Shaw Healthcare (Group) Limited

Maitland Park Care Home

Inspection report

Maitland Park Road
Maitland Villas
London NW3 2DU
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Website:

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Ratings

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

Overall summary

This inspection took place on 2 December 2014 and was unannounced. When we last visited the home on the 18 March 2014 we found the service was meeting all the regulations we looked at.

Maitland Park Care Home is located near Chalk Farm in Camden, North London. It provides accommodation and care to 60 older people, some whom were living with dementia.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were kept safe. Medicines were being managed safely. Risks to people were identified and action taken to reduce the risks. Staff were available and had the necessary training to meet people's needs. Staff responded to people's needs promptly.

People were provided with a choice of food, and were supported to eat when this was needed. People were supported effectively with their health needs.

Summary of findings

Care was planned and delivered in ways that enhanced people's safety and welfare according to their needs and preferences. Staff understood people's preferences, likes and dislikes regarding their care and support needs.

People were involved in decisions about their care and how their needs would be met. Staff knew what to do if people could not make decisions about their care needs in line with the Mental Capacity Act 2005.

People were treated with dignity and respect. There was an accessible complaints policy which the registered manager followed when complaints were made to ensure they were investigated and responded to appropriately.

People using the service, relatives and staff said the registered manager was approachable and supportive. Systems were in place to monitor the quality of the service and people and their relatives felt confident to express any concerns, so these could be addressed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Procedures were in place to protect people from abuse.

The risks to people who use the service were identified and managed appropriately

Staff were available in sufficient numbers meet people's needs.

Medicines were managed safely.

Good

Is the service effective?
The service was effective.

People were positive about the staff and felt they had the knowledge and skills necessary to support them properly.

Staff understood the principles of the Mental Capacity Act (MCA) 2005 and told us they would not presume a person could not make their own decisions about their care and treatment.

People told us they enjoyed their meals. The chef was aware of any special diets people required either as a result of a clinical need or a cultural preference.

Good

Is the service caring?
The service was caring.

People were happy at the home and staff treated them with respect, dignity and compassion. Staff knew about people's life histories, interests and preferences.

People were responded to in a timely manner and people using the service and their representatives, where appropriate, were involved in planning and making decisions about the care and support provided at the home.

Good

Is the service responsive?
The service was responsive.

Care plans were in place outlining people's care and support needs and staff followed these.

Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service.

The service had a system in place to gather feedback from people and their relatives, and this was acted upon. People knew how to make a complaint as there was an appropriate complaints procedure in place.

Good

Is the service well-led?
The service was well-led.

The provider promoted an open and transparent culture in which good practice was identified and encouraged.

Good

Summary of findings

Systems were in place to ensure the quality of the service people received was assessed and monitored.	

Maitland Park 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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 2 December 2014 and was unannounced.

The inspection was carried out by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed the information we held about the service. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We spoke with the local safeguarding team and a GP to obtain their views.

During the visit, we spoke with 10 people who used the service, three visitors, seven care staff and the registered manager. We spent time observing care and support in communal areas.

Some people could not let us know what they thought about the home because they could not always communicate with us verbally. Because of this we spent time observing interactions between people and the staff who were supporting them. We used the Short Observational Framework for Inspection (SOFI), which is a specific way of observing care to help to understand the experience of people who could not talk with us. We wanted to check that the way staff spoke and interacted with people had a positive effect on their wellbeing.

We also looked at a sample of eight care records of people who used the service, five staff records and records related to the management of the service.

Good

Is the service safe?

Our findings

Appropriate arrangements were in place to protect people from the risk of abuse. People told us they felt safe at the home and with the staff who supported them. People's comments included, "I feel safe here," and "I have never seen anything untoward."

People could raise concerns with staff. Relatives were aware of the safeguarding policy and knew how to raise concerns. Staff understood the provider's policy regarding how they should respond to safeguarding concerns. They understood how to recognise potential abuse and who to report their concerns to both in the service and external authorities such as the local safeguarding team and the Care Quality Commission. All of the staff we spoke with could clearly explain how they would recognise and report abuse. They told us and records confirmed that they received regular safeguarding adults training as well as equality and diversity training. They understood that racism or homophobia were forms of abuse and gave us examples of how they valued and supported people's differences. Professionals involved with the service told us that staff responded to any concerns they raised.

Risk assessments and care plans were up to date, clearly written and individualised giving good accounts of people's current abilities and needs. A risk assessment and corresponding care plan were devised to reduce the likelihood of this reoccurring. Comprehensive risk assessments were in place that ensured risks to people were addressed. Relatives told us they were involved in the assessment of risks. There were detailed risk assessments covering common areas of potential risk, for example, falls, pressure ulcers and nutritional needs. These were reviewed monthly and any changes to the level of risk were recorded and actions identified to lessen the risk. Staff were able to explain the risks that particular people who use the service might experience when care was being provided. Where necessary professionals had been consulted about the best way to manage risks to people.

People told us that enough staff were available to meet their needs. One person said, "Staff are there when you need them." The registered manager explained that as part of people's assessment before they used the service it was agreed with them how much staff support they needed. Staff told us that there were enough staff available to meet people's needs. When people requested support from staff they were responded to promptly. The registered manager showed us the staffing rota for the previous week. This reflected the number of staff on duty on the day of the inspection. The rota showed that the numbers of staff available was adjusted to meet the changing needs of people.

Safe recruitment procedures were in place that helped to ensure that staff were suitable to work with people as they had undergone the required checks before starting to work at the service The four staff files we looked at contained criminal records checks, two references and confirmation of the staff member's identity. We spoke with one member of staff who had recently been recruited to work at the service and they told us they had been through a detailed recruitment procedure that included an interview and the taking up of references.

We observed medicines given to people. We saw that the nurse was patient and reassuring. We saw the nurse recorded when the medicine had been taken. People were asked if they were in pain and were given pain relief.

People's current medicines were recorded on medicines administration records (MAR) as well as medicines received into the home. All people had their allergy status recorded to prevent inappropriate prescribing. Medicines prescribed as a variable dose were all recorded accurately and there were individual protocols in place for people prescribed as required medicines (PRN).This meant that staff knew in what circumstances and what dose, these medicines could be given, such as when people had irregular pain needs or changes in mood or sleeping pattern. There were no omissions in recording administration of medicines. These records confirmed that medicines had been given as prescribed.

Good

Is the service effective?

Our findings

People were supported by staff who had the necessary skills and knowledge to meet their needs. One person said, "The staff are excellent. They do a good job." Training records showed that staff had completed all areas of mandatory training in line with the provider's policy. Staff had specific training on dementia, managing behaviour that challenged the service and nutrition. All care staff had completed a diploma in health and social care. A training matrix was used to identify when staff needed training updated. Staff said the training helped them feel confident about carrying out their role and meeting people's needs.

Staff confirmed that they received regular supervision and that this was an opportunity to get support from management about any work issues or concerns they might have. We looked at three records of staff supervision that showed this was happening and that staff were offered the chance to reflect on their practice.

People told us that staff listened to them and respected their choices and decisions. One person told us, "They ask me what I want and do things the way I like." Staff had undertaken training in understanding the Mental Capacity Act 2005 (MCA) and we saw that refresher training had also been booked. Staff understood the principles of the MCA 2005 and told us they would not presume a person could not make their own decisions about their care and treatment. They told us that if the person could not make certain decisions then they would have to think about what was in that person's "best interests" which would involve asking people close to the person as well as other professionals. Staff understood that people's capacity to make some decisions fluctuated depending on how they were feeling. The deputy manager had applied to the local authority for a Deprivation of Liberty Safeguard (DoLS) authorisation where restrictions had been placed on individuals to ensure any restrictions on people's liberty was in their best interests and reviewed on a regular basis.

People told us they liked the food provided and that there was enough to eat. One person told us, "I enjoy the food." Another person commented, "I always have enough to eat." Meals looked appetising and the chef was aware of any special diets people required either as a result of a clinical need or a cultural preference. The chef told us that people chose the menu the day before but said that as people had dementia, they most often changed their mind when they saw the actual meals being dished up. However, people could chose a different option when the meals were served. The care plans gave details about people's food preferences, and staff knew what people liked.

People's weights were checked regularly and recorded. Staff accurately monitored and recorded food and fluid intake where required using standardised measures. Appropriate referrals were made to Speech and Language Therapists (SLT) and dietetics services when needed. We saw that staff were using thickener and supplementary foods appropriately and in line with the advice given.

Care records showed how people's health and well-being were monitored and calls to the GP were made swiftly in response to changes in well-being, for example people told us they could be seen by the GP quickly if they needed it. One person said, "The GP visits every week and will come in when you need them." People and their relatives told us they had good access to healthcare professionals including GPs, opticians, chiropodists and dentists. People's care plans showed that they had access to the medical care they needed.

Good

Is the service caring?

Our findings

People told us they liked the staff that supported them and that they were treated with compassion and kindness. They were treated in a caring and respectful manner by staff who involved them in decisions about their care. One person told us, "The staff are lovely. They chat to me and are very kind." Staff interacted with people in a friendly and cordial manner and were aware of people's individual needs. One person said, "I'm not forced to do anything. If I don't want to get up I needn't. I can stay up late." Staff listened to what people had to say and involved them in decisions regarding their care.

We observed staff respecting people's privacy through knocking on people's bedroom doors before entering and by asking about any care needs in a quiet manner and without being overheard by anyone else. Staff were able to give us examples of how they maintained people's dignity and privacy not just in relation to personal care but also in relation to sharing personal information.

Staff understood and promoted people's right to have intimate and private time with their relatives and friends. One person said the home was, "Like a family." Staff asked people if they wanted to be assisted to their bedrooms to talk with their relatives when they visited. People who used the service were able to spend time together when they wished to. One relative explained to us that they had asked staff if they could have some privacy with their loved one. They requested that they could sit together somewhere quiet, but not the bedroom. The relative told us, "Staff always arranged this without being asked."

Relatives had been involved in decisions and received feedback about changes to people's care where appropriate. Care plans contained information about people's preferences regarding their care. People's likes and dislikes regarding food, interests and how they wanted to spend their time were also reflected in their care plans.

People had life history books, which gave staff important information about what the person was like before they developed dementia. Staff demonstrated a good understanding of people's likes and dislikes and their life history.

There were also Do Not Attempt Cardiopulmonary Resuscitation (DNAR) forms for eight people who used the service. These were signed appropriately by either relatives or people who use the service as well as medical professionals. People and their relatives had been consulted about the DNAR form and the appropriate professional advice had been taken before they were put in place. Staff spoken with knew which people had DNAR's which helped to ensure that people's needs were met and their preferences respected.

We observed staff treating people with respect and as individuals with different needs and preferences. Staff understood people's needs with regards to their disabilities, race, sexual orientation and gender and supported them in a caring way. Relatives had been asked about people's cultural and religious needs. Care records showed that staff supported people to practice their religion and attend community groups that reflected their cultural backgrounds.

Meetings were held with people at which issues regarding future activities and the general running of the service were discussed. Minutes were written in a way that supported people who used the service to understand and make decisions.

We found that people's relatives and those that mattered to them could visit them when they wanted to. One person commented, "My friends are always made welcome." Where people did not have a relative who could advocate on their behalf the service had helped them to access a community advocacy service so that they were supported to share their views of their care.

Good

Is the service responsive?

Our findings

People and their relatives had been involved with planning and reviewing their care. Any changes to people's care was discussed with them and their relatives where appropriate. One relative said, "They make sure that we are involved in deciding what will happen." Care plans were in place to address people's identified needs. Care plans had been reviewed monthly or more frequently such as when a person's condition changed, to keep them up to date. Staff explained how they met people's needs in line with their care plans.

People and their relatives told us that they had regular meetings with staff to discuss their needs so that they could be involved in decisions about how care was delivered. People's care records showed that they were regularly consulted about their needs and how these were being met. Staff supported people to make decisions about their care through discussions of their needs. Records showed that a monthly resident council meeting was planned and people told us they were aware of this meeting.

There was a key worker system in place in the service. A key worker is a staff member who monitors the support needs and progress of a person they have been assigned to support. One person said, "My carer makes sure the things I need are available." We found that the key worker system was effective in ensuring people's needs were identified and met as staff were able to explain the needs of the people they were supporting and how they did this.

People could choose to be engaged in meaningful activities that reflected their interests and supported their wellbeing. A range of activities were provided on all three floors and activity plans were available. We saw that a number of activities took place throughout the day, including a music activity, bingo and an exercise group and that there was a plan in place for daily activities. One person said, "I enjoyed doing the exercises with the lady that came." We observed that the people engaged in activities appeared to find them worthwhile and interesting.

We spoke to the new activity coordinator who told us that they were speaking to people to find out what interests they had so that she could plan ahead. The activities coordinator showed us pictures of two recent events, a Halloween party and a wine evening. The pictures showed people who used the service enjoying these events. The December programme included making Christmas cards, a Fayre and going to see the Christmas lights. Relatives told us that people were supported to visit the nearby community centre where they had seen dance shows.

One person said, "I do complain if I don't like something. They have always dealt with things right away." A copy of the complaints procedure was on display in the service. Staff told us that if anyone wished to make a complaint they would advise them to speak with the registered manager and inform them about this, so the situation could be addressed promptly. The complaint records showed that when issues had been raised these had been investigated and feedback given to the people concerned. Complaints were used as part of ongoing learning by the service and so that improvements could be made to the care and support people received.

Good

Is the service well-led?

Our findings

People using the service, their relatives and friends were positive about the registered manager and way the provider ran the service. People and their relatives knew who the registered manager was and said they were approachable and available. One relative said, “I often see the manager and get to talk to her.”

Staff were positive about the management and told us they appreciated the clear guidance and support they received. Staff told us that the management was open and they did not worry about bringing any concerns to them. Staff were also aware of the other ways they could raise concerns including use of the whistleblowing procedure or the organisation’s No cover ups policy where staff could contact senior management outside the home.

We found that people and their relatives felt consulted and involved in decisions about the care and treatment being provided. The service had a number of quality monitoring systems including yearly questionnaires for people using the service, their relatives and other stakeholders as well as regular meetings and monthly quality audits which were undertaken by the regional director. People confirmed that they were asked about the quality of the service and had made comments about this. They felt the service took their views into account in order to improve service delivery.

Regular auditing and monitoring of the quality of care was taking place. This included spot-checks on the care provided by staff to people. These checks were recorded and any issues were addressed with staff in their supervision. Quarterly audits were carried out across various aspects of the service, these included the administration of medicines, care planning and training and development. Where these audits identified that improvements needed to be made records showed that an action plan had been put in place and any issues had been addressed.

Incident and accident records identified any actions taken and learning for the service. Incidents and accidents had been reviewed by the registered manager and action was taken to make sure that any risks identified were addressed. The provider’s procedure was available for staff to refer to when necessary, and records showed this had been followed for all incidents and accidents recorded.