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: 19 September 2012

Date of Publication: October 2012

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Management of medicines	✓ Met this standard
Staffing	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	London Borough of Hackney
Registered Manager	Mrs. Cecile Barrett
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. When we visited there were two people living there permanently.
Type of services	Care home service without nursing Rehabilitation services
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Page

Summary of this inspection:

Why we carried out this inspection 5
How we carried out this inspection 5
What people told us and what we found 5
More information about the provider 5

Our judgements for each standard inspected:

Consent to care and treatment 6
Care and welfare of people who use services 7
Meeting nutritional needs 8
Management of medicines 9
Staffing 10
Complaints 11

About CQC Inspections 12

How we define our judgements 13

Glossary of terms we use in this report 15

Contact us 17

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 19 September 2012, 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 and talked with staff.

What people told us and what we found

As part of our inspection we spoke with 11 people using the service and one visitor who happened to use the service in the past. All of the people that we spoke with were complimentary about the service. People told us Median Road Care Home was a nice place to stay and that the staff treated everyone with dignity and respect. One person told us, "I keep fit, get well fed, I am happy". Another person said, "they give you everything that you need", "they always look after us very well". The visitor told us, "I would be happy to move back here any day".

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

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

During our visit to the service we looked at the issues of consent and how staff worked with people who were not always able to make decisions about their own care. We checked initial assessment documents and these showed that staff recorded any concerns about the person's mental capacity and their ability to make decisions or give consent.

We spoke with staff working in the home and they were aware of each person's ability to make decisions. The manager told us that she was introducing new forms, which would make it simpler for staff to have an overview of each person's ability to make decisions. Staff who spoke with us had some knowledge of the Mental Capacity Act 2005 and the home manager told us that all staff have been booked to attend Mental Capacity Act awareness training in October and November 2012. Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

The home arranged for a psychiatrist to carry out mental capacity assessments when required. This ensured that people who use the service were able to make decisions about the care they receive and about their future for as long as possible.

We found that where it was decided that a person lacked mental capacity to make a decision, for example in relation to dealing with their financial affairs, the home would ensure that appropriate people were informed and involved to make decisions in the best interest of that person.

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

People who spoke with us confirmed that they were involved in planning their care. This was also evident in people's individual assessments, which were completed with the person who used the service 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. We were informed that the service would only take someone if they met the following criteria: that the person is medically fit for discharge from hospital and, that they can be transferred 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.When we visited we were told by staff that there was good access to therapies. Physiotherapists and occupational therapists worked on the intermediate care unit and 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.

The service also offered some outdoor activities to the people who use the service. Staff told us that these were mainly used by the two permanent residents.

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

As part of our visit we looked at how the home met people's nutritional needs. People told us they liked the food offered by the home and there was a good choice of food on the menu. One person said, "I get well fed". Another person told us, "food is good"

People were provided with a choice of suitable and nutritious food and drink. The manager told us people who use the service were served breakfast, followed by a cooked lunch. Afternoon tea was served at 5:30 pm. Sandwiches, cakes, fruits and other snacks were also available throughout the day. This was confirmed by people who used the service.

People's food and drink met their religious or cultural needs. Staff gave us examples of providing halal and kosher meals. Other options, such as vegetarian meals or diabetic meals were also available.

People were supported to be able to eat and drink sufficient amounts to meet their needs. Although we did not observe meals being served, people told us that the meals were plentiful. One person told us that they were able to regain the weight they had lost during their stay in hospital. Nutritional monitoring was also in place where and when required. People were weighed on a regular basis, so that any unusual patterns in weight gain or loss could be identified.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

At our last inspection in March 2012 we found that the processes in place for the management of medicines at Median Road Care Home were not robust. Staff we spoke to did not demonstrate an awareness of the processes for medication distribution, the documentation was confusing and incomplete, and medications were not being stored appropriately.

During this inspection we found the home had made appropriate arrangements in relation to the recording of medicines, medicines were kept safely and they were disposed of appropriately.

Each person had a medication administration chart, which listed all medicines the staff were expected to administer to each person. Whenever possible people were encouraged to take their own medication, so that they were able to take their own medicines when they returned to their homes. Where it has been identified that someone required support from staff with administering medication, medication was always administered by staff to avoid any mistakes.

The provider had ensured that there was a controlled drugs register in place. Controlled drugs were only administered by district nurses.

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.

People who use the service 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.

We spoke with the manager and staff about staffing levels in the service. They all confirmed there was a sufficient number of staff on each shift to meet the needs of the people using the service. The number of staff depended on the number of people using the 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 using the service in meeting their mobility goals.

The manager told us that the home has been using some agency staff, however they always used the same people to ensure continuity of the service. She told us that six new members of staff have recently been recruited and pre-employment checks were being carried out before they were officially confirmed in their posts.

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. People 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. The manager told us she encouraged all people who use the service and their relatives to use the complaint system, so that any shortcomings could be immediately identified and addressed.

People's complaints were fully investigated and resolved where possible to their satisfaction. There had been three complaints received by the service since out last inspection. We found the provider treated all complaints seriously and used any recommendations to improve the quality of care offered to the people who use the service.

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, 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 dentists, primary medical services and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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 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.
✖ **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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.