MCCH Society Limited

MCCH Society Limited - 151 Tunbury Avenue

Inspection report

151 Tunbury Avenue
Chatham
Kent
ME5 9HY
Tel: 01634 671768
Website: www.mcch.co.uk

Date of inspection visit: 2 and 3 November 2015
Date of publication: 05/02/2016

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?	Requires improvement

Overall summary

The inspection was carried out on 2 and 3 November 2015 and was unannounced.

The service provided accommodation for people who require personal care. The accommodation was a large bungalow providing support to four people with learning disabilities; some people had additional physical disabilities. People living at the service did not use verbal communication, instead they used a mixture of sounds, gestures and signs.

There was a registered manager employed at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. The registered manager understood their responsibilities under the Mental Capacity Act 2005 and DoLS. Mental capacity assessments and decisions made in people's best interest were recorded. At the time of the inspection the registered manager had applied for DoLS authorisations for the four people living at the service, with the support of the local authority DoLS team which had been granted.

Systems were in place to monitor and improve the quality of the service; however these had not always been completed by the senior operations manager.

Observations indicated that people felt safe. Staff had received training about protecting people from abuse, and they knew what action to take if they suspected abuse. The management team had access to, and understood the safeguarding policies of the local authority.

People received their medicines safely and when they needed them. Policies and procedures were in place for the safe administration of medicines and staff had been trained to administer medicines safely.

Accurate records were kept about the care and support people received and about the day to day running of the service. These provided staff with the information they needed to provide safe and consistent care and support to people. Potential risks to people had been identified with steps recorded of how the risk could be reduced.

People were assessed before moving into the service. Care plans were reviewed on a regular basis, and changes were made if people's needs changed. Staff were kept up to date with any changes in people's needs. People's health was monitored and when it was necessary, health care professionals were involved to make sure people remained as healthy as possible.

There were enough trained staff on duty to meet people's assessed needs. Staff were considerate and respectful when speaking about people. Staff knew people very well, including their personal histories, hobbies and interests. There was a relaxed atmosphere in the service between people and staff.

People participated in activities of their choice within the service and local community. There were enough staff to support people to participate in the activities they chose.

People had access to the food that they enjoyed and were able to access drinks with the support of staff if required.

There were systems in place to review accident and incidents, which were able to detect and alert the registered manager to any patterns or trends that had developed.

The complaints procedure was readily available in a format that was accessible to some people who used the service. Staff knew people well and were able to recognise signs of anxiety or upset through behaviours and body language.

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?

Good

The service was safe.

Staff received appropriate training and support to protect people from potential abuse.

There was enough staff to provide people with the support they required.

Medicine management was safe. People received their medicines as prescribed.

Recruitment procedures were in place and followed recommended good practice.

Is the service effective?

Good

The service was effective.

Staff were able to communicate effectively with people.

People were provided with a suitable range of nutritious food and drink.

Staff were trained and supported to provide the care people needed.

Staff ensured people's health needs were met. Referrals were made to health and social care professionals when needed.

The registered manager understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and people's mental capacity to consent to care or treatment was assessed and recorded.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect.

Staff knew people well and understood their changes in mood, sound and gestures to understand what they were communicating.

Staff understood people's preferences, personal histories and the best way to meet their needs.

Wherever possible, people or the relatives were involved in making decisions about their care and staff took account of their individual needs and preferences.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed before moving into the service.

People were offered a choice of activities to participate in.

Summary of findings

Care plans contained detailed information and clear guidance to enable staff to meet people's needs.

People were supported to maintain relationships with people that mattered to them.

Is the service well-led?

The service was not always well-led.

Systems were in place to regularly assess and monitor the quality of the service people received. However, these had not always been completed.

There was an open and transparent culture, where people, their relatives and staff could contribute ideas about the service.

The provider sought feedback from people and their representatives and acted on comments made.

Requires improvement

MCCH Society Limited - 151 Tunbury Avenue

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 2 and 3 November 2015 and was unannounced. The inspection team consisted of one inspector and one 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 care service. The expert by experience had a background and understanding of learning disability services.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make. We also looked at previous inspection reports and notifications about important events that had taken place at the service, which the provider is required to tell us by law.

People living at the service did not use verbal communication; instead they used a mixture of sounds, gestures and signs. We made observations of interactions between people and staff. We spoke with the relatives of all four people using the service to gain their views and experiences. We spoke with two care workers and the registered manager.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems. We looked at three people's care files, three staff record files, the staff training programme, the staff rota and medicine records.

A previous inspection took place on 2 December 2013, we had no concerns and there were no breaches of regulation.

Good

Is the service safe?

Our findings

Relatives told us that they felt their loved one was safe living at the service. Observations showed that people appeared comfortable with other people and staff by smiling and giving eye contact. Staff knew people well and were able to recognise signs of anxiety or upset through behaviours and body language.

There was a safeguarding policy in place, staff were aware of how to protect people and the action to take if they suspected abuse. All staff had access to the local safeguarding protocols and this included how to contact the local safeguarding team. Staff were able to describe the signs of abuse and what they would do if they had any concerns such as contacting the local authority safeguarding team. The staff induction included safeguarding adults from harm and abuse and staff received annual training on this topic.

The registered manager used team meetings to reinforce how to follow safeguarding procedures with staff and to discuss whistleblowing. Staff told us they were confident that any concerns they raised would be taken seriously and fully investigated to ensure people were protected. Staff were aware of the whistle blowing policy and knew they could take concerns to agencies outside of the service if they felt they were not being dealt with properly. Staff spoke about an anonymous whistleblowing helpline which was run by the provider. The provider had policies and procedures in place for ensuring that any concerns about people's safety were reported.

People were protected from financial abuse. There were procedures in place to help people manage their money as independently as possible. This included maintaining a clear account of all peoples' money received and spent. Money was kept safely and what they spent was monitored and accounted for on a daily basis.

Potential risks to people in their everyday lives had been identified, such as risks relating to personal care, accessing the community, moving and handling and medicines. Each risk had been assessed in relation to the impact that it had on each person. Control measures were in place to reduce the risks and guidance was in place for staff to follow about the action they needed to take to protect people from harm. Risk assessments were reviewed with any changes documented for staff to follow. Staff had up to date information to meet people's needs and to reduce risks.

Medicines were managed safely. All medicines were stored securely and appropriate arrangements were in place for ordering, recording, administering and disposing of prescribed medicines. Clear records were kept of all medicine that had been administered. The records were clear and up to date and had no gaps showing all medicines had been signed for. Any unwanted medicines were disposed of safely.

Each person had an individual medicines record chart showing their personal details, photograph and the medicines they were prescribed and when they should take them. There was information in people's support plans about their medicines, what they were for and side effects to look out for.

Clear guidance was in place for people who took medicines prescribed 'as and when required' (PRN). There was a written criteria for each person, in their care plan and within the medication file. Medicines audits were carried out on a daily basis by two members of staff. We saw clear records of the checks that had taken place.

Relatives told us they felt there were enough trained staff on duty to meet people's needs. Staffing was planned around people's hobbies, activities and appointments so the staffing levels were adjusted depending on what people were doing. The registered manager made sure that there was always the right number of staff on duty to meet people's assessed needs and they kept the staff levels under review. The registered manager was available at the service offering additional support if this was required. People received one to one support when it was required. For example, one person was supported to go into the local town and complete their banking with a member of staff. Another person was supported to have their haircut and lunch out during our inspection. There was a team of bank staff who worked across the provider's services who could step in at short notice to cover staff sickness or to provide extra support with activities and provide one to one support.

Recruitment practices were safe and checks were carried out to make sure staff were suitable to work with people who needed care and support. Staff recruitment checks

Good

Is the service safe?

had been completed before staff started work at the service. These included obtaining suitable references, identity checks and completing a Disclose and Baring Service (DBS) background check, checking employment histories and considering applicant's health to help ensure they were safe to work at the service. The registered manager interviewed prospective staff and kept a record of how the person performed at the interview.

Staff had job descriptions and contracts so they were aware of their role and responsibilities as well as their terms and conditions of work. Successful applicants were required to complete an induction programme at the provider's head office before working alongside current staff at the service.

The premises were maintained and checked to help ensure the safety of people, staff and visitors. The staff carried out weekly health and safety checks of the environment and equipment. Procedures were in place for reporting repairs and records were kept of maintenance jobs, which were completed promptly after they had been reported. For example, the outside security light had been reported as broken during a check, this was then repaired. Records showed that portable electrical appliances and firefighting equipment were properly maintained and tested. Regular checks were carried out on the fire alarm and emergency lighting to make sure it was in good working order. These checks enabled people to live in a safe and adequately maintained environment.

People had a personal emergency evacuation plan (PEEP) and staff and people were involved in fire drills. A PEEP sets out the specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of a fire. An emergency evacuation plan was located by the front door as well as in each person's care file. People's safety in the event of an emergency had been carefully considered and recorded.

Accidents and incidents were recorded via an online system called Recordbase. Staff completed a paper version of the incident form which was then recorded online. Accidents and incidents were investigated by the registered manager and an action plan was then completed. The system was able to detect and alert the registered manager to any patterns or trends that developed. All notifiable incidents had been reported correctly. The registered manager showed us a summary and the total number of accidents and incidents for each person. Important events that affected people's health, welfare and safety were reported and acted on if necessary. For example, a person had recently had a fall within the dining room and as a result changes were made to the person's care plan. The information had also been recorded within the daily notes which had been handed over to new staff coming on duty.

Good

Is the service effective?

Our findings

Relative's told us that they felt the staff looked after their loved one well. People had complex health needs and were unable to communicate verbally so we made observations. One relative said their family member was cared for by staff that had the right skills and they could not fault them. Staff knew people very well including their personal histories, hobbies and interests.

Staff were trained and supported to have the right skills, knowledge and qualifications necessary to give people the right support. There was an ongoing programme of training which included face to face training, on line training and distance learning. The provider had a training department based at their head office which tracked and arranged training for staff in conjunction with the registered manager. New staff completed a week-long induction at the head office before starting work at the service. This included training in topics such as safeguarding adults, health and safety, Mental Capacity Act (2005), Deprivation of Liberty Safeguards, first aid, moving and handling, food safety and administration of medicines. New staff worked alongside more experienced staff within the service before working unsupervised and they completed an in-house induction plan. Staff said they had received the training they needed to fulfil their role and records at the service confirmed this. Staff received refresher training in a number of subjects to keep their knowledge up to date and current. Staff were trained to meet people's specialist needs such as Epilepsy and PEG feeding (percutaneous endoscopic gastrostomy), this is when a person is unable to swallow food or fluid.

Staff told us they felt supported by the registered manager and the staff team. Staff received regular supervision meetings in line with the provider's policy. These meetings provided opportunities for staff to discuss their performance, development and training needs. The registered manager also carried out annual appraisals with staff to discuss and provide feedback on their performance and set goals for the forthcoming year.

The registered manager and staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005, and the Deprivation of Liberty Safeguards (DoLS) and had been trained to understand and use these in practice. Staff asked people for their consent before they offered support. People's capacity to consent to care and support had been assessed. Staff told us if a person lacked the capacity to make a decision a best interest meeting would take place. MCA assessments for less complex decisions such as voting in the election and the use of bedside rails had been completed, followed by a best interest meeting, to make sure this was in the best interests of the person. People and their key representatives in their lives were consulted before decisions were made.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. People living at the service were constantly supervised by staff to keep them safe. Because of this, the registered manager had applied to local authorities to grant DoLS authorisations for the people living at the service. The applications had been considered, checked and granted ensuring that the constant supervision was lawful.

People had clear communication plans which detailed the individual support people required from staff. The plans included for example, "How I communicate" and "The best way to communicate with me". People that had behaviour which could challenge themselves or others had detailed plans for staff to follow. These behaviour support plans included the headings, when things are going well, when behaviour might happen and what to do following an incident. Staff had sought the advice from health care professionals to develop these plans in conjunction with people or their relatives.

Staff had created 'Hospital passports' for people to use when they visited hospital. These detailed people's health conditions and information that hospital staff needed to support the person. Hospital passports enable people to receive consistent support.

People were supported by staff to be involved in planning the menus, buying food and preparing parts of the meal. For example, stirring foods and making cakes. Meal times were a social occasion when everyone came together around the dining room table. People were supported to choose their meals using picture cards of meals and visually showing people food to make a choice. We observed a member of staff to support a person to choose their lunch; this included taking different items out of the

Good

Is the service effective?

fridge and placing them on the kitchen side. The member of staff explained what each one was and then observed the person's reaction, when eye contact was not made the member of staff offered a variety of other choices. The person made their choice by looking at the tinned tomatoes for a longer period of time.

Staff knew about people's favourite foods and drinks and about any special diets. The meals looked appetising and fresh ingredients were used, on the day of our inspection a beef casserole was cooking in the slow cooker. Healthy eating and exercise was encouraged. If staff were concerned about people's appetites or changes in eating habits, they sought advice from healthcare professionals. Relative's told us that staff kept them informed about their loved ones weight and health. They said "I had concerns in the previous placement regarding their weight but at this service the staff update me whenever and with whatever I need."

People's health was monitored and when it was necessary health care professionals were involved to make sure people remained as healthy as possible. Staff had recently sought support from the on call doctor when they had concerns regarding a person's health. All appointments with professionals such as doctors, opticians, dentists and chiropodists had been recorded with any outcome. Future appointments had been scheduled and there was evidence that people had regular health checks. People had been supported to remain as healthy as possible, and any changes in people's health were acted on quickly. For example, staff were concerned about a person's cough during our inspection, they called the doctor to visit the person at home.

Good

Is the service caring?

Our findings

People were unable to tell us about their care and support because of their complex needs so we observed staff interactions with people and observed how the staff responded to people's needs. We also spoke with the relatives of the people living at the service who said the staff showed kindness and compassion. People looked comfortable with the staff that supported them with many staff having worked with people for a number of years. Relative's said "The staff are fantastic people" and "People really are well looked after."

Throughout our inspection we saw that people were treated with respect and that the staff took appropriate action to protect people's privacy and dignity. Staff explained how they supported people with their personal care whilst maintaining their privacy and dignity. Staff were observed knocking on people's bedroom doors and waiting before entering. Staff explained to people what they were going to do before giving people support. For example, staff spoke to people about their medicines before people were given them to take. Staff knew people well and were able to interpret people's noises and gestures which gave clear indicators of people's wellbeing. We observed staff talking to a person about what they had been doing whilst they observed their gestures.

People's care plan's contained information about their preferences, likes, dislikes and interests. People and their families were encouraged to share information about their life history with staff to help staff get to know about peoples' backgrounds. Relative's told us they were involved in developing their loved ones care plan and were involved in the annual care reviews.

The provider had a clear vision and set of values which were known and embedded by the staff team, these included respecting people as individuals, valuing people for who they are and enabling people to live the life they choose. Records were up to date with people's changing health needs, held securely and were located quickly when needed.

When people were at home they could choose whether they wanted to spend time in the communal areas or time in the privacy of their bedroom. We observed people choosing to watch television in the lounge and draw in the dining room which was respected by staff. People could have visitors when they wanted to and there were no restrictions on what times visitors could call. People were supported to have as much contact with their friends and family as they wanted to. People met up with their friends from the providers other services every other week at a coffee morning.

Some people had involvement from their relatives and health care professionals about the care and treatment they wanted at the end of their life. Some people had 'Do not attempt cardiopulmonary resuscitation' (DNACPR) decisions in place which staff knew about. These forms were at the front of care plans so would be accessible in an emergency. An "end of life support plan" had been developed with people's relative's and health care professionals. Personal, confidential information about people and their needs was kept safe and secure.

Good

Is the service responsive?

Our findings

Observations showed that people received the care and support that they needed when they wanted it. Staff were observant when they were around people and noted when people appeared to be unhappy or feeling unwell. For example, staff asked a person if they were feeling alright as they appeared sleepy. The staff worked around people's wishes and preferences on a daily basis.

People's needs were assessed before moving into the service with involvement of the person, their relatives, health professionals and the person's funding authority. Care plans contained detailed information and clear guidance about all aspects of a person's health, social and personal care needs, which enabled staff to meet people's needs. They included guidance about people's daily routines, communication, life histories, health condition support and any behaviour support information. Some relatives told us they had been involved in the planning of their family member's care and support needs. One relative told us they had not been involved in the development of the care plan as the staff knew their loved one very well and they were happy for the staff to complete these. Two people had moved into the service within the past year. A transition plan had been put in place to ensure the person was fully supported; this included a member of staff who knew the person well transferring to the service to continue supporting the person. The member of staff had worked with the person for a number of years and had a good working relationship with them.

People's care plans were reviewed with them on a regular basis, changes were made when support needs changed, to ensure staff were following up to date guidance. People were not able to communicate using speech and used body language, signs and facial expressions to let staff know how they were feeling. Staff understood people's communication needs well and interpreted what people wanted and what people were saying. People with complex communication needs had detailed individualised communication plans. These included guidance for staff under the following headings, "How I communicate", "The best way to communicate with me", "Best places and times to communicate with me" and "How I tell you what I would like". We observed staff following these communication plans and communicating with people with their preferred method of communication.

People had a weekly activity timetable which included social activities and health related activities like swimming and aromatherapy. Relatives told us that people were given choices of various activities which they enjoyed. One relative said "He has more of a social life than I do." Each person had an allocated amount of one to one support to access the community. On the day of our inspection two people were supported to go out with staff, one person travelled by public transport and the other by their own vehicle which the staff drove. Staff understood when people made a choice to go out into the community. For example, one person would get their trainers for the staff and another person would sit by the front door. People were supported to access the local church on a weekly basis if they wanted to.

A system was in place to receive, record and investigate complaints. The complaints procedure was available to people and was written in a format that people could understand. Pictorial complaint leaflets were available within the service. Staff told us they would talk to the registered manager if they had any concerns or issues, and would support people to complain if they wished to. Staff knew people well and were able to tell if there was something wrong, observing body language for people with complex communication needs. Staff would then try and resolve this. The provider had a complaints policy and procedure in place which was available to people and given to relatives. This included the procedure people could follow if they were not happy with the complaint response. Relatives we spoke with said they would raise any concerns they had with the registered manager and felt these would be listened to and acted upon. One relative said they had made a complaint in the past which was heard and dealt with effectively. There had not been any complaints made since the last inspection.

Requires improvement

Is the service well-led?

Our findings

The service had a registered manager in place who had worked at the service for the past year. Staff understood the management structure of the service, who they were accountable to, and their role and responsibility in providing care for people. People were able to approach the registered manager when they wanted to. We saw a person taking paper to the registered manager who then engaged with them in drawing.

Staff told us that the registered manager was approachable and supportive. Relatives were kept updated regarding any management changes. A relative told us they could speak to the registered manager at any time and had been given their mobile phone number. Another said "They are a fantastic team and they are well led."

The provider had a clear vision and set of values for the service which included ensuring everyone is valued for who they are and can live the life they choose. These were described in the 'Statement of Purpose' and 'Service User Guide'. These documents about the service were given to people and their representatives and available on the provider's website. These documents helped people to understand what they could expect from the service. Staff were aware of the vision and values and described how they put these into practice. The 'Statement of Purpose' kept within the service had the details of the previous manager of the service and required updating.

The provider had an audit schedule in place which included regular audits by the registered manager and senior operations manager such as, medicines and infection control. When shortfalls were identified these were used to address with staff and action taken. Environmental audits were carried out to identify and manage risks. Reports following the audits detailed any actions needed and recorded who was responsible for taking the action. Actions were signed off once they had been completed. Records we saw showed the quarterly audit which was expected to be completed by the senior operations manager had not been completed since March 2015.

Systems were in place to regularly monitor the quality of the service that was provided. People's views about the service were sought through reviews and survey questionnaires. These were written in a way people could understand. Annual satisfaction surveys were carried out across the organisation. The results showed that a high proportion of people were very happy with the support they received. The provider had sent out new 2015 surveys to people, families and health care professionals. The results had not been collated and published, although the registered manager had received some direct feedback from a relative which they had investigated. People and those acting on their behalf had their comments and complaints listened to and acted on.

The registered manager made sure that staff were kept informed about people's care needs and about any other issues. Regular team meetings were held so staff could discuss practice and gain some mentoring and coaching. Staff meetings gave staff the opportunity to share their views about the service and to suggest any improvements. Staff handover's between shifts highlighted any changes in people's health and care needs, this ensured staff were aware of any changes in people's health and care needs.

Observations with people and staff showed that there was a positive and open culture between people, staff and management. Staff were at ease talking with the registered manager who was available during both days of the inspection.

The provider took part in organisations and associations to keep updated with the current best practice. For example, they are fully involved with the Kent Challenging Behaviour Network. Information was disseminated through regular meetings with the senior operations managers and the registered managers.