Care Uk Community Partnerships Ltd

Muriel Street Resource Centre

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

Overall summary

We carried out an unannounced inspection on the 11 June 2015. Our previous inspection took place on 24 July 2014 and we found the provider met the regulations inspected.

The service provides nursing as well as residential care to people with a range of needs including physical disabilities, dementia and mental illness. The home is able to accommodate a maximum of 63 people over three floors. There were 58 people using the service on the day of the inspection.

There was a registered manager in place at the time of the 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.

Summary of findings

Staff undertook regular training relevant to keeping people safe and free from harm. They showed a good understanding of the different types of abuse and how they would look out for signs. There was a whistle blowing policy in place and staff knew how to use it

Risk assessments formed part of the person's agreed care plan and covered risks that staff needed to be aware of to help keep people safe.

People had a Personal Emergency Evacuation Plan on their record (PEEP). Their PEEP identified the level of support they needed to evacuate the building safely in the event of an emergency.

People received appropriate staff support to meet their needs. Staff responded promptly when people needed assistance.

We saw that recruitment practices ensured staff were appropriately checked prior to employment to ensure they were suitable to work with the people using the service.

Medicines were stored, administered and recorded appropriately by staff who had undertaken relevant training.

Staff told received training and support to help them carry out their work role and demonstrated good knowledge on the subjects they were asked about, including promoting independence, choice, dignity, engagement and person centred care.

Staff demonstrated a good knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). DoLS exist to protect the rights of people who lack the mental capacity to make certain decisions about their own wellbeing. It also allows people's movements to be restricted for their own safety. Staff always discussed with people, how they wished to be supported and waited for consent.

People were supported to eat drink and maintain a balanced diet. There was a menu on display and this was in pictorial form. People were not hurried and were supported appropriately.

People were supported to keep well and had access to the health care services they needed.

Advice from other healthcare professionals was incorporated in to care plans to ensure that people received appropriate care.

People received support in a dignified manner. We saw that staff demonstrated good knowledge about a person by asking appropriate questions relating to their personal history, thus enabling this person to engage in familiar conversation.

Care files showed that people's needs were assessed before moving in to the service, with relatives and health professionals supporting the process where possible. People had care plans which identified their assessed needs and set out how to support them appropriately.

Information regarding how to make complaints was given to people as well as a leaflet was available and visible. People and their relatives told us they knew how to make a formal complaint and staff were clear about how to support people to do so.

There was evidence of regular audits and spot checks undertaken by the management team, including checks of care records, the environment and staff practice. Learning from audits as well as incidents and investigations was shared with the staff team.

There were opportunities for people's voices to be heard. Meetings were organised for people using the service and their relatives as well as regular coffee mornings to discuss issues relating to how the service supported them.

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?

Good

The service was safe. Staff knew how to report concerns or allegations of abuse to ensure appropriate procedures were used to keep people safe. .

Individual risk assessments were prepared for people and measures put in place to minimise the risks of harm.

There were sufficient staff on duty throughout the day and night to meet people's needs.

There were suitable arrangements for the safe recording, storing and administering of medicines, in line with the provider's medicines policy

Is the service effective?

Good

The service was effective. Staff received induction training and received advice and guidance from visiting professionals.

People were assisted to receive on-going healthcare support.

People's food preferences and any requirements around being supported to eat and drink were detailed in their care plans to ensure people were supported safely to maintain a balanced diet

Staff had a good understanding of the Mental Capacity Act 2005 and how to support people using the principles of the Act.

Is the service caring?

Good

The service was caring. Staff understood people's individual needs and supported people in a dignified way.

Staff ensured they used information from assessments as well as talking to people about their beliefs, preferences and history to ensure equality and diversity was upheld.

Policies and procedures were in place to guide staff on issues relating to end of life care, to ensure people's wishes were handled sensitively and staff had appropriate guidance in this area.

Is the service responsive?

Good

The service was responsive. People received personalised care that met their needs.

People and their relatives were involved in care planning, to ensure care and support was appropriate to them and delivered safely.

People's voices were heard through a number of ways including meetings between staff and people using the service. Feedback was considered and acted upon.

Information regarding how to make complaints was available to people using the service and their relatives.

Is the service well-led?

Good

The service was well-led. The service promoted a positive culture with an emphasis on improving in areas such as dementia care and person centred care.

Summary of findings

There was a clear management structure in place and people, who used the service and staff, were fully aware of the roles and responsibilities of managers and the lines of accountability.

There were effective systems in place to assure quality and identify any potential improvements to the service being provided.

Muriel Street Resource Centre

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 11 June 2015 and was unannounced. The inspection team included two inspectors, a specialist nurse advisor with experience of dementia care 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.

Before the inspection we reviewed the information we held about the service including people's feedback and notifications of significant events affecting the service.

During the inspection we spoke with eight people who used the service and six relatives. We spoke with thirteen staff including nine care workers, two nurses, an activity coordinator and the registered manager. We also gained feedback from health and social care professionals who were involved with the service as well as commissioners.

We reviewed ten care records, four staff files as well as policies and procedures relating to the service. We observed interactions between staff and people using the service as we wanted to see if the way that staff communicated and supported people had a positive effect on their well-being.

Good

Is the service safe?

Our findings

People told us they felt safe and relatives we spoke with said they thought it was a safe service. One person said, "I feel safe with the staff here." A family member told us "We know our relative is safe here. There is less worry for us now."

We saw notices in the home with contact numbers that staff, people who used the service or visitors could use to report any concerns regarding abuse. Staff we spoke with knew who to report any concerns to, how to respond to any allegations of abuse or other serious incidents and what to expect as a result of reporting any such concerns. One care worker told us "It is our duty to keep people safe at all times. I would have no hesitation about reporting anything of concern".

The registered manager and unit managers understood their responsibilities for reporting safeguarding concerns and were able to tell us they would report any issues to the local authority safeguarding team and undertake preliminary investigations. They were also clear that the local authority were the lead agency for coordinating safeguarding investigations and that they should also report concerns to the Care Quality Commission.

Staff told us they undertook regular training relevant for keeping people safe and free from harm and this was evidenced in the training records we saw. One staff told us they had recently done training. When asked whether this was of benefit to their work, they replied, "Yes, it reminds you of your duty to the residents." They showed a good understanding of the different types of abuse and how they would look out for signs. For example, they told us, "When doing personal care, we can see how the person is and if they have any bruises." Staff we spoke with also demonstrated an understanding of the Whistle Blowing policy.

Risk assessments formed part of the person's agreed care plan and covered risks that staff needed to be aware of to help keep people safe. Staff showed an understanding of the risks people faced "We have to be sure we know peoples' whereabouts at all times." The assessments were reviewed every month and adjusted if a person's needs had changed. On one person's care records, where there had been a significant event with one person some months prior to our Inspection, we were unable to locate the updated risk assessment. However, the staff we spoke with could tell us what measures had been put in place to minimise the risk of further recurrence. We discussed this with the registered manager who, whilst accepted that we were unable to view the revised assessment, told us there had been a review of the risk assessment in relation to that person and we saw evidence of this in an audit trail of safeguarding cases. She also requested that a revised assessment be written immediately and placed on the file. Other risk assessments we saw detailed clearly each risk and outlined the steps for minimising the risks.

We saw that people had a Personal Emergency Evacuation Plan on their record [PEEP]. Their PEEP identified the level of support they needed to evacuate the building safely in the event of an emergency. Each person's risk was rated and colour coded. There was a coloured dot that corresponded with the level of risk placed on each person's bedroom door, which indicated, for example, whether they needed one or two people to support them and the sort of equipment to be used. There was a fire evacuation procedure displayed beside the door in people's bedrooms. These were in word and pictorial form.

People received appropriate staff support to meet their needs. Relatives we spoke with told us they thought there were enough staff on duty to support people appropriately. We saw how staff responded promptly when people needed assistance. Call bells were responded to within a reasonable time. We asked staff how those who were unable to use their call bells were attended to and were told "We have a system of regular checks where we record each person's whereabouts every hour." We saw a record to support this. Staff told us there were enough of them to meet people's needs most of the time. One told us, "to be honest, we are under pressure when someone calls in sick, like today. It would be nice to have more time to sit and chat." Another told us how "it is particularly stretched on nights." Although rotas we saw demonstrated sufficient staff numbers during the day and night. Some staff felt that there should be two registered nurses on duty, as when there was one registered nurse it was difficult to address everything. The registered manager told us that the request for an extra nurse was being reviewed. Also, covering sickness at short notice was sometimes difficult but shifts were never left short for long. She told us that recruitment

Good

Is the service safe?

was on going and they had received a good response therefore staffing vacancies would be filled quickly. Plans were also in place to introduce a bank worker system made up of existing staff.

We looked at four staff files and saw that recruitment practices ensured staff were appropriately checked prior to employment to ensure they were suitable to work with the people using the service. They included criminal record checks, two written references, interview records and an application form detailing the staff member's employment history. Their right to work in the United Kingdom was also checked and verified and included supporting documentation.

Medicines policies and procedures were in place for the service. Medicines were stored securely in a locked trolley in the home's clinical room area. Medicines that needed to be kept cool were stored appropriately in a locked refrigerator in this area. These medicines were in date and stored correctly. The temperature in the clinical room and the drugs refrigerator was being checked and recorded on a daily basis. medicine records were easy to follow and included individual medicine administration records (MAR) for each person using the service, their photographs, details of their GP, and information about any allergies and special precautions i.e. Diabetes.

Medicines were being administered correctly to people by trained staff. The majority of medicines were administered to people using a monitored dosage system supplied by a local pharmacist. We spoke with the unit manager about how medicines were managed. They told us that staff were trained in medication administration, and competency assessments were conducted annually to ensure their practice was safe. This was evidence on training records we saw.

The home was clean and we saw cleaning was on going throughout the day. Infection control measures were in place. We saw that staff were using gloves and protective clothing appropriately. There was an ample supply of gloves and aprons in areas throughout the home.

Good

Is the service effective?

Our findings

People we spoke with and their relatives told us they thought the service was effective. One person said, “It’s very good here.” One relative said, “Whenever you have any concerns they get dealt with quickly.” Care workers understood people's behaviour and responded promptly when people became unsettled. We saw that a potentially embarrassing situation had been handled swiftly and sensitively.

Staff had the knowledge and skills to enable them to support people effectively. Staff told us they received training and support to help them carry out their work role and this was confirmed in the training records we saw. We spoke with four new staff members who told us they worked alongside experienced senior care staff for a period of time, the length of which depended on their experience. All of the staff demonstrated good knowledge on the subjects they were asked about, including promoting independence, choice, dignity engagement and person centred care. Staff told us they had completed a moving and handling course and felt they had received appropriate training to support people with their care needs. This included training on using hoists and caring for people living with dementia. Training records Training records showed that staff had received mandatorily training. Two staff were also designated champions for nutrition and had completed modules in partnership with the local council, to ensure they were competent to give advice on this area. We saw evidence that Equality and diversity training had been booked for staff in June 2015 and all of the care staff had chosen to undertake the new care certificate and two staff had been identified to become assessors.

Supervision was undertaken with staff on a regular basis and this was confirmed in the staff files we saw. Staff reported that it was a supportive process that enabled them to do their job effectively as well as ensuing they were following good practice and fulfilling their objectives. One care worker told us “My supervision is useful. It is an opportunity to raise things, for example, when I have had a difficult shift, we discuss it”. Supervision records followed a standard format covering staff’s strengths and development needs, training and discussion about their work. The unit manager explained that due to senior staff absences supervision had lapsed but added that group supervision was also conducted to help ensure staff were adequately supported.

Staff demonstrated a good knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).DoLS exist to protect the rights of people who lack the mental capacity to make certain decisions about their own wellbeing. It also allows people’s movements to be restricted for their own safety. Services should only deprive someone of their liberty when it is in the best interests of the person and there is no other way to look after them, and it should be done in a safe and correct way. On care worker told us “we are in the process of reviewing those who may need a DoLS, we need to be sure they are specific to a particular requirement.” Where a DoLS application had been made, we saw these were appropriately completed. We saw DoLS applications in peoples care records and staff we spoke with understood why they were in place and what they were for.

Staff told us how they asked for people’s consent before, for example, they undertook personal care. One care worker told us, “I always explain what I am doing and wait for a response.” We saw a consent form on two people’s records, which was signed by them and agreed to their participation in an event. There was supporting evidence to show the process involved in obtaining that consent .We also saw evidence of Do Not Attempt cardio pulmonary resuscitation (DNACPR) forms on records and evidence of discussions with families around this decision. The registered manager also confirmed that Independent Mental Capacity Advocates (IMCA) had also been involved in some cases.

People were supported to eat drink and maintain a balanced diet. We saw a menu was on display and this was in pictorial form, showing pictures of the meals on offer. We observed the lunch being served and saw that people were not hurried and were supported as appropriate. One person we spoke with said “The food is really excellent here; I wish they would cook something rotten so I could go on a diet, I try to stick to rice.” Another said, “The food is nice. I like the food very much.”

We saw a good of choice of food at breakfast including hot and cold foods, meat and vegetarian. At lunch there were

Good

Is the service effective?

two hot choices of main meal and salad. There was a bowl of fruit in the dining room with a selection of fruit and biscuits. Juice, tea, coffee and water were available throughout the day.

We saw one person was served their food outside in the garden, which was their preference and where they spent the day. The food was served in wide low lipped bowls, with easy grip handle cutlery. Food and fluid charts were well completed with 24 hour fluid intakes totalled, and food intake recorded at regular intervals. People's dietary requirements, for example, diabetics, pureed food were detailed in their care plans.

People were supported to keep well and had access to the health care services they needed. Advice from other healthcare professionals was incorporated in to care plans to ensure that people received appropriate care and treatment. For example, records confirmed people had seen an optician, chiropodist, community dentist and district nurse where appropriate. Other specialists were consulted for specific medical problems as required, for example Specialist Services for Aging and Mental Health [SAMH].

Good

Is the service caring?

Our findings

People and their relatives told us staff were caring. One person said "I think it's splendid. There are occasions when things don't go right but I find it quite amenable, oh yes indeed, I do." Another person said, "It's alright. It's good. I'd recommend it " A relative told us, "This place is very nice, you couldn't complain." We saw staff interacting with people in a kind and respectful way. For example, each time staff passed close to a person, they were greeted, using their name and asked how they were.

People received support in a dignified manner. A member of staff told us "you have to be honest in your work and treat people like you would like to be treated yourself." Another told us "it is vital that we remember their dementia is not who they are, they are individuals who have had real lives and history." We saw how a member of staff demonstrated good knowledge about a person by asking appropriate questions relating to their personal history, thus enabling this person to engage in familiar conversation.

There are several communal and sitting areas which allowed them space when they needed it, and they could spend time in less crowded areas. In the afternoon we saw that ten people went out into the garden to enjoy the sunshine. The activity coordinator was arranging this. The activity coordinator brought out sun hats and ice lollies for everyone. Some people were taking advantage of being outside to smoke cigarettes. Although people weren't talking much, we observed signs of wellbeing as people were relaxed, smiling and enjoying the sunshine.

We saw visitors entering the building freely and they were welcomed by staff. The atmosphere in the home was calm and friendly. Staff took their time and gave people encouragement whilst supporting them. People were treated with respect and their privacy and dignity was upheld. We saw how doors were closed when personal care was given. Staff gave us examples of how they respected people's dignity by making sure they were covered during personal care activities and that clothes were stored and labelled individually. We looked, with permission, at one person's wardrobe and noted that clothes were well maintained. One care worker told us "this job is all about caring for people, you must be motivated by that rather than just seeing it as a job." Another told us "I am passionate about my job and I would certainly recommend this place to others because I believe that staff care."

Staff had a good understanding of equality and diversity issues and we saw policies and procedures in place to guide staff in this area. Staff completed life histories and took time to find out about peoples backgrounds, beliefs and preferred lifestyles and they told us that this assisted them to support people appropriately, according to their needs and wishes.

We saw end of life care plans had relevant information on where a person wished to be during their end of life as well as which family members to contact and in some files there were details of the funeral and the type of music they wanted to be played. Policies and procedures were in place regarding end of life care for people using the service, their relatives and staff. Policies also detailed how other professionals may be involved in end of life planning for example palliative care nurses.

Good

Is the service responsive?

Our findings

People told us the thought the service was responsive. One person said “We’ve got very kind staff here. I have a little argument now and again; who doesn’t? But no one bears grudges.” They went on to talk about the freedom they had to smoke when they chose to, as there was easy access to the garden or the smoking room. A relative told us that if they reported any issues or concerns, they were dealt with straight away.

Care files showed that people's needs were assessed before moving in to the service, with relatives and health professionals supporting the process where possible. The assessments took account of a range of needs relating to physical health and care, and activities of daily living. Social histories were detailed on most people’s records, and contained background information about their past lives. People had care plans which identified their assessed needs and set out how to support them appropriately. For example People's care plans had detailed information regarding their needs including dementia, diabetes, previous strokes and epilepsy.

People’s diverse needs were understood and supported. The care plans included information about their needs in relation to age, disability, gender, race, religion and belief and sexual orientation. We noted how one person new at the home, had expressed an interest in having a church minister visit them on a regular basis. The registered manager told us this was something which the newly appointed activities coordinator would be exploring.

Each person had a ‘This is Me’ file on their record. The registered manager told us part of this went with the person to hospital as it included relevant and vital information about them, including medicines and the best means of communication.

Staff had a good understanding of people’s individual needs and told us they were expected to read the care plans. One new member of staff told us “I read them to get to know who I am supporting.” Another told us how they encouraged people to do as much as they could for themselves, “No matter how slight, it all helps to keep their skills for as long as possible.” Staff wrote daily records about each person's experiences, activities, health and well-being and other relevant events such as medical appointments. They told us they shared information at each shift change to keep up to date with any changes in people's needs.

We saw from the activity programme there were a range of activities on offer at the home, including coffee mornings, newspaper discussions and weekly hairdresser for those who wanted it. People we spoke with told us they enjoyed taking part in them. We spoke to the activity co-ordinator and watched them running the coffee morning activity on Butterfly Unit. Thirteen people and three carers attended. She led a discussion about what they were going to do at the summer fete to which the public would be invited. the activity coordinator told people about the plans and asked for more ideas. The music therapy group was a new initiative, in partnership with the home and Islington museum. Ten people attend the museum every week and were involved in musical activities that were closely related to their era. Reports form the registered manager about the project were positive, stating that they had noticed a change in peoples mood and wellbeing once they returned from their visit each week and she told us of plans to get more people involved.

The complaints procedure was displayed in people’s bedrooms. This was clearly set out and gave information on how and who to make a complaint to. The registered manager told us her approach to complaints was always open and about learning. She told us she would always put her hands up if the service had done something wrong.

Good

Is the service well-led?

Our findings

People and their families and friends told us they thought the service was well run. One person told us "The manager is a very kind lady. She's my friend. She's the best manager I've ever known" A relative said, if you go to the manager, she always deals with things straight away and she's very good."

There was a clear management structure in place and people, who used the service and staff, were fully aware of the roles and responsibilities of managers and the lines of accountability.

Staff spoke positively about the registered manager and the support given to them. One staff told us, "The manager listens and her door is always open." Another told us "If we need something, she will get it, for example, we now have more computers on the floor, which helps, as we have to do a lot of recording." They told us that they were encouraged to pursue further training and develop their career with the organisation.

The registered manager promoted a positive learning culture. We saw how the focus on training and development contributed to the quality of the service being delivered as well as empowering staff to achieve individual and organisational goals. One member of staff with supervisory responsibility told us "You cannot raise standards without valuing staff" and "the more you empower staff, the more you raise standards." We saw how management encouraged care workers to take responsibility for their keyworker role. This was to ensure people felt confident, knowing they had a designated care worker to confide in and work closely with around planning their care. Care staff we spoke with told us they felt encouraged and valued in this role, as it was central to providing person centred, good quality care.

People told us they were listened to and there were opportunities for their voices to be heard. We saw evidence of meetings organised for people and their relatives as well as regular coffee mornings and discussions that took place. We saw feedback from people and their relatives was used to make changes, for example, people had requested that more outings and trips were planned. A trip to Southend-on-Sea and a canal trip had already arranged. Meetings were held on each floor and on the second floor, which was the residential floor, we saw that there was a voting system for the chairperson and meetings included people who use the service, staff and relatives.

We saw the Dementia Standards Checklist which had been completed by the registered manager in May 2015. This was a set of standards that would demonstrate the provider's achievements, maintenance, and enhancement of person centred relationships and focused on dementia support within the home. The registered manager told us of her commitment to the standards as well as ensuring the principles of dementia awareness were promoted to ensure the service was dementia friendly.

There was evidence of regular audits and spot checks undertaken by the management team, including checks of care records, the environment and staff practice. Learning from audits as well as incidents and investigations were shared with the staff team.