a management structure in place with a team of care staff and the registered manager.

Staff told us that they felt supported by management within the home and felt able to have open and transparent discussions

Requires Improvement 

Murree Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced inspection on 27 June 2017 of Murree Residential Care Home. The inspection was carried out by one inspector.

Before we visited the home we checked the information that we held about the service and the service provider including notifications about significant incidents affecting the safety and wellbeing of people who used the service.

During this inspection we observed how staff interacted with and supported people who used the service. We reviewed three care plans, three staff files, training records and records relating to the management of the service such as audits, policies and procedures. We spoke with two people who used the service during the inspection. At the time of the inspection, the registered manager was not present. However, we spoke with the registered manager after the inspection. During the inspection, we spoke with three care staff.

Is the service safe?

Our findings

People who used the service told us they felt safe in the home and around staff. One person said, "I am ok here. I feel safe here." Another person told us, "I like it here. I feel safe. They always look after me well."

There were systems in place to help people receive their medicines safely. We checked some of the medicines in stock and these were accounted for. There were arrangements in place in relation to obtaining and disposing of medicines appropriately. The home had a medicines storage facility in place. The facility was kept locked and was secure and safe. We saw documented evidence that temperature checks for the medicines storage facility were carried out. However, we noted that this was not consistently documented and raised this with the registered manager. She confirmed that they would ensure this was consistently recorded. Further, we observed that on numerous occasions in June 2017 the temperature was recorded at 30 and 31 degrees Celsius. High temperatures could affect the potency of medicines. We discussed this with the registered manager who confirmed that they would ensure that the room remained cool.

There was a policy and procedure for the management of medicines to provide guidance for staff. We saw evidence that the policy was recently reviewed, to ensure that it provided up to date information on safe handling of medicines.

We viewed a sample of Medication Administration Records (MARs) for people who used the service. These were accurate and were up to date to indicate that medicines had been administered as prescribed.

The provider carried out a medicines check, however we observed that this was not comprehensive. We spoke with the provider about this and they confirmed that they would review their medicines audit. Following the inspection, the provider advised us that an external pharmacist was scheduled to carry out an external audit of the medicines on 5 July 2017.

On the day of the inspection we observed that care staff were not rushed and were able to complete their tasks. There was consistency in terms of care staff so that people who lived in the home were familiar with them and care staff familiar with each individual's needs. We noted that during the day there were two members of care staff on duty and during the night shift, there was one sleep-in staff on duty.

There was a lone working policy which applied to staff that worked during the night shift. This policy detailed the procedures to follow in order to ensure the safety of people and staff.

Records demonstrated the home had identified individual risks to people and put actions in place to reduce the risks. The care plans we reviewed included relevant risk assessments, such as self-neglect, personal care and behaviour that challenges. These included preventative actions that needed to be taken to minimise risks as well as measures for care staff on how to support people safely. The assessments provided outlines of what people could do on their own and when they required assistance. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions.

Safeguarding policies and procedures were in place to help protect people and minimise the risks of abuse to people. Staff we spoke with were able to describe the process for identifying and reporting concerns. They told us that if they saw something of concern they would report it to the registered manager and were aware that they could contact the local authority safeguarding department and the CQC. The home had a whistleblowing policy and contact numbers to report issues were available. Staff said they were confident about raising concerns about any poor practices witnessed.

We looked at the recruitment process to see if the required checks had been carried out before staff started working at home. We looked at the recruitment records for three members of staff. We found background checks for safer recruitment including enhanced criminal record checks had been undertaken and proof of their identity and right to work in the United Kingdom had also been obtained. Two written references had been obtained for staff.

The provider explained that they carried out regular safety and maintenance checks of the premises to ensure they were safe and we saw this was documented. We saw evidence that the gas boiler had been inspected and the electrical installations inspection had been carried out.

There were arrangements for ensuring fire safety in the home. There was an evacuation plan for the home. The fire alarm was tested weekly to ensure it was in working condition and this was documented and fire drills were carried out weekly. One care staff we spoke with confirmed that people were not allowed to smoke in the house. We observed on the day of the inspection, one person go outside to smoke. We saw that risk assessments were in place in respect of fire and smoking and there was information about how to reduce the risk and a plan of action in case of an emergency.

The premises were well-maintained and clean. There was an infection control policy and measures were in place for infection prevention and control. Staff confirmed that there was an allocated cleaner who cleaned the home but said that they also assisted with the cleaning in the home. We observed that there was not a cleaning schedule in place so it was not evident what cleaning responsibilities staff had. The provider explained that they would implement this to ensure that the cleanliness of the home was regularly monitored.

Is the service effective?

Our findings

One person who used the service told us, "I get on well with staff. They listen to me and I talk to them. They are very friendly." Another person said, "I am happy here." People told us the home was effective and they were satisfied with the care and support provided.

Staff had the knowledge and skills to enable them to support people effectively. They had undertaken an induction when they started working at the service. Staff received training to ensure that they had the skills and knowledge to effectively meet people's needs. Training included basic life support, fire, food hygiene and equality and diversity. Staff spoke positively about the training they had received. However, we observed that safeguarding and medicines administration training had taken place in March 2015 and therefore care staff required refresher training. We discussed this with the provider who confirmed that they would ensure staff received a refresher training session.

There was documented evidence that staff had received regular supervision sessions and this was confirmed by staff we spoke with. Supervision sessions enabled staff to discuss their personal development objectives and goals. Staff had received appraisals to discuss their individual performance and had an opportunity to review their personal development and progress.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People in the home all had capacity to make their own decisions and care plans demonstrated that they were involved in making decisions about their care. During the inspection, we observed care staff encourage people to make their own decisions. Care staff were aware that when a person lacked the capacity to make a specific decision, people's families, staff and others including health and social care professionals would be involved in making a decision in the person's best interests.

During the inspection in April 2015 we found that there were no Deprivation of Liberty Safeguards (DoLS) in place. However, we noted that one person needed to be considered for a DoLS authorisation because they were subject to continuous supervision by staff. At the previous inspection we made a recommendation that the home ensure that necessary applications are made for people subject to continuous supervision for their own safety. During this inspection in June 2017, we found that the provider had taken necessary action and two people had necessary DoLS authorisations in place.

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 staff on the dietary needs of people and how to promote healthy eating. There was no set weekly menu as people decided what they wanted to eat on a daily basis. We observed that people ate their breakfast at different times depending on when they

wished to eat. One person told us, "The food is fabulous. They cook what I like." Another person said, "The food is fine. I get different choices." The kitchen was clean and we noted that there were sufficient quantities of food available.

People's weights were recorded monthly so that the service was able to monitor people's nutrition. This alerted staff to any significant changes that could indicate a health concern related to nutrition.

People were supported to maintain good health and have access to healthcare services and received on-going healthcare support and we saw documented evidence of this. Care plans detailed records of appointments with health and social care professionals.

Is the service caring?

Our findings

When asked about the home and how they felt about living there, one person told us, "It is good here in the home. I am happy." Another person said, "Staff are nice. They talk nicely. They are friendly."

We observed that care staff showed interest in people and were present to ensure that people were alright and their needs attended to. Staff were attentive and talked in a gentle and pleasant manner to people. Care staff approached people and interacted well with them. People who used the service appeared comfortable in the presence of staff.

People had free movement around the home and could choose where to sit and spend their recreational time. We saw people were able to spend time the way they wanted. Some people chose to spend time in the communal lounge, their bedroom and some people were out.

Care staff had a good understanding of the needs of people and their preferences. Care plans included information about people's interests and their background and the service used this information to ensure that equality and diversity was promoted and people's individual needs met. For example; care plans included detailed information about people's individual cultural and spiritual needs. People who observed specific religious practices were supported to do this. For example one person was supported to attend their chosen place of worship. Another person was supported with their fasting during Ramadan.

People were supported to express their views and be actively involved in making decisions about their care, treatment and support and this was confirmed by people we spoke with. We saw documented evidence that people had monthly meetings with staff to discuss their care needs and progress. These meetings enabled people to discuss their progress and review their action plan.

All care support staff we spoke with had a good understanding of the importance of treating people as individuals and respecting their dignity. They also understood what privacy and dignity meant in relation to supporting people with personal care. We observed care staff knocked on people's bedroom doors and waited for the person to respond before entering. Bedroom and bathroom doors were closed when care support staff supported people with their personal care needs.

The provider explained to us that they encouraged people to be independent and where possible, to do things themselves. We observed care staff provided prompt assistance but also encouraged people to build and retain their independent living skills. On the day of the inspection, we observed two people being encouraged to get ready to go out to the park.

People spoke positively about their bedrooms. One person said, "My room is good. It is comfortable." All bedrooms were for single occupancy. People were able to spend time in private if they wished to. Bedrooms had been personalised with people's belongings, such as photographs and ornaments, to assist people to feel at home.

People were supported to express their views and be actively involved in making decisions about care, treatment and support. Care plans had been signed by people to show that they had agreed to the care provided. Care plans were up to date and had been evaluated by staff and reviewed with people. This provided staff with current information on meeting the needs of people.

Staff explained to us that they respected the choices people made regarding their daily routine and activities they wanted to engage in. The provider explained that staff held regular one to one sessions where people could make suggestions regarding their care and activities they liked and we saw these were documented.

Is the service responsive?

Our findings

People who used the service told us they were happy to raise any concerns they had with the staff and management at the home. One person said, "Staff listen to me." Another person told us, "The manager is nice."

There was a complaints policy in place which detailed the procedures for receiving, handling and responding to comments and complaints. We saw the policy also made reference to contacting the CQC if people felt their complaints had not been handled appropriately by the home. The home had a system for recording and dealing with complaints. At the time of the inspection, we noted that there were no complaints since the inspection in April 2015.

When speaking with care staff, they told us they were confident to approach the registered manager. Staff felt matters would be taken seriously and the registered manager would seek to resolve the matter quickly.

People's care plans included information about each person's needs including; health, care, social skills, community living, finances and communication. Care plans clearly detailed how each person would like to be supported and care plans were individualised and person-centred. We noted that care plans were written in the first person so that it was clear what the individual person wanted. Care plans contained personal profiles, personal preferences and routines and focused on individual needs. We also saw documented evidence in care plans that people had individual goals and a plan detailing how they were going to try and meet these goals.

Care plans were reviewed during one to one meetings and care plans updated accordingly. This enabled care staff to keep up to date with people's changing needs and ensured that such information was communicated with all staff.

People were supported to take part in activities. These included household chores and social outings. Care staff told us people were able to choose where they went. On the day of the inspection, we observed that two people went out to the park. People we spoke with told us that there were sufficient activities available and had no complaints.

There was a system in place to obtain people's views about the care provided at the home. We saw documented evidence that resident's meetings were held so that people could raise any queries and issues. There was also documented evidence of monthly key worker sessions where people were given an opportunity to discuss their individual progress as well as other issues important to them such as the running of the home and day trips planned.

A formal satisfaction survey had been carried out in 2016 where the provider sent questionnaires to people who used the service. The provider explained that people communicated regularly with them and they encouraged people to raise issues with them and staff whenever they wished to and not to wait for a satisfaction survey.

Is the service well-led?

Our findings

People who lived at the home told us they were satisfied with the management at the home and raised no concerns in respect of this. They told us they felt comfortable raising queries with management and found all staff to be approachable.

There was a management structure in place with a team of care staff and the registered manager. Staff told us that the morale within the home was good and that staff worked well with one another. Staff spoke positively about working at the home. They told us management was approachable and there was an open and transparent culture.

Care staff told us that they were kept informed of changes occurring within the home through staff meetings. They told us they received up to date information and had an opportunity to share good practice and any concerns they had at staff meetings. Staff also said they did not wait for the team meeting to raise queries and concerns. Instead, they told us they discussed issues daily with the registered manager and colleagues.

During the inspection we looked at how the home monitored the quality of care it provided. We found that the home had some audits and checks in place to monitor the quality of care. We saw documented evidence that the provider carried fire safety checks and care file reviews. The home had a medicines audit in place. However, we found that the medicines audits lacked detail and discussed this with the provider. The provider confirmed that they would review their medicines audit. We did not see evidence that the provider carried out an audit in respect of the health and safety checks in respect of the premises and housekeeping, infection control, policies and procedures.

We recommend that the provider refers to current guidance in relation to effective governance in care homes.

Accidents and incidents were recorded and included detailed information the action taken by staff, the injury sustained as well as follow up information. This information was then reviewed by the registered manager to help prevent them reoccurring and to encourage staff and management to learn from these.

We looked at the home's policies and procedures and noted that some of these were in need of updating. We saw evidence that management were in the process of reviewing these.

People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.