

MCCH Society Limited

# MCCH (Hermitage Court)

## Inspection report

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Date of inspection visit:  
16 February 2016  
17 February 2016

Date of publication:  
03 May 2016

## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

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 inspected this service on 16 and 17 February 2016. The inspection was announced. The provider was given two working days' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the location's office to meet with us.

MCCH Hermitage Court is a domiciliary care service providing personal care for people in homes managed by the MCCH Society Limited. At the time of our inspection they were supporting approximately 70 people.

The service is provided at a number of premises throughout the Kent, Medway, East Sussex, Sutton, Hampshire and East London. The service caters primarily for people who have a learning disability.

There were two registered managers in place that covered different geographical areas. 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.

Recruitment practices were safe and checks were carried out to make sure staff were suitable to work with people who needed care and support. However, gaps in potential staffs employment had not always been explored. We have made a recommendation about this.

People experienced a service that was safe. They received support and assistance from enough staff to fulfil their expected care packages and meet their needs. Staff and the management team had received training about protecting people from abuse, and they knew what action to take if they suspected abuse. Risks to people's safety had been assessed and measures put into place to manage any hazards identified.

Where staff were involved in assisting to managing people's medicines, they did so safely. Policies and procedures were in place for the safe administration of medicines and staff had been trained to administer medicines safely.

Staff had received the training they required to meet people's needs. Staff had a clear understanding of their roles and people's needs. Staff were supported in their role from the management team and were given the opportunity to complete additional qualifications to support their role.

People were treated with kindness and respect. People's needs had been assessed to identify the care and support they required. Care and support was planned with people and reviewed to make sure people continued to have the support they needed. People were encouraged to be as independent as possible. Detailed guidance was provided to staff about how to provide all areas of the care and support people needed. People, if required were supported to eat and drink enough to maintain good health.

Systems were in place for monitoring the quality and safety of the service and assessing people experiences. People were actively involved in the development of the service they received. The provider had a clear vision and set of values for the service which staff were aware of and followed.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not always safe.

Recruitment procedures did not always follow recommended good practice. Full employment histories or gaps in employment had not been explored.

People felt safe and staff received appropriate training and support to protect people from potential abuse.

There were enough staff to meet people's assessed needs.

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

### Is the service effective?

**Good** 

The service was effective.

Staff were trained to meet people's needs including their specialist needs. Staff received the support and guidance they required to fulfil their role.

People were supported to remain as healthy as possible.

Staff understood their responsibilities under the Mental Capacity Act and used these in their everyday practice.

### Is the service caring?

**Good** 

The service was caring.

People were treated with respect and their privacy, dignity and independence were maintained.

People's personal preferences were recorded. Staff knew people well and were aware of their likes, dislikes and personal histories.

Records were up to date and held securely.

### Is the service responsive?

**Good** 

The service was responsive.

People's needs were assessed, recorded and reviewed.

People were included in decisions about their care.

The complaints procedure was available and in an accessible format to people using the service.

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

**Good** ●

The service was well-led.

There were effective systems for assessing, monitoring and developing the quality and safety of the service.

The registered managers and local managers understood their role and responsibility to provide quality care and support to people.

The provider had a clear vision and set of values for the service that was being provided to people.

# MCCH (Hermitage 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 16 and 17 February 2016 and was announced. The inspection team consisted of four inspectors. The provider was given 48 hours' notice because the service provides a domiciliary care service; we needed to be sure that the registered manager was available and someone would be in.

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.

We spoke with and observed six people about their experience of the service. We spoke with six staff, the registered managers, two of the recruitment team and two members of the quality assurance to gain their views.

We sent people using the service, staff and external professionals a questionnaire about their experiences and received three responses from people using the service.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems, internal audits and a satisfaction survey. We looked at ten people's care files, 11 staff record files, the staff training programme, the staff rota and medicine records from the service we visited.

A previous inspection took place on 21 January 2014; the service had met the standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe with the staff who supported them. One person said "Sometimes things crop up, I can tell the staff and they help me." Some people did not use verbal communication, but gestures as a way to communicate with us. Staff supporting people knew them well and were able to recognise the signs, cues and behaviours to look out for if a person was becoming upset, anxious or feeling unsafe. For example, saying specific words, touching certain parts of their face or displaying specific behaviours.

Recruitment files kept at the service did not contain the information required under schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Of the 11 files we checked, six people did not have a full employment history. Gaps in employment had not been explored and recorded by the interviewer. The provider had a 'Recruitment guidance for managers' document which stated "Highlight any gaps in employment or other inconsistencies – if the candidate is shortlisted this will remind you to clarify these issues at interview stage". This guidance was not always followed by managers who were interviewing. Recruitment checks were completed to ensure staff were suitable to work with people who needed care and support. These included obtaining suitable references, identity checks and completing a Disclose and Baring Service (DBS) background check. These check employment histories and considering applicant's health to help ensure they were safe to work at the service. Staff told us they had received training from the Home Office regarding how to identify whether identification was genuine.

We recommend that the provider explores any gaps in employment in line with schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Disciplinary processes were carried out in line with the providers' policy. Examples we saw followed the formal steps set out within the policy and procedure. For example, letters were sent outlining the concerns that had been raised, investigation meetings and outcome letters which detailed any action that was being taken.

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, police or the Care Quality Commission (CQC). The staff induction included safeguarding adults from harm and abuse and staff received annual training on this topic. Safeguarding concerns had been raised by the registered manager to the local authority safeguarding team and CQC when necessary. Systems were in place to monitor and review safeguarding concerns. The provider had a safeguarding lead for the company who was automatically informed of any safeguarding concern along with the senior operations manager.

Potential risks to people in their everyday lives had been assessed and recorded on an individual basis. For example, risks relating to personal care, medicines, management of health conditions and management of behaviour. Each risk had been assessed to identify any potential hazards which were then followed by

detailed control measures to inform staff how to reduce the risk. The risk assessment recorded if any specific training was required to be completed by the staff team. Environmental risks relating to staff were assessed and recorded within the service they worked in.

There were enough staff to keep people safe and meet their needs. Staffing levels were determined by the number of people using the service and their needs. These could be adjusted according to the needs of the person using the service. For example, staffing was increased if a person became unwell or they were participating in an activity which required additional support from staff. The provider had a group of bank staff which were staff who provided flexible cover across the services if required. The provider also used a preferred agency if there was an urgent need to increase staffing levels.

Medicines were managed safely if people required support with this. There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current guidance. Staff complete training in the administration of medicines and are required to be deemed as competent by a manager before administering medicines. All Medicines we observed were stored securely and appropriate arrangements were in place for obtaining, 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 medicine had been administered and signed for. Any unwanted medicines were disposed of safely.

People had an individual medicines record chart showing their personal details 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. People had assessments completed with regards to their levels of capacity and whether they were able to administer their medicines independently or needed support. Some people had a goal to manage their medicines safely and independently. A support plan has been developed which detailed what the person can do now and the individual steps staff were to follow to support the person to achieve this.

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, who needed 'when required' medicines. Medicines audits relating to people's PRN were carried out on a daily basis by staff. We saw clear records of the checks that had taken place when we visited a service.



## Is the service effective?

### Our findings

People we spoke with told us they received the support they required from staff when they needed it. One person said "Tenants make the meals with a bit of support. If you ask the staff you get it."

Staff were trained and supported to have the right skills, knowledge and qualifications necessary to give people the right support. The provider had a training department which tracked and arranged training for staff in conjunction with the local managers. New staff completed a week-long induction before starting work at a 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 we spoke with told us they had received the training they needed to fulfil their role, records we saw 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 Makaton, a sign language, epilepsy, Buccal Midazolam, a medicine used to stop seizures and dysphagia (dysphagia is the medical term for swallowing difficulties). Systems were in place for the local managers to request specialist training for their staff team. Records showed that additional training had been requested, sourced by the training department and completed by the staff team. Staff were offered the opportunity to complete a formal qualification during their employment. For example, QCF in Health and Social Care, this is an accredited qualification.

Staff told us they felt supported by their manager and the registered manager. 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 local managers also carried out annual appraisals with staff to discuss and provide feedback on their performance and set goals for the forthcoming year.

The registered managers and staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005, and the Deprivation of Liberty Safeguards (DoLS). Staff had been trained to understand and use these in practice. We saw that staff asked people for their consent before they offered support or spoke on behalf of them. People's capacity to consent to care and support had been assessed. If people lacked capacity, staff followed the principles of the MCA and made sure that any decision was only made in the person's best interests. A policy and procedure was in place to advise staff on any action they needed to take regarding a person's capacity. Records showed that these had been followed in relation to assessing people's capacity to make certain decisions. For example, understanding prescribed medicines and finances.

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". Staff knew people well and were able to explain how and what people were communicating. For example, engaging in an activity which showed they were happy. This was also recorded within the person's records.

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 the providers Positive Behaviour Support team to develop these plans in conjunction with people or their relatives.

Most people using the service received support from their staff in maintaining their diet. People had guidelines in place for eating and drinking support if they required it. Records kept within people's homes showed that they had been involved in planning their menu, food shopping and cooking their chosen meals. People who required specialist support with eating and drinking had support from health care professionals when it was required. Some of the provider's services had identified members of staff to complete further training and become champions. For example, dysphagia champions who supported and risk assessed people's eating and drinking requirements. These members of staff then provided further guidance to the staff team if this was required.

People using the service were living within their own flats or shared accommodation and receiving support from staff. Staff were involved where appointments were needed to promote people's health and welfare. People had care plans which detailed any support they required from staff to maintain their health. Records showed that people had been supported to attend health care appointments with professionals such as district nurses and occupational therapists to meet their needs. People were supported with their health and access to appointments where this was part of their care package.

## Is the service caring?

### Our findings

People we spoke with told us the staff were kind and caring. Another person used gestures to tell us the staff protected their privacy and dignity. We observed staff chatting to people, laughing and sharing jokes together. Results from the 2015 survey showed that 97% of people's relatives said the staff were friendly and helpful.

Staff knew people well with many having worked with the people they were supporting for a number of years. Staff knew people's likes, dislikes, interests and personal histories. We observed a member of staff talking to a person about what they had been doing and their forthcoming plans. People's personal preferences were recorded within their care files which the staff had read and had access to. One person told us that they enjoyed a daily newspaper which the staff collected before starting their shift. This had been recorded within the person's support plan.

People and their relatives were involved in the recruitment of their staff team. Some people prepared questions and were involved in the interview whilst others were involved in a meet and greet session. People were involved in the development of their care plans, which were specific to each individual. People's independence had been maintained throughout the care files. Care plans informed the staff what the person can do for themselves and the specific support they require. People were supported to remain as independent as possible.

Throughout our inspection we saw that people were treated with respect and that the staff took appropriate action to protect people's privacy. Staff were observed to knock on a person's front door and wait for a reply before entering. Staff explained how they supported people with their personal care whilst maintaining their privacy and dignity. People, if they needed it, were given support with washing and dressing. All personal care and support was given to people in the privacy of their own flat, room or bathroom.

People were involved in the planning and delivery of the service they received. People were supported to take part in regular tenant meetings within their service. This gave people the opportunity to discuss any areas for improvement within the service or to plan for the goals people wanted to achieve. The provider held a 'service user' forum which was attended by a representative from each service. These meetings gave people the opportunity to be involved in the development of the organisation, such as policies and procedures. People and the representatives were asked to complete an annual survey based on their personal experience of the service they received. The results were collated and an action plan was produced and shared with people.

Records we saw were up to date and were located quickly when needed. Records were stored securely within locked cabinets within the main office which had a door entry system in place. This ensured only people who were able to access the cabinets could.

## Is the service responsive?

### Our findings

One person told us they felt listened to and were asked their views about the service they received by staff. Results from the 2015 survey showed that over 90% of people felt they were given choices about their support, their privacy was respected and they were involved in the planning of their care. Comments made included, "It is consistent and when required flexible." And "We are all treated fairly and with respect."

People's care plans had been developed with them and their families from the initial assessments. Care plans were individualised and contained detailed information and clear guidance about all aspects of a person's health, social and personal care needs, which helped staff to meet people's needs. They included guidance about people's daily routines, health condition support, communication, life histories, behavioural support and any social and leisure needs. Staff we spoke with knew about people's needs and their backgrounds and the care and support they required. People's care plans and guidelines were person centred, they detailed what people could do for themselves and what support they required from staff. Records showed people were supported to maintain as much independence as possible. For example, plans detailed what people were able to complete for themselves and then the specific support they required from staff.

Systems were in place to ensure people's care plans were reviewed with them on a regular basis. The provider had a database in place which alerted the registered managers when a document was due to be reviewed. An email was then sent to the local manager of the service to inform them an update was due. Records showed people had been involved in the development and review of their care plans. People had been supported to create 'Hospital Passports', this was a document which included information about the person under the following headings. 'Things you must know about me', 'Things that are important to me' and 'My likes and dislikes'. People could be assured that staff had up to date information and guidance to meet their needs.

For some people, support with social activities and accessing the community was part of their care package. Staff were able to tell us about things people enjoyed and liked to do. Plans were in place to inform staff of the support people required whilst participating in activities or accessing the community. Records showed that people were supported to access further education such as college or supported employment. One person we spoke with told us they enjoyed attending college on a weekly basis. People were supported to maintain contact with their friends at a weekly coffee morning where people visited a local pub and had lunch. One person told us they enjoyed meeting up with their friends at the pub.

The complaints procedure was available to people and was written in a format that people could understand. Pictorial complaint leaflets were available within each service. Staff told us they would talk to their 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. Records

showed the procedure had been followed by the registered manager following a complaint. One person said "I am happy with the way they do things. I could complain, if I needed to. I would speak to the staff."

The service also kept compliments that they had received. One compliment from a health care professional was about how they had observed the staff when supporting a person. It read "Staff treated the person with much love and kindness." Another said "Staff supported the person in a very considerate manor with much kindness."

## Is the service well-led?

### Our findings

The service had two registered managers in post who had worked for the provider for a number of years. The registered managers covered different geographical areas and managed the team leaders which were the local managers working within the services. Team leaders could manage a number of services within a small geographical area. For example, one team leader we spoke with told us they managed three services with the support of an assistant team leader in each service. Staff we spoke with understood the management structure, who they were accountable to, and their role and responsibility in providing care for people. People were able to approach the registered managers or local managers when they saw them. During our inspection, we saw one of the registered managers talking to people about what they had been doing.

The registered managers had a good understanding of their role and responsibility to provide quality care and support to people. They understood that they were required to submit information to the Care Quality Commission (CQC) when reportable incidents had occurred. For example, if a person had died or had had an accident. All notifiable incidents had been reported correctly.

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. The registered manager said "We try and ensure that staff promote choice and let people see how they can control their own lives." The corporate values were displayed on the walls of the registered office which were also used as a training venue for staff. Staff were aware of the vision and values and described how they put these into practice.

People and their representatives were involved in the development of the service being provided to people. Systems were in place to regularly monitor the quality of the service that was provided. People and their representative's views about the service were sought through annual satisfaction survey questionnaires. These were written in a way people could understand. The results showed that a high proportion of people were very happy with the support they received. People and those acting on their behalf had their comments and complaints listened to and acted on.

The provider had an audit schedule in place which included regular audits by the local managers (team leaders), the senior operations managers such as, finance, medicines and infection control. When shortfalls were identified these were used to address with staff and action taken. Environmental audits were carried out at each service 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. The provider also had a team of 'quality checkers' who completed regular audits across the services. The 'quality checkers' were people that were receiving support from the provider. They have visited over 50 services to make sure people were getting the support that they are happy with. A quality checker said "I have enjoyed working for MCCH and checking that the quality of the services is a high standard for others as it has been for me." This was taken from the recent survey feedback.

There were quarterly performance reviews held by the organisation which included a regulatory and sector briefing for directors. This information was used to update people of any changes and proposals from regulators including the Care Quality Commission and Ofsted. Copies of the briefings demonstrated that recommended guidance was analysed for relevance to the services being provided. This was then shared with action or guidance for local managers on how to take it forward within their services. For example, a review of the Care Quality Commission guidance on regulated activities for providers of supported living and extra care housing, which was issued in October 2015. We saw that this guidance had been reviewed and local managers had checked the services they managed to ensure that accommodation and personal care were kept separate.

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 (KCBN), this is an organisation who works to make lives better for people with a learning disability who challenge services. Information was disseminated through regular meetings with the senior operations managers and the local managers.