Micado Homes Limited

Micado Homes - Drayton Lodge

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

Summary of findings

Overall summary

The inspection took place on 8 June 2016 and was announced the day before as the service was small and we wanted to be sure the provider and people using the service would be available to meet with. The service was last inspected 8 May 2014 where the regulations assessed had been met.

Micado Drayton Lodge provides support and accommodation for up to six adults. The service is for men who have various needs, including mental health needs and might require support with substance misuse issues. There were three people using the service at the time of the inspection.

There was a registered in post who was also the provider. 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.

There was an established and experienced small staff team who had a good knowledge of people's needs and preferences. They were given support by means of regular training, supervision and appraisal.

We found the service to be meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). DoLS provide a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. Staff understood people's right to make choices for themselves and had been trained on this subject.

People told us they felt safe at the service. Staff received training on safeguarding adults from abuse and there were policies and procedures in place.

People lived in an environment which was appropriately maintained and safe.

The provider and support staff had assessed and recorded people's individual care and support needs.

People had been asked to view and consent to their care plan and other aspects of their care. They said they were encouraged to make choices about their lives and to be as independent as possible.

Checks were carried out to make sure staff were suitable to work with people using the service and there were enough staff to meet people's needs.

People received the medicines they needed safely.

People were given the support they needed to meet their nutritional needs.

People's health needs were regularly assessed and managed.

People were supported to use the full range of community resources.

There was an appropriate complaints procedure in place. People told us they knew about the complaints procedure and were confident the registered manager would respond to any concerns they might have.

Systems were in place for auditing the quality of the service and for making improvements.

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.

People told us they felt safe at the service.

There were enough staff on duty to meet people's needs.

People were protected because the provider had systems and procedures to safeguard them.

The risks to people's wellbeing and safety had been assessed and there were plans for staff to help keep people safe.

People lived in an environment which was appropriately maintained and safe.

People safely received their medicines.

Is the service effective?

Good

The service was effective.

People had been asked to view and consent to their care plan and other aspects of their care.

We saw no examples of people being deprived of their liberty unlawfully.

People were cared for by staff who were trained and supported by their line manager.

People were given the support they needed to meet their nutritional needs.

People were given the encouragement and advice they needed to stay healthy.

Is the service caring?

Good

The service was caring.

People were cared for by staff who were polite and caring.

People's privacy was respected.

Staff offered people choices about aspects of their daily lives.

Is the service responsive?

Good

The service was responsive.

Staff had assessed and recorded people's individual care and support needs.

There was an appropriate complaints procedure and people felt able to make a complaint if they had one to staff.

Is the service well-led?

Good

The service was well-led.

People told us they were happy with the way their service was managed.

Staff told us they were supported in their work.

Systems were in place for checking the quality of the service and making improvements.

Micado Homes - Drayton Lodge

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 checked 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.

The inspection took place on 8 June 2016 and was announced. The provider was given notice the day before the inspection because the service was a small care home for people who might be out during the day; we needed to be sure that someone would be in.

The inspection was carried out by a single inspector.

Before the inspection we looked at all the information we had about the service. This information included any statutory notifications that the provider had sent to the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us.

Prior to the inspection, the registered manager completed a Provider Information Return (PIR). This is a form that asks the provider or registered manager to give some key information about the service, what the service does well and improvements they plan to make.

We met with the registered manager, a deputy manager, a support worker and three people who used the service.

We looked at the care records for two people using the service, two staff employment files, viewed a sample of training completed by staff, checked one person's medicines and viewed records relating to the

management of the service, including audits carried out on different areas of the service.

We also received feedback on the service from three health care professionals.

Good

Our findings

People told us they were safe in the service. All three people we spoke with confirmed they felt safe. As one person told us, "having the same staff support me makes me feel safe and relaxed." The three people using the service were able to verbally express their views to staff, their family members and to other professionals on a regular basis. Various meetings were often held to review how people were doing. These meetings also enabled them to talk about if they had any worries.

A member of staff was clear that they would report any abuse issues to the registered manager or deputy manager. They were also aware of contacting external agencies, such as the mental health community team or the police if they had concerns about people's safety. Training records confirmed staff received training on this subject. The registered manager told us that they would ensure they made available for staff the revised version of the Pan London safeguarding policy and procedure to help inform and guide them and the staff team.

Risks associated with people's support were assessed, and guidelines were in place to ensure staff knew what to do to support them safely while encouraging independence. Areas of risks were assessed in relation to each person. This might include the use of alcohol, going missing from the service and harm to others. People told us they had been involved in discussions about any risks. The registered manager confirmed risks were reviewed every three months or sooner if necessary.

Incidents and accidents were recorded. The current system was to record an incident in a book which outlined what had occurred and any action taken to address any issues. The last incident recorded was in May 2016 and the registered manager said there was no pattern to incidents which had occurred in the service. They confirmed they would analyse incidents if these increased.

Staff had access to emergency numbers and the registered and deputy manager lived locally and informed us they were on call to respond to any queries or concerns.

The service had taken steps to protect people in the event of a fire, and we saw that a risk assessment was in place. The service carried out regular fire drills and weekly fire alarm tests. We saw that staff received fire safety training so that they would be informed about how to use the fire equipment confidently. The registered manager could not locate people's personal emergency evacuation plans (PEEPS) during the inspection. They confirmed to us two days after the inspection that these had been written again to guide and inform staff if there were any problems with people responding in the event of a fire.

Checks were carried out on the safety of the environment and equipment used. For example, we saw up to date checks on water temperatures, gas safety and electrical safety. The registered manager confirmed that windows were restricted from opening wide which although these checks had not been documented they stated these had been carried out. During the inspection these checks were added to the environmental monthly document to ensure staff were prompted to check all windows for safety purposes.

We saw there were sufficient numbers of staff working in the service at any one time. We viewed the rota for June 2016 and saw that often there were two staff members working during the day. The three people currently using the service were independent and could go out into the community without staff supporting them. Sometimes staff would accompany people to community appointments but this was based on the individual's needs and if they requested support. The registered manager told us there was one staff vacancy and this was mainly covered by a regular agency worker until they recruited to this post.

There had been no new staff recruited since the last inspection. We briefly checked two staff employment files who had worked in the service over five years. They had all the necessary documentation, for example, evidence of an interview, application form, two references and criminal record check. A staff member confirmed they had been interviewed and had provided information about their work history and gave the name of two referees when they had applied to work in the service. The registered manager confirmed that as good practice they would be re-applying to carry out disclosure and barring checks (DBS) on these two members of staff. We saw information on the recruitment checks the agency worker had gone through when they were employed by the agency, which also included a DBS check.

People's medicines were managed in a safe way. They were stored securely. Records of medicines held at the service were accurate. There were clear and up to date records of medicines which had been administered. Information about people's medicine requirements, allergies and side effects for medicines were recorded. All of the people we spoke with confirmed they knew what medicines they were taking and why. One person said, "I know what I am on and why I need to take it." A second person confirmed "the medicines keep me well." One person, who looked after their own medicines, confirmed they felt able to carry out this task independent of staff supporting them. They explained how they took their medicines and that staff checked to ensure they were taking the medicines when they should be. Staff received training on safely handling and administering medicines and the deputy manager confirmed they carried out medicine competency assessments on all staff, including agency workers, to ensure they were satisfied that staff knew how to carry out this task safely and effectively.

Records showed that medicines disposed of back to the pharmacist were recorded as was the medicines delivered to the service. We checked one person's medicines and found these matched the amount recorded on the person's medicine administration records.

Good

Our findings

People told us they felt the staff were supportive. One person told us, "Staff look after me well." They also said it was a "nice house and had everything you need." Feedback on the communication between the staff and community professionals was positive. One health care professional told us, "Staff have always been well informed with regard to clients and give full feedback."

We saw people were being supported by staff who had received the necessary training and support to deliver care safely and to an appropriate standard. Training was delivered both face to face and online and the registered manager confirmed staff use the computer in the service to complete online training so that they could be sure the staff member was completing the training and doing it within their working hours. We viewed a sample of training certificate which showed that the two staff members were up to date with training. Mandatory courses, such as, medicine awareness, fire awareness and infection control were completed on an annual basis, which a staff member confirmed to us. Additional training was also offered to staff to develop their knowledge and skills, such as drug and alcohol awareness and communicating effectively. One healthcare professional told us that the staff, "Knowledge of physical and mental health issues and in particular forensic issues is excellent."

Staff said they had received induction training and had shadowed experienced members of staff when they first worked at the service. They felt the induction process was appropriate to meet their needs. We saw the in- house induction and that this was used for all new staff, including agency staff. The registered and deputy manager were aware of the Care Certificate. This is a set of introductory standards that health and social care workers adhere to in their daily working life to provide compassionate, safe and high quality care and support. They confirmed that when they recruit new staff they would be expected to complete this.

Staff were also supported through regular contact with the registered and deputy manager and by one to one supervision meetings with the deputy manager. Staff also received an annual appraisal of their work to ensure any issues were identified and goals could be set for the forthcoming year.

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 MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the registered manager understood their responsibilities under the MCA and was aware they would need to apply to the local authorities responsible for funding people's care for

authorisation to restrict
people's liberty in order to keep them safe. We saw no examples of people being deprived of their liberty unlawfully and no-one had a DoLS in place.

One person using the service confirmed, "I tell staff where I am going but they do not stop me from going out whenever I want." People had capacity to make daily decisions and staff were clear if people became unwell then they could contact the mental health professionals to ensure people received specialist appropriate support swiftly. People understood that as part of the agreement to live in the service they had to be in between the hours of 10pm and 6am. People had the ability and capacity to agree to this and it was documented in their care records.

Staff had received training in MCA and DoLS and understood people's right to make choices for themselves and where necessary, for staff to act in someone's best interest. One staff member told us, "staff need to respect people's rights and choices." We saw people had signed to consent to the care and support they required and in particular in relation to the administration of medicines.

People choose the food they ate each day and individual diets were catered to. Sometimes people ate together, but the staff also said they prepared individual meals when people wanted this. People told us they liked the food and could prepare what they wanted to eat. People confirmed that once a week they cooked a meal for everyone living in the service. This helped them practice making a meal and was also a social occasion. People could purchase their own food if they wanted to and they shopped for food once a week with staff supporting them. Where people required support with their diet staff encouraged them to eat healthily. We saw that opened food was stored appropriately in sealed containers and dated when opened.

Arrangements were made for people to access the healthcare services they needed. One person described how they saw mental health professionals who checked on their progress. The care plans we looked at included details of people's health care needs. We saw staff supported people to attend appointments with their GP and hospital appointments if this was deemed necessary. Appointments along with any outcomes were recorded so that staff could act on any issues or the need for further treatment effectively. People were weighed on a regular basis so that staff could record and respond to weight loss or gain swiftly. Staff worked closely with mental health professionals to ensure people's needs were being met.

Good

Our findings

People using the service were complimentary about the staff. Comments included, "I am comfortable here," "There is always a staff member to talk with," "I get along with everyone here," "Staff ask if I am alright" and "staff are helpful." A health care professional told us that, "Any interactions I have with the staff I have found them polite and helpful."

We also saw evidence that people met with a named member of staff (known as a keyworker). These meetings focused people on talking about areas they wanted to work on in their lives and discuss any issues. One person told us, "Staff check in with how we are doing." All three people we spoke with confirmed they met on a regular basis with staff to discuss problems or anything they felt they needed to.

People did not have an independent advocate as they could either represent themselves and their views and/or had input from community professionals, solicitors and family members.

Staff understood people's needs and abilities. People required minimal support and staff mainly assisted people to develop daily living skills and to help them remain stable and engage in activities both in the service and in the community.

During the inspection, we saw some people chose to spend time in their rooms during the day, as well as in the communal areas and the garden. People said they could come and go throughout the day and that they enjoyed living in the service.

People's privacy and dignity were respected. Everyone had their own bedroom which they could lock if they chose. The staff knocked on bedroom doors before entering and respected people's wishes when they did not want to be disturbed.

Good

Our findings

People confirmed they were involved in the development of their care plan. One person said, "I have seen my care plan and its fine."

Feedback from a health care professional said the service had "demonstrated adaptability and had been responsive to the changing needs of my client." They stated that the person using the service "had the right support and has aspirations for the future." A second health care professional told us that the person's "care plan is appropriate and is updated as client's needs change."

We saw that pre admission assessments had been completed before people moved into the service. People confirmed that they had met with the deputy manager and visited the service before deciding to move in. The registered manager told us that where possible people were encouraged to visit the service as many times as they needed to. For some people the transition might be quick and for others this could be over several months, this was dependant on their needs.

Staff explained that people's care plans were written with the deputy manager and with the person. There was evidence throughout people's care records that they had seen and agreed to the contents of their care plans.

Care records included some information about people's routines and preferences. There was a profile for each person which included likes and dislikes and gave an overview about the person which would be helpful for new staff in particular to view. Care plans also included people's needs and short and long term goals were noted. Staff were informed what support they needed to give to the person in order for their needs to be met. This included if the person needed help maintain their mental health, having structured activities in their lives and if there were any substance misuse issues.

Care plans were reviewed every three months to ensure they were accurate and reflected people's needs. Staff said they were involved in these reviews as they worked directly with the people using the service.

We talked with the registered and deputy manager about including more clearly the support people would need with their daily living skills, which was important as people were being supported with the aim to move on to more independent accommodation in the future. For example, if they required help to budget, cook or carry out domestic chores this was not evident from the care plans we viewed. They confirmed this would be actioned to inform staff exactly the level of support needed in this area.

People engaged in a range of activities. One person described how they used to do voluntary work and were looking at other options as they were keen to earn money. Another person said, "I see my family each week which I like to do." Other community places were accessed such as the gym and one person told us they liked to go out on their bike. People were encouraged to maintain family connections, if possible, and people had the choice of seeing family in the service or visiting them.

People were supported to give their views on a regular basis about the service. We saw minutes from the meeting held for people using the service. The last one held in June 2016 where different topics were talked about, including activities. One person confirmed they "could talk about days out or anything" at these meetings. We also saw that the results from the satisfaction questionnaires from 2016 were being analysed so that any negative comments could be addressed.

People told us they knew what to do if they were unhappy about anything. They told us they would speak with the deputy manager or relatives about their concerns. There was an appropriate procedure for complaints. The service had received one formal complaint in 2015 which had been recorded, investigated and responded to, demonstrating concerns and complaints were taken seriously and addressed. More minor and informal complaints were also noted so that staff could address these quickly.

Good

Our findings

Feedback on the running of the service and the registered and deputy manager was positive. One person said they "felt happy to talk with any member of staff, including the manager." A health care professional told us that they had "Consistently been satisfied with the overall clinical care, communication and management of the service, and it is a pleasure to work with them."

There was a registered manager in post, who was also the provider. The deputy manager, who was the nominated individual, worked regularly in the service, managing the day to day running of the service with the support from the registered manager. The deputy manager worked on some shifts directly with people using the service and so was able to build on relationships with people using the service and support staff during a shift. Both the registered and deputy manager were registered mental health nurses and kept up to date through receiving updates from the Care quality Commission (CQC), Skills for Care, which was a social care organisation giving guidance and advise for providers.

Throughout the inspection, the atmosphere in the service was relaxed and welcoming. Staff spoke with people in a friendly way and interacted with them throughout the inspection. The registered and deputy manager engaged positively with the inspection. They confirmed that the main aim of the service was to support people to gain independent living skills so that, if possible, they could move on to their own accommodation with less or no staff support.

As the service was small team meetings did not take place often, however staff said they could talk with the registered or deputy manager at any time. There was a communication book and handover book to share information to each member of staff.

There were various monitoring processes and systems in place. The registered and deputy manager and staff carried out a number of checks and audits to monitor the service. This included, checks on health and safety and equipment in the service. Other checks such as cleaning checks were in place and these were completed twice a day. Once a month the environment was assessed which looked at areas such as fire doors to ensure they closed safely.

Medicines were checked on a regular basis by staff members, the deputy manager and once a year by an external pharmacist. These showed there had been no medicine errors due to the detailed checks that took place.

Recommendations made by the external fire assessor and pharmacist we were told had all been addressed but there were no action plans evidencing this. The deputy manager confirmed following on from the inspection that these had been completed showing the dates when the areas had all been addressed.

The provider had arranged for an external consultant to visit the service and they had made recommendations following their most recent visit in February 2016. The registered manager confirmed these had been addressed, such as rating risk assessments so that it was clearer what level of potential risk people faced or posed towards others, which we saw evidence of in people's care records.

There was a development plan in place. This looked at what had been achieved, such as areas in the service that had been refurbished and aims for the future to ensure the service offered a safe and quality service for people.