

MCCH Society Limited

MCCH Society Limited - 25

McRae Lane

### 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

We undertook an unannounced inspection of this service on 17 December 2015. At our previous comprehensive inspection on 11 December 2014 the service was in breach of a legal requirement relating to medicines management. The service continued to be in breach of this requirement during a focussed inspection on 21 May 2015. We checked whether the service was meeting this requirement during this inspection.

MCCH Society Limited – 25 McRae Lane is a care home which provides personal care and support for up to five people with profound learning and physical disabilities and sensory impairments. At the time of our inspection four people were using the service.

The service did not have a registered manager since May 2015 and a new manager had been appointed. They were in the process of applying to be the 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 2008 and associated Regulations about how the service is run.

Improvements had been made in regards to medicines management and people received their medicines as prescribed. Medicines management processes were checked daily and ensured people received their medicines on time, medicine administration records were complete and stock balances were accurate.

Staffing levels had increased since our last inspection and there were sufficient staff to keep people safe and meet their needs. Staff had the knowledge and skills to support people. There was a stable staff team and they had worked with the people using the service for a number of years. Staff received regular training and updated their knowledge and skills in line with people's needs and changes in their diagnoses.

Staff were aware of people's preferences and routines and this enabled personalised care to be provided. People were unable to communicate verbally. Staff were aware of people's different communication methods. They were aware of what behaviour people displayed to express their emotions and this enabled staff to provide the support people required. Staff were aware of how people expressed they were in pain and provided them with the comfort and pain relief they required. Staff were familiar with people's non-verbal communication and we observed staff using touch and objects of reference to communicate with people in a way they understood.

Staff supported people in line with the Mental Capacity Act 2005. People using the service were unable to make decisions about their care. Best interests decisions were made for them, and these were regularly reviewed to ensure they reflected what was best for the person. The manager had arranged for an advocate to work with people and to be involved in decisions about people's care.

People's care records were up to date and contained detailed information about people's support needs.

Staff were aware of what support people required and provided them with this. People were encouraged and supported to be independent, whilst still maintaining their safety. Staff were aware of the risks to people's safety and followed management plans to minimise those risks.

People were supported to engage in activities. People using the service enjoyed activities that involved sensory stimulation. Staff provided one to one activities with people and supported them to access the community. Staff continued to look for other activities and engagement that people may enjoy, to widen people's experiences.

Staff supported people's nutritional needs. They liaised with healthcare professionals to ensure people received the specialist care they required with risks associated with choking and in regards to individual dietary requirements. Staff supported people to access healthcare services and accompanied people to appointments.

Staff used their knowledge of people to obtain feedback about the service. This included observing changes in people's behaviour that indicated a person did not like or did not enjoy certain aspects of the service. Staff used this information to tailor the service and improve the care and support provided to people. It also ensured that people had involvement in the care they received and were involved in day to day decisions.

The manager and the provider's management team reviewed the quality of care provided to people. They ensured any areas that required improvement were actioned and there was a focus within the staff team on continuous improvement of the service.

Management and leadership of the service had been strengthened. Formal and informal support from the manager of the service meant staff felt able to raise any questions or concerns they had. Staff, with their manager, regularly reviewed their performance and completion of their roles and responsibilities. Team working structures had been strengthened, including handover procedures, and staff were being encouraged to be proactive in suggesting ideas to improve the service.

## 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. Improvements had been made to ensure safe and proper management of medicines. People received their medicines as prescribed and accurate records were kept of medicines administration.

Staffing levels had been increased and there were sufficient staff to meet people's needs. Staff were aware of their responsibilities to safeguard people from harm. Staff were aware of the risks to people's health and safety, and ensured those risks were managed and minimised.

Good ●

### Is the service effective?

The service was effective. Staff had the knowledge and skills to support people, and updated this through regular attendance at training and discussion during supervision.

Staff were aware of and adhered to the principles of the Mental Capacity Act 2005. The manager had arranged for people to be assessed to establish if they could deprive a person of their liberty in order to keep them safe.

People were supported with their nutritional needs. Staff liaised with healthcare professionals to ensure people received the specialist care they required. Staff supported people to have their health needs met and supported them to attend healthcare appointments.

Good ●

### Is the service caring?

The service was caring. Staff were knowledgeable about the people they supported. They were aware of how people communicated and how they expressed their views and emotions. Staff communicated with people through verbal and non-verbal communication methods to help people understand what was being asked. Staff were aware of people's preferences and routines, and delivered care in line with these.

Staff respected people's privacy and maintained their dignity. Staff supported people in line with their religion and cultural heritage.

Good ●

### **Is the service responsive?**

The service was responsive. Staff supported people in line with their support plans. They were aware of what support people required and what aspects of daily living people were able to undertake independently.

Staff engaged people in activities, and provided opportunities for sensory stimulation. Staff looked to broaden the range of activities to people and hoped the addition of a service vehicle would help with this.

Staff used observations of people's behaviour to obtain feedback about their experiences of the service and the support provided.

**Good** ●

### **Is the service well-led?**

The service was well-led. The management and leadership of the service had been strengthened. The newly appointed manager was strengthening team working and encouraging staff to express their views and opinions about the service. Staff were well supported by their manager and felt able to speak openly with them.

The manager and the provider's management team checked the quality of care provided to people. We saw that actions identified as requiring improvement had been implemented.

**Good** ●

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## **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 17 December 2015 and was unannounced. A single inspector undertook this inspection.

Prior to the inspection we reviewed the information in the previous reports and the information submitted in the provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service including statutory notifications. These are notifications about important events that happen at the service.

During the inspection we spoke with five staff, including the manager. People using the service were unable to speak with us because they had complex needs and therefore we observed interactions between staff and people, and observed the support provided in the communal lounge and at lunchtime. We viewed two people's care records, and records relating to staff training, supervision and appraisals. We viewed records relating to the management of the service and reviewed medicines management processes.

After the inspection we spoke with a healthcare professional who supported people at the service, a representative from the local authority and an advocate that supported two people.

## Is the service safe?

### Our findings

People were protected from the risks associated with medicines because the provider had improved the management of medicines. At our focussed inspection on 21 May 2015 the service was in breach of legal requirements relating to the proper and safe management of medicines. We found changes in medicines doses in regards to food supplements were not consistently recorded. One person had not received all of their medicines as prescribed, and checking systems had not identified this error. There were no written protocols to inform staff when people might have needed their 'as required' medicines.

At this inspection we saw that action had been taken to address the previous concerns. Medicines were stored securely and we saw that room temperatures were checked daily to ensure medicines were stored at the correct temperature. The majority of medicines were delivered using the BIODOSE system. The BIODOSE system is a measured dosage system for both solid and liquid medicines. Daily checks were undertaken by the management team to ensure people received their medicines as prescribed, medicines administration records (MAR) were completed and stock balances were correct. We checked the medicines management for each person at the service. People had received their medicines as prescribed, their MAR was completed correctly and the stocks of medicines were correct. We observed staff supporting people with their medicines. Staff explained to the person it was time to have their medicines. For people with visual and hearing impairments staff touched the person's check to indicate it was time for the person to have their medicines. We saw the person understood this action and opened their mouth and held out their hand in order to take their medicines.

One person had one medicine prescribed to be given 'when needed'. No protocol was in place to instruct staff as to when the medicine should be given. We spoke with the staff on duty and they were able to describe when they should give the medicine. The manager told us they would ensure a written protocol was in place regarding this medicine to make all staff, including agency and bank staff, aware when this 'as required' medicine should be given. The service was now meeting the legal requirements in regards to safe and proper management of medicines.

There were sufficient staff to meet people's needs. The number of staff on the morning shift had increased since our previous inspection. This meant there was more flexibility in the support provided to people. Staff were able to spend more time supporting people with their personal care. People who used the service required support from staff in the community to keep them safe. There were sufficient staff to enable this and to ensure people had regular access to the community. They were also able to accompany people to pre-planned healthcare appointments and unplanned appointments.

There was a stable staff team and most of the staff had been working with people for many years. There were two vacancies at the time of our inspection. Potential employees had been identified and they were waiting for all the recruitment checks to be complete before they started work. The service had a bank of staff and regular agency staff to cover the vacancies in the team. There were sufficient staff to ensure all shifts were appropriately staffed, including at night. There was flexibility within the team to cover annual leave, training and staff sickness.

Staff were aware of their responsibilities to safeguard people and keep them free from harm. Staff were able to describe signs that a person may be being abused and the reporting procedures to follow. Staff said they would escalate their concerns to the manager or a member of the provider's management team. They also knew how to raise their concerns directly with the local authority safeguarding team. The manager informed us they liaised with the safeguarding team if they needed any advice or guidance, and escalated concerns when necessary.

Staff were aware of the risks to people's health and safety. Assessments of risks were undertaken and management plans were developed to instruct staff about how to minimise those risks. A visitor to the service told us, "Risk assessments are in place and regularly updated." Some people were at risk of developing pressure ulcers. Staff checked the person's skin integrity whilst supporting them with personal care to ensure any signs of pressure damage were identified early and people got the support they required. Staff ensured people had the correct equipment to meet their needs and ensure their safety. Staff liaised with occupational therapists to review people's wheelchairs to make sure they were appropriate for the person. Staff helped people to maintain a balance between enabling people's independence and maintaining their safety. For example, some people were able to mobilise independently using their upper body, or were able to transfer between the chair and their bed. Staff observed and supported people in the bathrooms when having baths or showers due to the risks to their safety and enabled them to do as much as they could for themselves.

Staff ensured people's money was stored securely at the service. Receipts were kept of all financial transactions, and the balance was checked during handovers to ensure all money was accounted for.

A visitor told us, "The environment and home is lovely." Checks were in place to ensure a safe environment was provided. This included ensuring fire alarms were regularly tested and staff were aware of fire evacuation procedures. People had individual fire evacuation plans, so staff were aware of how to support the person and maintain their safety in the event of a fire. Gas safety, electrical safety, and water safety tests were undertaken.



## Is the service effective?

### Our findings

People received care and support from staff who had the knowledge and skills to do so. A visitor said, "The staff team is excellent." Staff received regular training to ensure they were up to date with good practice guidance. Staff had completed training the provider considered mandatory for their role. This included training on fire prevention, food hygiene, infection control, medicines administration, first aid, safeguarding adults, the Mental Capacity Act 2005 and moving and handling. Staff had completed training in dysphagia (difficulty swallowing) and a staff member had been nominated as the dysphagia champion. The manager had arranged for additional training in regards to supporting people with visual and hearing impairments and this was in the process of being finalised. Staff were also supported to complete additional qualifications in health and social care.

Staff received supervision to discuss their performance, and to support them to undertake their roles and responsibilities. The manager told us they had not been able to supervise staff as much as they would like. They had reviewed the supervision arrangements and had planned to implement a second level of supervision whereby the deputy manager reviewed staff's adherence to policies and procedures. While the manager's supervision focussed on performance. Staff also received annual appraisals. These focussed on staff's performance, and progress towards their goals.

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 Act 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 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. Staff were aware of their requirements under the MCA and adhered to the principles of the Act. People had been assessed as not having the capacity to make certain decisions about their care, and these decisions were made for them by staff, healthcare professionals with the involvement of an advocate. These decisions were regularly reviewed to ensure they continued to be within the person's best interests. One staff member told us, "We constantly make best interests decisions [for people]." The service had arranged for an advocate to be involved in the support provided to people and best interests decisions, to ensure the person's views were represented.

The manager had made applications for people to be assessed as to whether they required authorisations under DoLS to keep them safe. Two people had authorisations in place and staff adhered to the conditions of the authorisations. Staff were waiting for the other two people to be assessed by the local authority but in the meantime they continued to provide them with one to one support in line with their risk assessment.

Staff supported people with their nutritional needs. They liaised with healthcare professionals to arrange for people's nutritional needs to be assessed and to ensure they received any specialist care they required. Dysphagia nurses and dieticians were involved to support people at risk of choking and with specific dietary requirements.

People were provided with a choice of meals and staff obtained people's views about their meals. For example, they provided people with two options and let them choose what they wanted. Some people with visual impairments used their sense of smell to determine what option they wanted. If someone did not want one of the options they pushed this away, and staff worked with the person until they found something they liked. We observed lunchtime at the service. People were provided with adapted crockery to enable them to eat independently. Staff recorded the amount people ate and drank on food and fluid charts. However, we observed for one person that there were two different recording processes and they did not reflect what the person had consumed. The manager informed us they would review the processes to ensure that it was streamlined and reflected the support provided to people.

Staff supported people with their healthcare needs. This included supporting people to access their GP and to attend hospital appointments. Staff arranged for people to have regular health checks and medicines reviews. People had health action plans in their care records outlining the support they required with their healthcare needs. People also had hospital passports. Hospital passports outlined people's health and support needs, outlined how they communicated and their preferred routines so that hospital staff knew how to support the person if they required a hospital admission.

## Is the service caring?

### Our findings

A visitor said, "It's lovely to see people...have that level of respect and care." They told us, " Staff are always welcoming...they do a fantastic job." Staff told us they had built relationships with people and knew the people they were supporting. One staff member said, "The most important thing is the care...we're 100% with the caring side."

Through the time that staff had been caring for people they had got to know how people communicated. They were also aware of their routines which helped people to know what support was being provided and when. Staff spoke with people and described the support they were going to provide even if they were unsure how much the person understood. In addition, staff used gestures, touch and objects of reference to communicate with people. For example, staff would touch the person's cheek to indicate it was time for lunch, or during personal care they would touch the person's arm that they wanted them to raise. We saw staff offering to hold people's hands so the person could take them to where they wanted to go, indicating what support they required.

Staff were aware of people's behaviour and what emotion it indicated. For example, one person would 'blow raspberries' to indicate they were happy. Another person displayed behaviour that challenged staff when they were in pain or upset. Staff were aware of how to comfort the person during this time and ensured they got the support they required with pain relief.

People's interests, likes and preferences were included in their care records. Staff were aware of people's preferences and supported them in line with those. For example, whether people preferred a bath or shower, whether they preferred tea or coffee and in relation to other daily living activities. Staff used this information to provide care in line with people's preferences.

Staff respected people's privacy and maintained their dignity. A visitor told us, "[People] are always treated with respect and dignity." Staff used towels to maintain people's dignity during personal care so they were not unnecessarily exposed. Personal care was delivered in the privacy of people's bedrooms and bathrooms. Staff ensured people were dressed appropriately to ensure their dignity whilst in communal areas and in the community.

People were supported in line with their religion and cultural heritage. Staff were aware of people's hair and skin care requirements. For example, one person usually had their hair braided, and staff ensured the person received the skin and scalp care they required in between braids. Staff ensured people using the service from a Caribbean heritage had the oils and moisturisers they preferred for their skin care. A range of meals was available for people to have and to experience food from around the world.

## Is the service responsive?

### Our findings

People received the support they required to ensure their needs were being met. A visitor told us, "[Staff] do what's necessary and beyond to ensure [people] get quality of care." People's care plans provided clear and detailed information about people's support needs including their medical needs, personal care, social and communication needs. Some people had behaviour support plans. These informed staff about what behaviour they showed "when things were going well" and "when things were not going well." Due to people not being able to verbally communicate, this information helped staff to interpret people's behaviour and what they were trying to communicate or feelings they were expressing. Staff noted changes in people's behaviour to establish whether it indicated a health or support need. For example, signs of an infection.

Staff were knowledgeable about the support people required. They were aware of people's medical history, their diagnoses and how this impacted on the support people required. They were aware of what people were able to do for themselves and where they required support from staff. People were encouraged and supported to be independent. For example, one person was able to independently orientate themselves around the service. The person preferred to have bare feet so they could feel the change in flooring to identify the difference between the communal areas and the bathroom.

Staff were aware of people's routines and how they liked to do things. For example, one person enjoyed using the service's Jacuzzi bath. People enjoyed sensory stimulation. For example, some people liked massages and had regular input from an aromatherapist.

People had weekly activity programmes. Staff supported people to access the community and to engage in activities they enjoyed. On the day of our inspection two people were being supported separately to access the community. Other people were undertaking activities at the service. Staff were spending one to one time with people engaging them in sensory activities. For example, one person was participating in a pampering session. The service had some sensory equipment in the 'quiet room' for people to use. There were plans for this room to be developed into a full sensory room and for the garden to be developed into a sensory garden to provide additional stimulation for people. Staff had noticed that people enjoyed going to local garden centres to smell the flowers and herbs and wanted to give people the opportunity to do this at the service. One staff member told us they were "continuously looking" for other activities that people may enjoy. The manager was in the process of securing a vehicle for the service which would enable staff to support people to engage in a wider range of activities.

People were unable to verbally provide feedback about the service. Staff used their knowledge of people and observations of their behaviour to obtain their feedback about the service. They identified what people enjoyed and what people did not enjoy. Staff also asked people's advocate to feedback their opinion and observations about the service and the support provided. The provider carried out a satisfaction survey to obtain people's views about the service. Currently people were unable to complete these without the support of staff and the manager was liaising with the provider's marketing team to look at ways to obtain people's views about the service in a more independent way.

A complaints process was in place. All complaints received would be escalated to the manager of the service and shared with the provider's management team, to ensure appropriate action was taken to investigate and address the concerns raised. The manager was in the process of implementing a suggestion book to obtain further feedback about the service from visitors.

## Is the service well-led?

### Our findings

People benefitted from a service that was well managed. One staff member said the manager was, "brilliant...absolutely lovely." A visiting professional told us the manager was forthcoming in asking for advice and there was open and transparent communication between themselves and the manager. The representative from the local authority said the manager was quick at responding to feedback and implementing any necessary changes.

The manager had started with the service earlier this year and was in the process of applying to become the service's registered manager. Their application had been submitted to the Care Quality Commission and they were waiting to hear the outcome. They were aware of the requirements to submit statutory notifications. We saw that notifications, including the outcome of Deprivation of Liberty Safeguards assessments, had been submitted.

The manager was focussing on team building, and strengthening structure within the team and delegation of lead roles. There was clear leadership and management of the service. Handover procedures had been implemented to strengthen communication within the team, and to regularly review the support provided to people. This enabled staff to discuss the support people required and ensured it was delivered.

Staff were encouraged to express their opinion and be proactive in implementing new ideas at the service. The manager discussed at team meetings their vision for the service and how that would benefit the people using the service. Team meetings were held every three months to discuss the support provided to people and to speak about service developments. Staff were encouraged to contribute their ideas, to have a voice and to be involved in the meetings. One staff member told us there was more input from staff at the team meetings since the new manager started.

Staff felt supported by their manager and felt there was good teamwork at the service. Staff said they were comfortable speaking with the manager and asking questions about the support provided to people. Staff said the manager had implemented many changes at the service, and they felt these were benefiting the people receiving care. One staff member said, "[The manager] is a very good manager. Very easy to approach and will deal with any problem." Another staff member told us, "You can go and talk to [the manager]. She listens."

The manager ensured high quality support was provided. We saw that concerns regarding individual staff performance were addressed and staff were supported to improve the quality of care they provided.

All incidents were reported to the manager of the service. They ensured appropriate action was taken at the time of the incident and in response to the incident to maintain a person's safety. The provider's management team reviewed the incidents that occurred at the service to identify any themes.

A member of the provider's management team checked the quality of the service. These checks were based on the Care Quality Commission's five questions. We saw that a number of actions were required based on

these checks to improve the quality of the service, and these had been completed. In addition the manager had implemented daily checks of medicines management processes. The manager undertook health and safety checks to ensure a safe and appropriate environment was provided. This included ensuring fire safety checks and procedures were in place.