

Care UK Community Partnerships Ltd

Muriel Street Resource Centre

Inspection report

37 Muriel Street
Islington
London
N1 0TH

Tel: 02078332249
Website: www.murielstreetislington.co.uk

Date of inspection visit:
13 April 2022

Date of publication:
10 June 2022

Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Summary of findings

Overall summary

About the service

Muriel Street Resource Centre provides nursing care to men and women with a range of needs including physical disabilities, dementia and mental illness. The home can accommodate a maximum of 63 people over three floors. There were 35 people using the service on the day of the inspection.

People's experience of using this service and what we found

People were protected from the risk of harm from preventable risks. Risks to people's health and wellbeing had been assessed and reviewed. Support that people needed to eat and drink was provided in a safe way. The environment was safe and clean. The service continued to follow safe infection prevention and control measures to ensure people were protected from risks of COVID-19. Visiting was allowed to people at the home and the manager explained how this was planned with people's families.

Rating at last inspection and update

The last rating for this service was Good (Published on 21/04/2021).

Why we inspected

We undertook this targeted inspection to check how the home managed food and hydration for people due to a concern that had been raised. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We use targeted inspections to follow up on Warning Notices or to check concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Muriel Street Resource Centre our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Further information is in the detailed findings below.

Inspected but not rated

Muriel Street Resource Centre

Detailed findings

Background to this inspection

The inspection

We carried out this targeted inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by a single inspector.

Muriel Street Resource Centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider has sent to us, such as notifications, which the provider is required to submit if particular events occur.

During the inspection-

We had passing conversations with three people using the service and asked how people they were, and each replied they felt ok. We also observed staff interacting with people during activities and when being supported at lunchtime. These interactions were positive, and staff were seen treating people with the dignity and respect they deserved. We also spoke with the manager, who has applied for registration with CQC.

We looked at a sample of risk assessments for 5 people around potential risks they faced when eating and drinking. We also looked at four records, and storage, of controlled medicines for people living on the ground floor.

After the inspection –

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Good, we have not changed this rating as a result of this inspection.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew what the potential risks of harm were and acted to minimise any untoward event.
- We looked at information the provider showed us of records of complaints and incidents. Any concern that had been raised had been reported as required to the local authority and CQC and had been responded to appropriately.

Preventing and controlling

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or

managed.

- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The provider was facilitating visits to people living at the home.

Assessing risk, safety monitoring and management

- The service assessed the potential risks that people faced and responded to risks that were identified and that emerged as people's needs changed.
- We looked at the risk assessment policy which was reviewed in April 2022. This policy clearly explained the reasoning behind the need to carry out risk assessments and the procedure for doing so. The policy supported the principle of taking all reasonable steps necessary to keep people safe from avoidable risk of harm.
- We focused on risk assessments specifically related to how people who have swallowing difficulties are supported to maintain nutrition and hydration. A question had been raised by a person's family about guidelines staff followed.
- We found that the service liaised with specialist healthcare speech and language therapy colleagues to obtain the most appropriate advice to ensure risks that some people faced with eating and drinking were known about and action was taken. For example there had recently been clarification required about a person's eating and drinking assessment, which was resolved and explained to their family.

Using medicines safely

- The provider had effective monitoring and auditing systems in place to ensure that medicines were administered safely. We looked at a sample of these audits for the last six months and found that any areas requiring improvement had been identified and action had been taken to address them.
- We looked at the medicines policy which was most recently reviewed in December 2021. We looked at four people's controlled medicines, which are medicines that require secure storage and more detailed recording when they are administered. These showed proper secure storage and recording of controlled medicines and the medicines policy clearly outlined the procedures that staff were required to follow.

Staffing and recruitment

- The provider's recruitment procedures ensured that staff members were suitable for the work they were undertaking. We looked at four staff identity and criminal records (DBS) checks and found that the correct procedures had been followed to promote the safety of people using the service by preventing them from being cared for by unsuitable staff.

Learning lessons when things go wrong

- The provider was taking steps to remedy any identified shortfalls at the service and learning from improvements that were identified.
- There were regular "News flash" bulletins to the staff team outlining areas of improvement needed, reminders to staff and also making note of good practice observed.