

M Power Limited

# M Power Limited - 22a Bromley Road

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

### About the service

Mpower - 22A Bromley Road is a residential care home providing personal care for up to ten people with a learning disability and/or autistic people. At the time of the inspection ten people were living there.

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

#### Right Support

The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs. People had a choice about their living environment and were able to personalise their rooms. The provider was making further improvements to the environment of the home.

The size of the service was not in line with best practice guidance for services for people with learning disabilities and/or autistic people, but we did not find evidence that the size of the service was negatively impacting on the quality of care people received. The service had improved the range of activities on offer. People were encouraged and supported to identify and take part in activities and pursue interests that were tailored to them. Where appropriate, staff encouraged and enabled people to take positive risks. Staff communicated with people in ways that met their needs.

#### Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs and promoted equality and diversity in their support for people. People's religious and cultural needs were well supported.

People told us or communicated with us they were happy living at Mpower - 22A Bromley Road. Relatives told us their family members were happy, safe and comfortable at the service. We observed positive interactions between people and staff.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. There was enough appropriately skilled staff to meet people's needs and keep them safe.

#### Right culture

People received good quality care and support because trained staff could meet their needs and wishes. People led active lives because of the ethos, values, attitudes and behaviours of the management and staff.

People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. Despite this we found the service could do more to help people identify long term goals and aspirations and learn new skills. The provider was also not doing all they could to ensure people's next of kin or representative was able to contribute to the formation and review of their care and support plans. We have made recommendations about supporting people to acquire and maintain skills and ensuring people and their representatives can contribute to care and support plans.

The registered manager and provider had implemented effective checks and audits on the quality and safety of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 3 May 2019) and there were breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

We undertook this inspection to see if improvements had been made to person-centred care and assess that the service is applying the principles of right support right care right culture. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe

Details are in our safe findings below.

**Good** ●

### Is the service responsive?

The service was responsive

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led

Details are in our well-led findings below.

**Requires Improvement** ●

# M Power Limited - 22a Bromley Road

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this 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 one inspector.

#### Service and service type

Mpower - 22A Bromley Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement dependent on their registration with us. Mpower - 22A Bromley Road is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of the inspection there was a registered manager in post.

#### Notice of inspection

The first day of the inspection on 24 June 2022 was unannounced. We informed the registered manager we

would be returning on 1 July 2022 to continue the inspection.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people to get their feedback about the care they received, and we carried out observations of people's support and interactions with support staff. We spoke with the registered manager, a senior support worker and three support workers. We also spoke with three regional managers who supported the registered manager with oversight of the service. All members of staff were sent a questionnaire and we received feedback from five members of staff. We reviewed three people's care and medicine records. We reviewed the recruitment and training records of six support workers. We looked at maintenance records for the building and quality assurance records related to all aspects of the management of the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We made calls to three family members to gather their feedback about the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- Staff had training on how to recognise and report abuse and they knew how to apply it. The whistleblowing policy was displayed in the service. This policy had recently been updated and contained a QR code which enabled staff to report any concerns directly to senior managers anonymously if they wished.

Assessing risk, safety monitoring and management

- People lived safely because the service assessed, monitored and managed safety well. Risk assessments were reviewed when a person's needs changed. There were risk assessments in place where people had health conditions such as epilepsy and for other risks to their health and wellbeing such as moving and handling, and the risk of skin breakdown.
- People and their relatives were satisfied with how the service was keeping people safe. One relative told us, "Yes, we are happy with the safekeeping of [family member]."
- People had personalised plans in relation to their safety and support needs when in the service or out in the community. One person told us how they kept themselves safe when travelling on their own. They said, "I know how to stay safe when I am out. I take my mobile phone with me. If I have any problems, I call my keyworker."
- Personal emergency evacuation plans (PEEPs) were in place to give staff guidance on what support people required to evacuate safely in the event of a fire.

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 checked whether the service was working within the principles of the MCA.

- 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. Staff received MCA training and could

explain how this applied to their role. One member staff told us, "We support people to make decisions by showing them options in a way they can understand."

#### Staffing and recruitment

- There was a system in place to ensure that all pre-employment checks were completed before staff started work. Checks included applicants' right to work in the UK, employment history, references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS provides information on applicants' backgrounds, including convictions, to help employers make safer recruitment decisions.
- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted.
- Every person's care plan contained a clear one-page profile with essential information to ensure that new or temporary staff could see quickly how best to support them.

#### Using medicines safely

- People were supported by staff who followed systems and processes to administer, record and store medicines safely. Despite general good management of people's medicines, we found the service had not considered whether some people could manage some of their medicines themselves.

We recommend the provider seeks advice from a reputable source on how to support people's independence in this regard whilst maintaining their safety.

- Medicines were checked regularly, and any issues were promptly investigated. Samples of medicine administration records (MARs) we reviewed had been completed correctly and there were processes in place to ensure medicines were being stored at the correct temperature.
- People received their medicines at the times they were prescribed or when they needed them. Staff who supported people to take their medicines had completed appropriate training and had been assessed as being competent in this area.

#### Preventing and controlling infection

- 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.

#### Learning lessons when things go wrong

- People received safe care because staff learned from incidents. There was a system in place to record accidents and incidents. Staff understood their responsibility to report these to the registered manager who ensured all necessary steps were taken to maintain safety after incidents occurred.
- The manager used staff meetings to discuss previous safety incidents to ensure the whole team learnt from significant events or concerns.





# Is the service responsive?

## Our findings

At the last inspection this key question was rated as requires improvement. At this inspection this key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At the last inspection we found the provider did not ensure people's preferences and needs were met. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- The service was working to improve the range of activities available for people using the service. People were now regularly attending leisure activities such as cycling, the cinema and attending social clubs. Some people attended adult education courses such as cookery and arts and crafts. We received positive feedback from people about the activities they were supported to take part in. We received comments such as, "I enjoy it here as there is always something to do. We have an activity room with a pool table that I use a lot" and "[Family member] seems quite happy with the activities they do in and out of the home."
- Despite general improvements with activities the service did not have a robust system in place to ensure all people were fully engaged during activities or were being supported to retain and/or acquire daily living skills. Some people told us they were able to be as independent as they wanted and regularly cooked with support from staff and kept their own room clean and tidy. However, the service did not have plans to ensure people with more complex needs were also acquiring daily living skills.
- Each person was allocated a keyworker who was responsible for completing regular progress reports. The quality of these reports was variable, and it was not always evident what long-term goals people were being supported to achieve. We discussed this with the provider, and they have told us they will liaise with occupational therapists to support the staff team to improve engagement and skills teaching.

We recommend the provider seeks advice from a reputable source about improving engagement and skills teaching within the service.

- People were supported with their cultural and religious needs. One professional told us, "My client is supported to practice their religion, and attend their place of worship every week, and has several large highly decorative religious texts on display within his room."
- The service had also supported people to arrange holidays of their choice and mark special events such as birthdays. One person also told us, "Sometimes we go to the pub for a Sunday roast and we just had a party for the queen's jubilee."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- At the last inspection we found people did not always have communication plans in place detailing their preferred method of communication. The provider had made improvements and was meeting the AIS.
- Staff worked closely with health and social care professionals and ensured people were assessed to see if they would benefit from the use of non-verbal communication aids. One family member told us, "[Family member] has been seen by a speech and language therapist in the past."
- People had communication plans and staff adapted their communication to meet people's needs and preferences. One member of staff told us, "Some people have very little verbal communication, but we can communicate with Makaton or using pictures." Makaton is a language programme that uses signs together with speech and symbols, to enable people to communicate more effectively.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. One family member told us, "I have no complaints with the current [registered] manager or any other member of the staff."

End of life care and support

- The service did not provide end of life care and support at the time of our inspection.
- People had been supported to discuss and document their advanced care wishes and some people had funeral plans in place.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant although improvements had been made some aspects of the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection we found the service did not ensure service users lived in a service that had effective quality assurance systems in place to improve the service. The provider did not always ensure people's records were accurate, complete and contemporaneous. These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At the last inspection we found governance processes were not effective as care records were not always reviewed and did not always contain up to date information. We found improvements had been made. An electronic care record system had been installed and we found records were updated regularly and reflected people's needs.
- The registered manager understood their responsibility to monitor and mitigate risks to people using the service and care workers understood their responsibilities to provide safe and effective care. Staff were clear about their responsibility to report concerns to senior managers.
- There were regular checks and audits of key aspects of the service such as medicines, finances, infection control and health and safety. On the first day of our inspection we saw the communal kitchen was in a poor state of repair and several kitchen doors needed to be repaired. The provider had resolved this when we returned for our second visit. There was a service improvement plan which contained further planned improvements to the physical environment including the installation of a sensory garden.
- Staff were able to explain their role in respect of individual people without having to refer to documentation. They knew people well and we observed positive interactions with people. This was confirmed by relatives who told us, "The staff have really got to know [my family member] well. They seem to understand them and I think they have a good rapport."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- Despite overall improvements we found the provider was not doing all they could to ensure people and/or their representatives were able to play an active part in the development and review of their care and support plans. Family members we spoke with told us, "We haven't been to a review meeting in a long time" and "They had a review meeting at very short notice, so I was not able to attend. I have asked for the

minutes, but they have not sent these."

- We discussed this with the provider, and they have taken action and shared copies of support plans with people's relatives and asked for their feedback. Family members we spoke with confirmed this had now been done. One family member told us, "I have seen the support plan and agree with it."

We recommend the provider makes improvements to the process for reviewing people's care and support to enable people's next of kin and/or representative to contribute.

- People receiving care attended house meetings to discuss various aspects of the running of the home and plan trips and activities. One person told us, "We have meetings where we talk about what holidays and trips we would like."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager spent time at the service observing care and staff performance. One member of staff told us, "We get supervision every three months, but the manager is always here checking on us."
- People's relatives and professionals were positive about the culture of the service. We received comments such as, "All members of staff and clients at the home are very friendly and kind towards each other, this is promoted by management and staff" and "My client has appeared to be happy and settled at each visit that I have made."
- Staff felt respected, supported and valued by senior staff. One member of staff said, "The registered manager is really good. We approach her if there are any issues and she does her best to resolve them."
- Staff were positive about how the team worked together to provide safe compassionate care. We received comments such as, "We are a good team. We communicate well and share ideas" and "I love caring for people and making sure they have everything they need and supporting them to lead active lives."
- The provider also operated an employee of the month scheme. Members of the staff team voted for whichever colleague they felt deserved special recognition each month.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their duty of candour and the regulatory responsibilities around reporting to the CQC, and sent the required notifications.

Working in partnership with others

- The service worked in partnership with a range of health and social care professionals including care coordinators, district nurses, GPs and psychiatrists to ensure people's health and social care needs were met.