

MCCH Society Limited

Perrymans

## Inspection report

56a Abbey Road  
Barkingside  
IG2 7NA  
Tel: 020 8518 1058  
Website: [www.mcch.co.uk](http://www.mcch.co.uk)

Date of inspection visit: 13 May 2015  
Date of publication: 13/07/2015

### 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 

### Overall summary

This unannounced inspection took place on 13 May 2015. At the last inspection in January 2014, the registered provider was compliant with all the regulations we assessed.

Perrymans is a six bed service providing support and accommodation to people with severe learning disabilities. At the time of the inspection five people were living there. People are accommodated in a spacious, purpose built house. It is a single floor building with wheelchair access. It is close to public transport and other services.

The service has 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 requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People were safe at the service and were cared for by staff who were knowledgeable about safeguarding people. They knew how to report concerns. Medicines at the home were managed safely. There were sufficient qualified and experienced staff to meet people's needs.

# Summary of findings

Due to their health conditions and complex needs not all of the people were able to share their views about the service they received. However, during our visit we saw that people were relaxed and enjoyed good relationships with the staff. Staff spent time with people and they told us they enjoyed working at the home and had adequate time to complete their duties.

People were supported by caring staff who treated them with respect. Systems were in place to minimise risk and to ensure that people were supported as safely as possible.

Staff received the necessary training to carry out their role and was knowledgeable about the people they supported and how to meet their individual needs. Staff received the support they needed to carry out their role.

The staff team worked closely with other professionals to ensure that people were supported to receive the

healthcare that they needed. Staff supported people to make choices about their care. Systems were in place to ensure that their human rights were protected and that they were not unlawfully deprived of their liberty. Activities and outings were provided according to people's preferences.

The menus were varied and staff were aware of people's likes, dislikes and special diets. People were happy with the food provided which met their nutritional and cultural needs.

Audits were carried out to check the quality of the service provided to ensure that people received a safe and effective service that met their needs. Action plans had been put in place so any suggestions could be addressed and service improvements made.

# Summary of findings

## 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. People were protected as systems were in place to ensure their safety and well-being.

Staff had received training with regard to keeping people safe and knew the action to take if they suspected any abuse.

People were supported by staff who were trained to administer medicines appropriately.

We found regular checks took place to make sure the building was safe and fit for purpose.

Good



### Is the service effective?

The service was effective. People were supported by staff who had the necessary skills and knowledge to meet their needs.

People were supported to receive the healthcare that they needed.

Systems were in place to ensure that people's human rights were protected and that they were not unlawfully deprived of their liberty.

Good



### Is the service caring?

The service was caring. Staff were kind, caring and treated people with respect.

People received care and support from staff who were aware of their needs, likes and preferences.

Good



### Is the service responsive?

The service was responsive. Staff had information about people's individual needs and how to meet these.

People were encouraged to be independent and make choices in order to have as much control as possible about what they did.

People's healthcare needs were identified and met by professionals in order to keep them well.

Good



### Is the service well-led?

The service was well-led. A registered manager was in post supported by an operations manager.

We saw and visitors felt that the atmosphere in the home was friendly and welcoming. Feedback from health care professionals was positive and they felt the registered manager was proactive.

The staff said the registered manager was supportive and they enjoyed working at the home.

A quality assurance system was in place to check standards were being maintained and improvements made where required.

Good



# Perrymans

## 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.

This inspection took place on 13 May and was unannounced. The inspection team consisted of an inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

During the inspection we observed how staff interacted with people who used the service. We observed how people received care and spoke to them. We spoke with two relatives, two staff members and the registered manager. We also spoke with two professionals and an outreach support worker who regularly visited the service.

We looked at two people's care files and other important documentation such as their medicine administration records (MARs). We also looked at a selection of documentation relating to the management and running of the service. These included two staff recruitment files, training records, the staff rota, minutes of staff meetings and those with people who used the service, quality assurance audits and service maintenance records.

# Is the service safe?

## Our findings

The service was safe. Relatives told us staff knew how to keep people safe. In response to the question whether they thought their relative was safe, they told us, “I do yes. I have full faith in the home. He is doing brilliantly- really well.” Another said, “[My relative] is settled there, reasonably safe.”

There were policies and procedures in place to guide staff about how to safeguard people. It was clear from discussions with staff that they knew the different types of abuse and how to respond if they witnessed incidents of harm or abuse. Staff confirmed they had completed safeguarding adults training and had read the relevant policies. The registered manager and staff knew the process for alerting the local safeguarding team of any incidents of harm or abuse. There were systems in place to protect people’s monies deposited in the home for safe-keeping. This included individual records, two signatures when monies were deposited or withdrawn and during each staff handover. The operations manager also carried out financial checks. The Care Quality Commission had received notifications about any incidents as required. The manager told us, “I check staff knowledge (about safeguarding) at team meetings after they have done their training and I observe their practice.” People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent it from happening.

Risk assessments had been completed when specific areas of concern had been identified. For example, one person’s risk assessment stated, “Staff to respond quickly and support me when I am having a seizure. Staff to follow my epilepsy management plan and guidelines.” We saw that extensive guidelines for this were in place. Other risk assessments we saw guided staff about how to minimise risks to people while at the same time encouraging their independence. Risk assessments included areas such as eating and drinking, choking, falls, moving and handling, epilepsy management and bathing. There were additional risk assessments for activities in the community. We observed that staff supported people with tasks by ensuring their safety without being intrusive. This meant that identified risks had been assessed for individuals and management plans developed to minimise these and protect people from harm.

We checked if people received their medicines from staff as prescribed. There were individual medicine administration records (MAR) to record when medicines were given to people. There was a list of medicines administered and their side effects. Important information about any allergies was available. Staff were aware of how people communicated they were in pain and might require pain relief. Training records showed us that staff responsible for administering medicine had completed medicines management training to ensure they had the skills required to administer them safely. We observed how staff administered medicines at lunchtime and found that they followed the medicine management guidelines. One person refused to take their medicine, so staff went away and offered it to them sometime later when the person complied. We saw that the operations manager carried out regular medicine audits in order to ensure that these were managed consistently and safely. An annual medicines audit was also carried out by the pharmacist. Medicines were managed well by staff and people were assured they received their medicines as prescribed.

We checked the staff rotas and saw that there were sufficient staff to meet people’s needs. There were three staff on duty during the day, one waking night and one sleeping in staff at night time. The manager informed us that due to a number of vacancies, agency staff were regularly used. However, they were mostly staff who carried out regular shifts at the home and were therefore familiar with people’s needs and how to meet them. This provided continuity for people who used the service. The staff were able to call on support from bank members of staff (additional staff who could be called upon at short notice) if needed. There were management on-call systems out of usual working hours and the registered manager told us they assisted the staff when required. Staff told us they thought there were enough staff to enable them to meet people’s needs.

The recruitment process was robust to make sure that the right staff were recruited to keep people safe. Staff personnel records showed that appropriate checks were carried out before they began working at the home.

We found there were systems in place to respond to emergencies that could occur. For example, each person had a personal emergency evacuation plan. Staff had

## Is the service safe?

completed first aid training and there was a first aider at the home. We saw checks were made to ensure the environment was safe and a member of staff had a designated lead role for health and safety.

Checks carried out included checking fire alarm equipment. Moving and handling equipment was maintained and serviced as required. Electrical appliances and kitchen equipment were checked to ensure they were

safe to use. There were quarterly checks on the hot water system and a legionella risk assessment had been completed. The registered manager had identified environmental improvements which were needed to improve the fabric of the building. This was in order to provide well maintained accommodation, to ensure that people were cared for in a safe and pleasant environment.

# Is the service effective?

## Our findings

The service was effective. Relatives told us people's needs were met by staff who were caring and knowledgeable about their family member's needs. We saw that people were supported by a staff team who knew them well and were able to tell us about people's individual needs and preferences.

Staff told us that they received the training they needed to support people. A member of staff told us, "The company provide very good training. The training helps me to perform at work and meet the standards that are required to work so that I can be confident in my work practice."

The training matrix showed that staff had received a variety of training including safeguarding people, moving and handling, fire safety, first aid, food hygiene, how to manage behaviour that challenges, health and safety and epilepsy management. Relatives told us they thought staff were well trained and were able to meet a range of needs. When asked if they thought staff had the right approach and sufficient skills to support people, a professional commented, "I have never had any issue around staff skills. I couldn't fault them. They carry out my instructions well."

Staff told us that they received good support from the registered manager and team leaders. This was in terms of both day to day guidance and individual meetings. Staff were offered individual support and guidance. They told us that the registered manager and operations manager were approachable and they could go to them at any time for advice. Information about the service and any updates were shared with staff at meetings and at handovers between shifts. Therefore people were cared for by staff who received sufficient support and guidance to enable them to meet their needs.

Staff had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. They were aware of people's rights to make decisions about their lives. The MCA 2005 is legislation to protect people who are unable to make decisions for themselves. DoLS is where a person can be deprived of their liberty where it is deemed to be in their best interests or for their own safety. The registered manager was aware of how to obtain a best interests decision or when to make a referral to the supervisory body to obtain a DoLS. At the time of the inspection all of the people living at the home were subject

to DoLS. People's relatives and representatives advocated on their behalf where relevant. We saw that assessments and best interest meetings had been held for all people using the service in accordance with the Mental Capacity Act 2005. These showed for example, instances when people were not able to make important decisions and what the outcome was. Therefore systems were in place to ensure that people's human rights were protected and that they were not unlawfully deprived of their liberty.

Staff were clear about how they gained consent to care and support people, prior to carrying out tasks with them. They told us most people were able to make day-to-day decisions about their support. They explained the process they followed for one person, "[The person] is not able to give verbal consent so we use body language, facial expressions, different types of noise (to indicate distress), objects of reference such as items of food, a cup, actions or pointing to find out what they want." A staff member told us, "They have a care plan that gives us guidance as well as their likes, dislikes and preferences." This ensured that people received the care they needed.

People were supported to access healthcare services. Their medical files included a health action plan and hospital passport. The 'hospital passport' contained information to assist hospital staff to appropriately support people if they were treated at the hospital. The files included a record of regular health checks, weight charts and details of medical appointments. People who had a medical condition also had a management plan for that health condition. We saw that staff made appropriate referrals to health services in order to keep people in good health. People saw professionals such as GPs, dentists, opticians, health specialists, social workers, physiotherapists, and speech and language therapist as and when needed. A relative confirmed that the service supported people with medical appointments and took them to the GP if there were any concerns. A healthcare professional confirmed that staff followed instructions and gave feedback about the person. Therefore people's healthcare needs were monitored and addressed to ensure that they remained as healthy as possible.

People were provided with a choice of suitable, culturally appropriate food and drink which was available throughout the day. For example, provision of west Indian food choices and a diet free from pork ingredients. People had been involved in the weekly planning for menus. We

## Is the service effective?

saw that a pictorial menu was used to enable people to make choices. They were provided with appropriate crockery and cutlery to enable them to eat independently. Staff followed instructions provided by specialists around supporting people with special dietary needs. People's care

plans included information about the types of food they liked and needed and how they needed to be supported to eat. Therefore, people received a variety of nutritious meals which met their preferences and dietary needs.



# Is the service caring?

## Our findings

The service was caring. People were happy and smiling and had good relationships with the staff. Staff were able to describe each person's likes, dislikes and what their care needs were. We observed that staff offered choices of activities and food to people and respected their choices. People were encouraged to be as independent as possible. For example, we saw staff encouraged people to eat independently but were discreetly present to provide support if needed. When staff assisted people with personal care they ensured that doors were closed to protect their privacy and dignity.

We observed that staff interaction with people was caring and understanding. People were at ease with the staff. The staff on duty met people's needs in a competent and sensitive way. Staff spent time with people individually. Throughout the inspection, people were engaged with staff who were patient with them. They took time to listen and observe people's verbal and non-verbal communication. The staff were knowledgeable about people's background, interests, likes and dislikes.

We spoke with two relatives and their comments included, "They are very lovely. They are kind, caring and interested in the residents. If there are any problems, they contact us. They respect [my relative's] privacy and dignity as well as they can" and "most of them are caring, a couple not so".

We spoke with two health care professionals during our visit and they both felt the care provided was good. Their comments included, "The service is well maintained, it does not stink, they do a good job" and "I am satisfied with the facilities. Carers know what needs to be done. They are pro-active." Other comments included, "The staff are fully supportive and enable X to make choices about activities and are aware of things that she likes. They go out of their way to make sure people have regular contact with their family and promote it as much as possible."

Handover sessions were held and notes were kept from each shift to ensure staff had up to date information about people's care and wellbeing.

Contact numbers for advocacy services were available. Advocates can represent the views and wishes for people who are not able to express their wishes. The registered manager told us that one person required an advocate at present which they had arranged.

# Is the service responsive?

## Our findings

The service was responsive. We spent time observing the care and support people received. We saw that staff gave people their full attention and responded to each person in a caring and sensitive manner.

Two health care professionals told us that prompt referrals were made when required and said, “The staff are very good at carrying out any instructions and are always happy to help.” A visiting optician who carried out sight tests on the day of the inspection told us, “They support people to have their tests, they make sure everyone is available.” Another professional said, “They are pro-active. They call me when they need my input. They follow my recommendations and ensure it goes in the care plan.”

We looked at the care records for two people. Pre-admission assessments had been carried out. People’s care plans were person centred and comprehensive. They had been developed to provide staff with guidance about how to meet people’s individual needs. These included personal care, health care, access to community activities and making decisions. They included information about where people liked to visit and what activities they enjoyed. Each file contained information about their health, past histories, likes, dislikes and people who were important to them. The files were evaluated each month. A relative told us, “Yes we are involved in review meetings every few months.” They told us that staff kept them up to date about any changes.

Handover sessions were held at the beginning of each shift to help ensure staff had adequate information about each person’s needs.

People enjoyed a range of activities which included, meals out, going to the day centre, shops, music therapy, attendance for one person to an Afro Caribbean women’s club and going to a local park which had a small animal farm. At the time of the inspection, all the people were at home because they were booked to see the visiting optician. Afterwards, some people went out to do various activities while others stayed indoors with staff watching TV. People were supported to go on holiday and one person was excited as they were planning with staff to go on their first holiday.

We saw that the service’s complaints procedure was displayed on a notice board in a communal area. A pictorial complaints procedure was also available. The organisation’s complaints procedure gave clear guidance to staff about how to respond to complaints. The registered manager told us that they dealt with complaints as and when they arose but that there had not been any recently. We saw that when people raised issues they were listened to and dealt with by the registered manager. For example, a relative had complained about a damp patch in a person’s room which had been addressed by making contact with the organisation’s housing officer and the landlord for further investigation which was still on-going. A relative told us, “Yes I know how to raise a complaint. I have not needed to so far. They are approachable.” A book was available to record complaints. No complaints had been received since the last inspection.

# Is the service well-led?

## Our findings

The service was well-led. There was a registered manager in post who was supported by the service's senior operations manager for the organisation. They understood how to meet their legal obligations and when necessary, to submit notifications to CQC. The provider had a quality assurance policy which covered responsibilities, quality framework, vision, mission and values. The values covered included the standards of service and rights and responsibilities. The values also included respect and dignity and gave examples of enabling people to be independent, safe, healthy and well and enabling people to be involved in the community and to take part.

We saw and the relatives told us that the registered manager was approachable and they were comfortable speaking with them. They told us that there was a good atmosphere in the home when they visited and staff were kind and caring. We saw that people felt comfortable to approach the registered manager who was readily available to speak with them.

Staff told us the registered manager was approachable and treated them as part of the team. They said they could raise any concerns with the registered manager or at regular monthly meetings and were confident any issues would be addressed appropriately. They understood the values of the home which were for people's privacy and dignity to be respected, to be as independent as possible, provide them with choice and access to the local community. We saw that staff supported people with this. A staff member commented, "They seek our views. We got an email, asking us to express our views or concerns to a representative at the staff forum. There is a good atmosphere here. If it wasn't I would have left. I would recommend it to others."

The registered manager monitored staff competency through observation and by discussion with them. We saw evidence of this in both staff records and staff meeting minutes. Therefore, people were provided with a service that was monitored by the registered manager to ensure that it was safe and met their needs.

The senior operations manager carried out internal audits every quarter. This covered any outstanding action that was required. For example, at the last internal audit, they had recommended that each staff member signed risk assessments. We saw that this had been actioned and signed off by the registered manager. The registered manager had put in place monthly health and safety audits to be carried out which included fire checks, accidents and incidents. We saw that this was being carried out by the designated person.

Residents' meetings were held six weekly for information sharing and menu planning was discussed weekly. Staff meetings were held monthly at the service where they were updated about the provider's business plan, updates to support plans and other improvements required around service provision. The staff spoke positively about these meetings and said the management listened to and acted on their comments and suggestions. They told us that the meetings also provided them with an opportunity to feedback on the quality of the service. This meant that systems were in place to ensure standards were monitored and any improvements were implemented. The registered manager had reported events that affected people's welfare and health and safety to CQC as required by the regulations. Therefore, people used a service which actively sought and valued their opinions which were listened to and acted on to improve and develop the service.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

## Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.