Mental Health Concern

McGowan Court

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

This inspection took place on 5 March 2018 and was announced.

McGowan Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. McGowan Court accommodated eight people at the time of the inspection.

The service was last inspected on February 2016 and the rating for this inspection was Good. At this inspection we found the service remained Good.

The service had a manager in place who was going through the process of registering with the Care Quality Commission (CQC). They started in post in December 2017.

People's care records contained clear and easy to understand information about people's needs and risks and how to support them effectively. We saw people were provided with one to one support meetings on a weekly basis and more often if their mental health was declining.

We found some concerns regarding the recording of medicine administration. The manager had also found the same concerns and produced an action plan. This demonstrated that the recording of medicine administration would be improved. We have made a recommendation with medicines.

People were supported to access health care professionals when needed. The provider had taken steps to minimise the risk of abuse because staff knew how to identify and report it.

There were enough staff to meet people's needs. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. Staff told us they received training to be able to carry out their role. Staff received effective supervision and a yearly appraisal.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to achieve their goals and aspirations.

People received a varied and nutritional diet and were complimentary of the food provided.

The interactions between people and staff showed that staff knew the people really well. Staff we spoke with had a good knowledge of people's needs and talked about people with genuine affection. The atmosphere at the home was homely, relaxed and nurturing. It was clear that people felt relaxed and comfortable in the company of staff.

The management team were approachable and they and the staff team worked in collaboration with external agencies to provide good outcomes for people. Processes were in place to assess and monitor the quality of the service provided and drive improvement.

Further information is in the detailed findings below.

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**

McGowan Court

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 5 March 2018 and was announced. The provider was given 48 hours' notice because the location was a service for people who are often out during the day; we needed to be sure that someone would be in.

The inspection team consisted of one adult social care inspector and one expert by experience. An expert by experience is someone who has an expertise in this area.

Before the inspection we reviewed information we held about the service, including the notifications we had received from the registered provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also contacted the local authority commissioners for the service and the local Healthwatch to gain their views of the service provided. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke with five people who used the service. We looked at two care plans and three staff files. We looked at how medicines were managed. We spoke with the manager, the practice development lead, the head of adult services, the clinical lead, and two nurses. We also looked at other records that supported the running of the service.

Good

Is the service safe?

Our findings

We asked people if they felt safe living at the home. One person we spoke with said, "I feel really safe, they [staff] do help you." Another person said, "Sometimes I can be awake all night due to taking [substance] staff sit with me, talk to me and reassure me." And another person said, "I've no worries, I know the staff somewhat, up to now I'm happy, I'm still ok here."

One staff member said, "We keep people safe through observation and communication."

The manager and staff were able to tell us about people's individual needs and the support they required to keep them safe. The service used the Galatean Risk and Safety Tool (GRiST) which provides a structured and systemic approach to risk assessment based on a consensual and holistic model. People recently placed at McGowan Court were there for rehabilitation and recovery and the GRiST tool provided information on how individual risks were changing and any improvement to the risk to prove recovery. For a few people who used the service the main risk was substance misuse, staff could easily explain the signs and symptoms of when people were at risk of substance misuse and provided one to one support meetings with the person to try to alleviate the risk. We saw lots of evidence of one to one support meetings and people said they found these very helpful.

Risks to people arising from the premises were assessed and monitored. Fire and general premises risk assessments had been carried out. Required certificates in areas such as electrical testing were in place. Records confirmed that monthly checks were carried out for emergency lighting, fire doors and water temperatures. This showed that the provider had taken appropriate steps to protect people who used the service against risks associated with the home environment.

There were a number of policies to ensure staff had guidance about how to respect people's rights and keep them safe from harm. These included clear systems on protecting people from abuse. Staff told us they would have no hesitation in reporting abuse and were confident any concerns would be acted on.

The provider had a business continuity plan, which provided information about how they would continue to meet people's needs if an event such as loss of electricity or a fire forced the closure of the service. This showed us that contingencies were in place to keep people safe in the event of an emergency.

Accidents and incidents were monitored monthly for trends or patterns. We saw any trends were quickly acted upon to try to prevent recurring accidents and incidents.

People were supported to access their medicines when they needed them. Medicines were stored in locked cupboards in each individual person's room. Staff were trained to administer medicines and had their competency checked annually with an observed practice. The temperature of the rooms the medicines were stored were not taken daily to confirm they remained in safe limits and handwritten medication administration records (MARs) were not completed correctly. The manager had already recognised the issues we raised and implemented an action plan. The manager had also attended a meeting with the

supplying pharmacy to improve standards. We recommend that until the pharmacy implement the changes required that any handwritten MARs are completed correctly with correct quantities, PRN (when required) protocols to be put in place and temperatures are taken daily.

People were supported by a consistent staff team, the majority of whom had worked at the home for some time. This promoted people's well-being and made them feel safe and well cared for. Staffing levels were sufficient to enable staff to meet people's needs in a personalised way. People who used the service said, "Yes there are enough staff, I get someone if needed, they all seem to be ok. It's a lovely place to live." Another person said, "There is always someone to talk to, staff sit and discuss things on a one to one basis daily."

Recruitment procedures were in place to ensure suitable staff were employed. Applicants completed an application form in which they set out their experience, skills and employment history. Two references were sought and a Disclosure and Barring Service (DBS) check was carried out before staff were employed. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and minimise the risk of unsuitable people from working with children and vulnerable adults.

The service was warm, clean and tidy. We were told there was a plentiful supply of personal protective equipment (PPE) such as disposable aprons and gloves.

Good

Is the service effective?

Our findings

Records showed that staff were up to date or were booked on the provider's mandatory training courses, such as fire safety, moving and handling, safe administration of medicines, safeguarding, infection control, food hygiene and first aid. One person who used the service suggested staff received training on autism. The manager explained they have all completed an autism awareness session but they were sourcing a full training programme. One staff member said, "We have a lot of training, I am doing a cognitive behavioural therapy course at present and I am looking into Autism training to expand my expertise and knowledge. We have had training on dealing with challenging behaviour and I feel confident dealing with this, we learn distraction and de-escalation and always have a debriefing session after any event."

Staff we spoke with were extremely knowledgeable about people's needs and knew how to care for them effectively. We saw that staff interacted with people in a positive way. People were relaxed and comfortable in their company and it was obvious that staff knew people well.

We were provided with a good example of how people transitioned into the service. We saw one person who had recently moved into the service spent two days and two overnight visits prior to moving in fully. This was for the person to see if they would be happy living at the service. One person said, "I settled in well, staff are respectful." Another person said, "It's a lovely place to live."

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). No one living at the service had a DoLS in place. Staff had a good understanding of the MCA and the importance of enabling people to make decisions and records showed that staff had held best interest meetings when required.

People who used the service we happy with the food provided and enjoyed a varied diet. People we spoke with said, "I love pie and chips." Another person said, "They [staff] know what I like all the time." And another person said, "I cook myself, I like steak and lamb shish kebabs, I keep off the carbs." And a further person said, "I do my own cooking, I have lighter foods, they weigh me now and then, some staff are on a diet, and are quite supportive."
People who were able bought and prepared all their own food. These people had meetings to decide menus for the upcoming week, who would buy what and who would cook what. For the previous Friday's evening meal people had decided they wanted steak and chips; however each person wanted to cook their own steak as they all preferred it differently.

We saw where people had poor diets a food and fluid diary was completed. For example one person struggled to eat full meals so staff prepared food little and often for them, fortified their foods and kept a record to make sure they were getting enough food to eat.

People were supported to access external professionals to maintain and promote their health. Care plans

contained evidence of referrals to professionals such as GPs, social workers, psychiatrist and a dentist. One person said, "Sometimes when you are not well, staff take your blood pressure, keep an eye on you and take you to hospital if needed." Another person said, "They [staff] are proper nurses, they are great, they take you to the doctors and to get my toenails done at the clinic."

We saw the premises were adapted to meet people's individual needs. For example, one person was deaf therefore could not hear when staff knocked on their door for permission to enter. The provider had put a light switch on the outside of the door for staff to switch on and off a few times for the person to visualise the knock. People were happy with their rooms, one person said, "I love mine [room], no complaints." Another person said, "I am happy, there is nothing else I want." And another person said, "It is well kept, nothing is broken, it is cleaned all the time and the handyman comes round regularly when something needs doing."

Good

Is the service caring?

Our findings

Most people had lived at the home for a number of years and staff knew them well. Staff we spoke with demonstrated a good knowledge of the way people preferred to be supported, their needs, likes and dislikes. We observed staff interacting with people in a natural and spontaneous manner and saw that staff gave people their full attention during conversations and spoke with them in a kind and respectful way.

People we spoke with said, "They [staff] encourage and help you, they want you to be well, move forward and move out." Another person said, "When I was upset they complimented me, I can't fault them [staff], they are very professional and understanding, I have been difficult at time, they get you to open up and reassure you quite a bit."

People's care plans contained details of important relationships and how these relationships were to be supported. We saw from people's records that staff supported people to maintain the relationships that were important to them. One person's goal was to set up a SKYPE meeting with a family member and staff were willing to support this when the person was ready.

Peoples' equality and diversity was respected and staff had received training on this. One person practised different religions at different times. One staff member said, "They are interested in lots of different religions and they support us staff to know what each different religion means, they are so knowledgeable, they practiced Sikhism at one point and staff made sure they learnt about it so we could support them." Another staff member said, "We treat everyone the same, no judgements from staff or residents and respect all. One person is from a mixed race family, they have different beliefs that can fluctuate and it's their choice if they want to attend church or the temple. We support them as they didn't want to go on their own."

There were individual personalised care plans that documented peoples' preferences and support needs, enabling staff to support people in a personalised way that was specific to their needs and preferences. People were encouraged to maintain their identity; wear clothes of their choice and choose how they spent their time. For example one person experienced great fulfilment in accessing the community and loved having the control to spend money on what they wanted, even if they bought the same things.

Staff had a good understanding of the importance of promoting independence and maintaining people's skills. We observed people going about their day very independently. Care plans documented how staff were to support independence along with choice and control. Where people chose to substance misuse staff encouraged them to complete a mood diary. This supported staff and educated the person to potential triggers so they could develop strategies to prevent dependency on drugs and alcohol. This supported people on the road to recovery and independence. People we spoke with said, "They [staff] are all great with me. There is a little bit of freedom, they're not strict. They are good with you." Another person said, "This is the best thing I have ever known, I need it, I love it."

Peoples' privacy was respected and consistently maintained. We saw staff always knocked on people's doors and waited for permission to enter. One person said, "I had to tell the nurse on duty about something,

they took me into a private room to take my observations."

Good

Is the service responsive?

Our findings

We reviewed the care plans for two people and found they were personalised and held information about people's likes and dislikes, history and how to support them in the way they preferred. People's care plans covered all aspects of their physical and emotional health and were written in a way that was easy to understand and reflected people's personalities. When reading them it was easy to gain an understanding of the person to be supported. It was clear that people's wishes, aspirations and goals had been considered and care plans were positive and focused on people's recovery needs and the best way to promote them in the day to day support provided.

One person had expressed a wish to go to college and learn maths and English; we saw evidence that this was now taking place. Once this goal had been fulfilled they wished to take up carpentry and complete a sky dive. Staff had already started to support this. Another person wanted to do a sponsored day of silence, to raise awareness about how people with mental health problems suffer in silence; this was also being supported by staff.

Records showed that staff had worked in partnership with the individual and professionals involved in their care to develop a care plan outlining how people needed and wanted to be supported. The aim of the care plan was to support recovery, engage in developing therapeutic relationships built on trust, respect and honesty. People we spoke with said, "I sign my care plans, we have review meetings with [names of staff and healthcare professionals] every three months." Another person said, "I feel involved in my care." And another person said, "They [staff] ask my opinion on the care plan."

Staff had recently supported someone with end of life care. This person expressed their wish to remain at McGowan Court for their end of life. The care, led by a keyworker, with the support of every single person on the staff team, senior management and the wider staff team of Mental Health Concern ensured that the person received the care they required at this point. The GP, the district nurses and the palliative care team worked together to ensure the person remained comfortable and pain free. The family were involved at every step of the way. Staff asked the person if there was anything else they could do to support their comfort; the person asked if staff could take the voices from their head so they could get some peace. Staff agreed to try this however always being truthful and saying they could not hear the voices. This worked and the person said they felt more secure. The clinical lead said, "Writing always played an important role in this persons expression of distress and this too was used to support them to talk through some of their thoughts and feelings. They were able to accept a card from staff, thanking them for allowing us to be part of their journey. They were able to acknowledge with other staff that they felt loved and cared about. This is a snap shot of the work that we do and the privileged role we play in this setting."

People who lived at the service were independent and spent their days as they wished. Some people went out shopping or for a walk; others stayed in and watched television or spent time in their rooms. Activities which took place were a cinema group, theatre attendance and football. Some people attended the community to study maths and English.

There was a clear policy in place for managing complaints and the service had received no complaints. People we spoke with said, "I have no complaints, I don't think there are any improvements needed." Another person said, "I would speak to my key worker if I have any concerns, they would deal with them and take care of me."

Good

Is the service well-led?

Our findings

The service had a manager who was going through the process of becoming registered with the Care Quality Commission (CQC).

Quality assurance audits were embedded to ensure a good level of quality was maintained. Audits we saw included health and safety, medicines and infection control. The information gathered from audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive improvement of the quality of the care delivered.

There was an open and inclusive culture in the service. The service was personalised and each person was supported according to their own needs. Staff and people confirmed that there was an individualised approach to peoples' care. The manager and staff were passionate about providing people with a personalised service and ensuring people led the lives they wanted to or were supported along the route to the lives they wanted to achieve. One person who used the service said, "You get a little bit of welcome, you get a homely welcome and you get a restful welcome."

Staff could explain what the service valued. One staff member said, "Our values are based on the recovery focus assessment, we work holistically and closely with people to provide choice, independence and control of their self-esteem."

Staff meetings were held regularly at which staff had the opportunity to discuss people's changing needs and the running of the service.

Meetings for people who used the service took place in the form of a recovery coffee morning. This took place at 10am Monday to Friday and created opportunities for the younger group to think about life from their perspective, issues with communal living, mental health experiences, substance misuse and relationships. People took their own responsibility for their attendance and what they wanted to bring to the group. A further meeting took place on a Sunday evening with people who used the service and staff to plan the week ahead which included menu planning.

People who used the service were asked for their views via an annual questionnaire. This asked if people felt the staff were supportive in their recovery and if they were treated with kindness and compassion. No one had reported any concerns.

People who used the service and staff were complimentary about the manager and the way the home was run. People we spoke with said, "The manager hasn't been here too long by they are alright, this side of the building is very calm, all staff stay on top of things, they are organised and here when needed." Staff we spoke with said, "The manager is always available." Another staff member said, "I feel really supported, I could not ask for more."

Staff we spoke with were happy working at McGowan Court. One staff member said, "I love my job, I feel

privileged to work here." Another staff member said, "It is inspirational working here, purely because of their [providers] values." And "I am proud of how we work, it's a joy not a chore, we are all eager to help and support each other, we collaborate as a team which is really important."

We asked for a variety of records and documents during our inspection. We found these were well maintained, easily accessible and stored securely. Throughout our inspection we found staff to be open and cooperative. The manager was keen to learn from any of our findings and receptive to feedback.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC) of important events that happen in the service. The manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.