Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Median Road Care Home

25 Median Road, Lower Clapton, Hackney, London, E5 0PF

Tel: 02083568710

Date of Inspection: 15 May 2013

Date of Publication: June 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Cooperating with other providers	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Staffing	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	London Borough of Hackney
Registered Manager	Mrs. Anastasia Ifech Appah
Overview of the service	Median Road Care Home is a 37 bedded care home providing a range of short-term interim, respite and intermediate care for residents of the London Borough of Hackney.
Type of services	Care home service without nursing Rehabilitation services
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 15 May 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

As part of our inspection we spoke with four people using the service and two relatives of people using the service on the day of our visit. Most of the people we spoke with were happy with their quality of care. Most people who spoke with us said that they were involved in planning their care. Most people told us Median Road Care Home was meeting their care needs. One person told us, "this place has been very nice. Staff are really helpful and polite. I couldn't ask for anything better." Each person who spoke with us praised staff working in the home. One of the people described staff as "very very good", another person commented, "staff always come and help me immediately."

People were protected from the risks of inadequate nutrition and dehydration.

People were cared for in a clean, hygienic environment.

Most of the people who use the service and their relatives told us there were enough staff on duty and they did not have to wait long for a member of staff to see them, if they needed any assistance.

There were enough qualified, skilled and experienced staff to meet people's needs.

Most of the people who use the service and their relatives told us there were enough staff on duty and they did not have to wait long for a member of staff to see them, if they needed any assistance.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Most people who spoke with us confirmed that they were involved in planning their care. We looked at four individual care plans. Each person had assessments, which were completed with the person before they were admitted to the service. The home ensured that people's care was coordinated effectively following their discharge from hospital. Prior to a person being admitted to Median Road, a multidisciplinary team (MDT) assessment was carried out. Staff told us the service would only take someone if they met the following criteria: that the person is medically fit for discharge from hospital and they can be supported with moving and handling with the assistance of one person. At this stage clear discharge goals would be set. On the day of admission the therapists would complete a risk assessment. In the notes that we looked at, we saw that these had been completed appropriately. The notes also showed regular review of people's progress against their identified goals. One person told us they felt that they were not being kept informed about their rehabilitation progress and future plans as often as they would like. We brought this to the attention of staff working in the home, who said they would meet up with that person, so that this could be put right.

When we visited staff and people who used the service and their relatives told us there was good access to therapies. Physiotherapists and occupational therapists worked on the intermediate care unit. People also had access to speech and language and psychotherapy if needed.

People who were using the service were encouraged to participate in activities. Due to the nature of the service, most activities were indoors and were aimed at improving people's ability to live more independently in the community. There was a weekly activities programme on display in the home. Activities included an exercise group, a conversation group and a cooking group. There was also a physiotherapy exercise programme. Most of the people we spoke with said they were satisfied with the quality and frequency of activities on offer. One person felt that staff should encourage people to play more games and to socialise more.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

People were provided with a choice of suitable and nutritious food and drink. One of the people told us, "I get well fed. I can't grumble about food." During our interviews with people who used the service and their relatives, two people and one relative told us that they preferred food that was more bland and in their opinion there was too much spicy food on the menu. We discussed this with the staff on duty. They were able to demonstrate to us that staff, including kitchen staff, were aware of people's individual preferences and they offered additional meal choices.

People's food and drink met their religious or cultural needs. The home employed a chef and an assistant. We visited the kitchen and there were sufficient food supplies. This included options for people from various cultures, including halal and kosher meals. Other options, such as vegetarian meals or diabetic meals were also available.

Cooperating with other providers ✓ Met this standard

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

People who spoke with us and their relatives told us they were aware of the purpose of the project. They also told us staff clearly explained to them what would be offered during their stay at Median Road Care Home.

We found that the service was working well and in partnership with other care providers and professionals.

Staff told us that once they have received a referral, they would try and do an assessment within 24 hours. Some of the assessments would be carried out whilst a person was still in hospital.

Prior to any person's discharge from the unit, a care manager would hold a meeting, during which all discharge plans would be discussed. The service would also ensure that care packages had been set up where necessary. Staff who spoke with us said that they felt that the process was working well and that they worked in partnership with other providers.

Cleanliness and infection control ✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection.

People who used the service and their relatives told us they were satisfied with the cleanliness of the environment. One person told us, "someone comes and cleans my bedroom floor every day." People told us care staff always wore protective gloves and aprons when supporting people with any aspect of personal care.

The service employed domestic staff, who ensured that all part of the building were regularly cleaned.

The home had infection control guidelines and policies in place, which staff were expected to follow to prevent outbreaks of any infections. There were effective systems in place to reduce the risk and spread of infection.

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The service employed domestic staff, who ensured that all part of the building were regularly cleaned.

The home had infection control guidelines and policies in place, which staff were expected to follow to prevent outbreaks of any infections.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

There were enough qualified, skilled and experienced staff to meet people's needs.

Most of the people who used the service and their relatives told us there were enough staff on duty and they did not have to wait long for a member of staff to see them if they needed assistance.

We spoke with the deputy manager and staff about staffing levels in the service. They all confirmed there was a sufficient number of staff on each shift to meet people's needs. The number of staff depended on the number of people using he service at any given time. The intermediate care unit also employed members of the multidisciplinary team, such as occupational therapists and physiotherapists, who worked with people in meeting their mobility goals. We spoke with the person in charge of the multidisciplinary team and they informed us that there were sufficient numbers of staff in his team to meet the needs of the people using the service.

The deputy manager told us the home has been using some agency staff, however they always used the same people to ensure continuity of the service.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People were made aware of the complaints system. This was provided in a format that met their needs. People who spoke with us and their relatives confirmed they were aware of the complaints systems and would use it if they were unhappy with the quality of care offered to them

People had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint.

We asked for and received a summary of complaints people had made and the provider's response. This showed that the provider dealt with any complaints without delay and staff would adjust their practices where any shortcomings had been identified.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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