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M.C.A. Care Homes

Inspection report

10 Yorkshire Gardens
London
N18 2LD

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25 April 2017

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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

We undertook an unannounced inspection on 25 April 2017. M.C.A Care Homes provides care and support for a maximum of three people with learning disabilities. At the time of the inspection there were two people living at the home.

At the last inspection, the service was rated as Good.

At this inspection we found the service remained as Good.

The service had a registered manager. 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 legal requirements in the Health and Social Care Act 2008 and the associated regulations on how the service is run.

Risks had been identified and assessed that provided information on how to mitigate risks to keep people safe.

Medicines were being managed safely. Medicines audits and staff competencies had not taken place. The registered manager informed this will be introduced and sent us evidence after the inspection which confirmed that audits would be carried out regularly.

Staff received regular supervision and support to carry out their roles. Mandatory training had been provided to staff in safeguarding, infection control and first aid. Specific training had not been provided to staff to support people with learning disabilities and autism. After the inspection the registered manager sent evidence confirming that training had been booked in these areas.

Staff sought people's consent to the care and support they provided. People's rights were protected under the Mental Capacity Act 2005. Deprivation of Liberty safeguarding applications had been made for people that, due to their own safety, required supervision when going outside.

There was a menu for meal times, which was different every day. Staff and relatives we spoke to told us that people enjoyed the meals.

People were able to access healthcare services and attend routine medical appointments and health monitoring with staff support.

Staff had positive, caring relationships with the people who lived at the home.

People were treated in a respectful and dignified manner by staff who understood the need to protect people's human rights.

Activities were being carried out with people.

People were receiving person centred care. Care plans were personalised and person centred.

Staff told us they felt supported by the registered manager.

Spot checks were being carried out to observe staff performance. Surveys were carried out to obtain feedback, which was analysed for continuous 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? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

M.C.A. Care Homes

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 was planned to check 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 was carried out on 25 April 2017 and was unannounced. The inspection was undertaken by a single inspector.

Before the inspection we reviewed relevant information that we had about the provider which included the provider information return pack that the home sent to us to tell us how they manage the service under the five key lines of enquiries.

During the inspection we spoke with one person, one relative, two staff members, the registered manager and the provider. We observed interactions between people and staff to ensure that relationships between staff and the people was positive and caring.

We spent some time looking at documents and records that related to people's care and the management of the home. We looked at two people's care plans, which included risk assessments.

We reviewed five staff files which included pre-employment checks, induction, training and supervision records. We looked at other documents held at the home such as medicine records.

After the inspection we spoke with another relative.

Good

Is the service safe?

Our findings

We asked the person if they were safe and the person told us, "Yeah." A relative told us their family member was safe, "[Person] is safe" and another relative told us, "Generally, [person] is safe."

Medicine records were completed accurately and were stored securely in a locked cupboard. PRN [medicines when needed such as paracetamols] were being given when needed, which was recorded with an explanation on why it was administered. Staff received appropriate training in medicines management. Staff confirmed that they were confident with managing medicines and were able to tell us what they would do if an error occurred. Records showed that staff had not been competency assessed to check their understanding in medicines and audits in medicines was not being carried out to ensure medicines were being managed safely at all times. The registered manager told us this would be introduced and sent us evidence after the inspection that showed medicines would be audited regularly.

The service had identified risks associated with people's care and risk assessments included information on how staff should mitigate risks. Risks assessments were regularly reviewed. Risks were specific to people's circumstances such as falls, spitting and road safety. Risk assessments provided information on how to mitigate these risks. There was a behaviour profile for people that may demonstrate behaviour that may challenge. The profile provided information on triggers that may lead to behaviours that may challenge and de-escalation techniques.

Staff and the registered manager were aware of their responsibilities in relation to safeguarding people. Staff were able to explain what abuse is and who to report abuse to. They also understood how to whistle blow and knew they could report to outside organisations such as the Care Quality Commission (CQC) and the police.

We saw evidence that demonstrated appropriate gas safety, electrical safety and portable appliance checks were undertaken by qualified professionals. The checks did not highlight any concerns. Regular fire tests and fire drills were carried out and a fire risk assessment was in place to ensure people were kept safe in the event of an emergency. Staff were trained in fire safety and were able to tell us what to do in an emergency.

Pre-employment checks such as references and criminal record checks had been carried out for staff recruited since the last inspection to ensure they were able to work with people safely.

There were sufficient staff on duty to meet people's needs. During the inspection we observed staff were not rushed in their duties and had time to chat with people and take them outside for walks. During the day two staff were on duty with the support of the registered manager and one staff member was on duty at nights. The provider and registered manager could be called for assistance if needed during weekends and nights. The staff rota confirmed planned staffing levels were maintained.

Good

Is the service effective?

Our findings

Staff had received induction training. Staff told us that this was helpful. Records showed that staff had completed mandatory training that was needed to support people such as infection control and first aid. The registered manager maintained a training matrix to keep track of training and records showed training was up to date. Specialist training had been provided in how to handle behaviours that may challenge.

Both people living at the home had learning disabilities and autism. Records showed training had not been provided in learning disabilities and autism. Both staff we spoke to were aware of how to support people and told us care plans provided detailed information on how to support people with autism and learning disabilities. However, one relative told us that some staff were not aware of the support needed with autism. After the inspection, the registered manager sent us evidence that showed training had been scheduled for staff in learning disabilities and autism.

Staff had received regular supervisions and had received an appraisal for 2016 and 2017. At these meetings performance, objectives and training needs were discussed. Staff told us that they were supported.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager and staff had a good understanding of the MCA and understood the principles of the act. Staff told us that they always requested consent before doing anything. People confirmed that staff asked for their consent before proceeding with care or treatment.

DoLS are put in place to protect people's liberty where the service may need to restrict people's movement both in and outside the home. We saw that the front door was kept locked and both people did not go out by themselves. DoLS applications had been made and authorised for both people who, due to their own safety, required supervision when going outside.

There was a menu, which showed that people were given different types of meals every day. The registered manager told us the menu was created in accordance to people's preferences. The menu was balanced and nutritious. Staff told us that if people did not want something from the menu then they could request alternatives. Care plans provided information on what people liked and disliked and if they required support with eating.

We observed that the kitchen was clean and tidy. Cooked and uncooked meat was kept separately. Labels had been used that detailed when a food item had been opened. People's weight was monitored on a regular basis and staff told us that people did not have any weight issues and if there were any concerns, they would be referred to a GP or encouraged to eat regular nutritious meals.

Records showed that people had access to a GP, psychiatrist and other health professionals. Staff confirmed

people had regular access to health care services and knew the signs if people were not well and who to contact.

Good

Is the service caring?

Our findings

People and relatives told us staff were caring. One person told us "Yeah" when we asked if staff were caring. A relative told us, "They [staff] are always friendly and caring." We observed that people had a good relationship with staff and engaged with people with conversations and took them out when they wanted to.

There was a communication profile, which detailed people's communication abilities and how to communicate with people. The profile was very comprehensive in detail and provided information on how to communicate with the person if they were feeling emotional such ways to communicate with people if they were sad or happy. The profile also listed people's interests, which could be used to make conversations with people.

Staff told us that when providing particular support or treatment, it was done in private and we did not observe treatment or specific support being provided in front of people that would had negatively impacted on a person's dignity. Staff told us that they would always knock on people's room before going inside.

Staff gave us examples of how they maintained people's dignity and privacy not just in relation to personal care but also in relation to sharing personal information. They understood that personal information about people should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting people's dignity.

The provider should note that records did not show how people could be developed to become independent for example with personal care such as with bathing. Staff told us people were encouraged to be independent. Observations confirmed people were independent; we saw people were able to walk around the house independently and staff were always nearby if people required assistance. Care plans stated that both people liked to help out around the house with household duties and pictures evidenced this. A person's care plan stated that staff should say well done to the person when they helped as this made the person happy.

The service had equality and diversity policy and staff were trained on equality and diversity. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against their race, gender, age and sexual status and all people were treated equally. We observed that staff treated people with respect and according to their needs such as talking to people respectfully and in a polite way.

Good

Is the service responsive?

Our findings

The relative we spoke to told us, "If we have any problems, they sort it." We observed that a person was becoming agitated and staff responded by taking the person out for a walk, as they enjoyed going outside. Upon returning we observed the person had calmed down and was happy as a result of going outside.

The home had carried out a pre-admission assessment before admitting people to the home. The assessment included communication abilities, medicines and health condition. This enabled the service to ensure if they were able to provide care and support to people.

Care plans were individual and personalised according to each person's needs. There was a 'About Me' section that listed people backgrounds, upbringing, when they were diagnosed with learning disabilities and the schools they went to. There was a 'These things make me happy' section that listed information on what made people happy such as shopping and chatting. Care plans were separated into key areas such as mobility, eating and drinking, support needs and health conditions. Information also included people's routines during the day. The plans also stated the support people required. For example, one person's plan stated the person liked to have breakfast after receiving personal care and liked to wear their nightwear when indoors. Care plans were recent and had been reviewed regularly and signed by relatives to ensure they agreed with the information within it.

There was a daily log sheet which recorded information about people's daily routines such as behaviours, activities and the support provided by staff during day and night.

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service.

Records showed no complaints were received since the last inspection. There was a complaints policy in place. Staff knew what to do if a complaint was made.

A number of compliments had been received about the staffing team from relatives. Comments included, "Thank you for all your help with [person]", "Just a short note to say how much [person] enjoyed staying here and how well everyone looked after [person]", "You [registered manager] really are a fantastic manager." A comment from a social care professional included, "Mum contacted me this morning and feedback that she felt that staff spoken to from Yorkshire Gardens [the location of the home] were very professional and knowledgeable."

Activities were taking place. We observed that a person went outside with staff members at the persons request on a number of occasions. Another person had returned from visiting their family. There was a weekly activities schedule and pictures showed people participated in a number of activities such as shopping and gardening. Relatives we spoke to and staff confirmed that people took part in activities.

Good

Is the service well-led?

Our findings

Staff told us that they enjoyed working at the home. One staff member told us, "I enjoy working here, supporting individuals and making them happy."

Staff told us that they were supported in their role, the service was well-led and there was an open culture where they could raise concerns and felt this would be addressed promptly. Staff were positive about the registered manager and told us they were supported. One staff member told us, "I do get a lot of support" and another staff member commented, "They [management] are very good."

There were some systems in place for quality assurance. Records showed regular spot checks were being carried out to observe staff performance. Follow up actions were recorded and discussed with staff. We did not see records that showed medicines were being audited to ensure medicines were managed at all times. After the inspection the registered manager sent us evidence that showed medicines would be audited regularly.

Quality monitoring systems were in place. The service requested feedback from people and relatives on staffing, support and care and satisfaction. The results were very positive. Comments included, "A very safe environment where I can be rest assured my [person] will be well looked after", "I really appreciate the kind and willing attitude of staff and management. It is home from home" and "I am very happy with the care and support."

Staff meetings took place. Meetings kept staff updated with any changes in the service and allowed them to discuss any issues. Minutes of meetings showed staff discussing fire safety, training, people and activities. A SWOT (Strength, Weakness, Opportunities and Threats of the home) analysis was also used for discussion to encourage staff participation and ideas. Residents meetings did not take place as the registered manager told us that people were not always verbal.