

MCCH

30a Charlton Road

Inspection report

30a Charlton Road
Blackheath
London
SE3 8TY

Website: www.mcch.co.uk

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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 17 February 2017 and was unannounced. 30a Charlton Road is a care home that provides accommodation and personal care support for up to four people with learning and physical disabilities. At the time of the inspection the home was providing care and support to four people. At our last inspection 17 November 2014 the service was rated good. At this inspection we found the service remained good.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Most of the people using the service could not communicate their views to us verbally. We contacted some of their family members for their views about the care provided to their relatives. They told us their relatives were safe and that staff treated them well. Safeguarding adult's procedures were robust and staff understood how to safeguard the people they supported from abuse. There was a whistle-blowing procedure available and staff said they would use it if they needed to. Appropriate recruitment checks took place before staff started work. Risks to people were assessed and support plans and risk assessments provided clear information and guidance for staff on how to support people to meet their needs. People's medicines were managed appropriately and people received their medicines as prescribed by health care professionals.

Staff had completed training specific to the needs of the people they supported and they received regular supervision and annual appraisals of their work performance. People were provided with sufficient amounts of nutritional food and drink to meet their needs and staff knew how to support people with eating and drinking. People had access to a GP and other health care professionals when they needed them. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were provided with appropriate information about the service. This ensured they were aware of the standard of care they should expect. People and their relatives, where appropriate, had been involved in planning for their care needs. There was a range of appropriate activities for people to partake in if they wished to. There was a complaints procedure in place in a format that people could understand. Relatives were aware of the complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

The provider recognised the importance of regularly monitoring the quality of the service provided to people. People were enabled to express their views and opinions about the service. Staff said they enjoyed working at the service and they received good support from the registered manager. There was an out of hours on call system in operation that ensured management support and advice was always available when

staff needed it.

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.

There were safeguarding procedures in place and staff had a clear understanding of these procedures. There was a whistle-blowing procedure in place and staff said they would use it if they needed to.

Appropriate recruitment checks took place before staff started work. There was enough staff on duty to meet people's needs.

Appropriate procedures were in place to support people where risks to their health and welfare had been identified.

Medicines were managed appropriately and people were receiving their medicines as prescribed by health care professionals.

Is the service effective?

Good ●

The service was effective.

Staff had completed an induction when they started work and received training relevant to the needs of people using the service.

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

People's care files included assessments relating to their dietary needs and preferences and staff knew how to support people with eating and drinking.

People had access to a GP and other health care professionals when they needed them.

Is the service caring?

Good ●

The service was caring.

Staff treated people using the service in a caring, respectful and dignified manner. People's privacy was respected.

People using the service or their relatives, acting on their behalf, had been consulted about their or their relatives care and support needs.

People were provided with appropriate information about the home. This ensured they were aware of the standard of care they should expect.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care files included detailed information and guidance for staff about how their needs should be met.

There was a range of appropriate activities for people to partake in if they wished to.

Relatives were aware of the complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

Is the service well-led?

Good ●

The service was well-led.

There was a registered manager in post. Staff said they enjoyed working at the home and they received good support from the registered manager.

Regular meetings took place where people were able to express their views and opinions about the home.

The provider recognised the importance of regularly monitoring the quality of the service provided to people.

There was an out of hours on call system in operation that ensured management support and advice was always available for staff when they needed it.

30a Charlton Road

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.

Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We used this information to help inform our inspection planning.

This inspection took place on 17 February 2017 and was unannounced. The inspection team comprised of one inspector. People using the service had a number of different ways of communicating however they were not able to fully tell us their views and experiences. We spoke with the relatives of two people using the service for their views about the care provided to their relatives. We used the Short Observational Framework for Inspection (SOFI) to observe people's experiences throughout the inspection. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the deputy manager, two members of staff, a registered manager from another of the providers care homes and a senior operations manager. We looked at records, including the care records of two people using the service, staff recruitment and training records and records relating to the management of the service. The registered manager was not available on the day of the inspection however we spoke with them after the inspection and they provided us with further information on request. We also spoke with a visiting health care professional about their views on the service.

Is the service safe?

Our findings

Relatives told us they felt their family members were safe at the home. One relative told us, "My daughter is safe and very well cared for. She is well treated by the staff."

The service had policies and procedures for safeguarding adults from abuse. Staff we spoke with demonstrated a clear understanding of how to safeguard people and the types of abuse that could occur. They told us the signs they would look for and what they would do if they thought someone was at risk of abuse. They said they would report any concerns they had to the registered manager. The registered manager told us they were the safeguarding lead for the service; they were aware of the action to take when making a safeguarding referral if required. Training records confirmed that all staff had received training on safeguarding adults from abuse. Staff said they were aware of the provider's whistle-blowing procedure and they would use it if they needed to.

Appropriate recruitment checks took place before staff started work. During our last inspection we visited the provider's human resources department and found that appropriate recruitment checks had been completed for all of the staff that worked at the home. At this inspection the human resources department sent us information confirming that staff that had commenced employment since that inspection had completed application forms that included their full employment history, explanations for any breaks in employment and interview questions and answers. They had obtained two employment references, health declarations and proof of identification. We also saw evidence that criminal record checks that had been carried out.

There were enough staff on duty to meet people's needs. At the time of our inspection the service was providing care and support to four people. A relative we spoke with said there was always plenty on duty when they visited. We checked the staffing roster; this corresponded with the identities and the number of staff on duty. We saw people were supported to take part in activities and to enjoy their daily routine with the support of staff without waiting unduly to go out or have their meals or be supported with personal care. The registered manager told us that staffing levels were arranged according to the needs of the people using the service. If extra support was needed for people to attend social activities or health care appointments, additional staff cover was arranged. They told us that up until recently the home had been using bank and agency staff to cover vacant shifts at the home. However four new staff had been recruited two of whom had started working at the home and two were due to start shortly. The registered manager told us bank staff were very familiar with the people at the home and they received the same training and supervision as regular staff. Training records we saw confirmed this.

Assessments were undertaken to assess any risks to people using the service. We saw individual risk assessments were in place specific to people's needs. For example risk assessments were in place relating to using public transport, using a hoist, eating and drinking and supporting people with personal care. The risk assessments included information for staff about the actions they needed to take to minimise the risks to people using the service. People's risk assessments were kept under regular review in order to take account of any changing needs.

Staff knew what to do in the event of a fire and told us that regular fire drills were carried out. People had individual emergency evacuation plans which highlighted the level of support they would need to evacuate the building safely. These reduced the risk of people being harmed or injured in the event of an emergency. The deputy manager showed us a fire risk assessment for the home and we saw a folder that included records of weekly fire alarm testing, servicing of the alarm system and fire equipment and reports from fire drills. Training records confirmed that all staff had received training in fire safety. Checks were also made on the safety of the premises in areas including legionella, and electrical and gas installation safety.

People's medicines were stored securely and medicine administration records showed people were receiving their medicines as prescribed by healthcare professionals. We saw that staff authorised to administer medicines had received training on the administration of medicines. One person using the service had a specific medical condition. The deputy manager showed us evidence confirming that all of the staff that supported this person with medicines had received training delivered by a specialist nurse on the condition. Staffs competency on administering medicines had been annually checked by the registered manager and recorded on the homes training record. We saw that medicines held at the home were counted by staff at the end of each shift and the registered manager carried out medicines audits on a monthly basis. These processes helped protect people from the risks associated with inappropriate use and management of medicines.

Is the service effective?

Our findings

Relatives told us they felt their family members were receiving effective care and support. One relative told us, "The staff know what my daughter needs and they look after them very well." Another relative said, "The staff know what they are doing."

Staff had the knowledge and skills required to meet the needs of people who used the service. One member of staff told us, "I completed an induction when I started work, I am up to date with all of my training and I receive regular supervision and an annual appraisal of my work performance." We saw records confirming that all staff had completed an induction when they started working at the home; they were receiving regular supervision and an annual appraisal of their work performance. The registered manager told us that new staff would be required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers. We saw a training matrix which showed that staff were up to date with training that the provider considered mandatory. This training included manual handling, food hygiene, equality and diversity, the administration of medicines, fire prevention, infection control, health and safety, safeguarding adults and the Mental Capacity Act 2005 (MCA). Staff had also completed training specific to the needs of the people using the service, for example medication competency, food safety, dysphagia and epilepsy. This ensured that staff had the knowledge and skills required to meet the needs of people who used the service.

Staff were aware of the importance of seeking consent from people when offering them support. A member of staff told us, "I ask people if it's okay for me to do things for them. If they didn't want to do something I wouldn't force them to. We are trained to respect people's choices."

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 home was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager and staff demonstrated a good understanding of the MCA and DoLS. The registered manager told us that people using the service had capacity to make some decisions about their own care and treatment. We saw that capacity assessments were completed for all of the people using the service for specific decisions and retained in people's care files. Where people lacked capacity to make specific decisions the registered manager had worked with them, their relatives and the relevant health and social care professionals in making decisions for them in their 'best interests' in line with the MCA. We saw that a number of applications to deprive people of their liberty for their own safety had been authorised by the local authority. All of the appropriate documents were in place and kept under regular review.

People's care files included sections on their diet and nutritional needs. Where people needed support with eating and drinking we saw that health care professionals such as speech and language and occupational therapists had provided guidance. We saw people's food likes and dislikes were recorded and how people liked to choose what they wanted to eat. For example one person liked to choose what they wanted to eat on a daily basis. This person's relative told us, the staff bring my daughter an assortment of foods so she can choose what she wants. We saw this person choosing what they wanted to eat at lunch time. A member of staff told us there was always a stock of this person's preferred foods at the home for them to choose from. This meant that people were being supported to eat and drink sufficient amounts to meet their needs.

Staff monitored people's health and wellbeing and people had access to a GP and other healthcare professionals such as speech and language and occupational therapists, opticians, dentists and chiropodists when needed. We saw records from GP and healthcare professional's visits recorded in the care records we looked at. Each person using the service had a health action plan which contained important information about their healthcare needs and conditions. These records were taken with people to healthcare appointments to inform the attending healthcare professional of their needs. The registered manager told us that any advice received from healthcare professionals was recorded and passed onto all staff. People also had hospital passports which outlined their health and communication needs for professionals when they attended hospital. A visiting healthcare professional told us, "The good thing here is that the staff are very good at following any instructions I give them. I am confident that things get done for the benefit of the people living here."

Is the service caring?

Our findings

Relatives we spoke with commented positively about the care and support their relatives received from staff. One relative said, "My daughter has lived here for a long time. There is a lovely staff team here now and she is very happy and so am I. The staff are caring and respectful and we have a good relationship with all of them." Another relative told us, "The staff are amazing. They are good caring people and my daughter is very well looked after." A visiting healthcare professional told us, "Whenever I visit the home I get the impression that the staff are very caring and compassionate."

Throughout our inspection we observed positive interactions between staff and people using the service. Staff knew people very well and communicated with them effectively. They provided support in a sensitive way and responded to people politely, allowing them time to respond and also giving them choices. They displayed kindness and understanding toward people and addressed them by their preferred names. We observed people using the service and staff enjoy playing board games and planning and going on trips out.

People were supported to be independent. Staff told us that they encouraged people using the service to be as independent as possible. We saw, for example, that one person using the service had a step by step plan in place for making meals. A staff member told us, "We try to promote peoples independence by getting them to do whatever they can do for themselves."

Peoples care files included information of their religious and spiritual needs and the gender they preferred to receive personal care support from. For example two people using the service attended local churches on a regular basis and care records indicated that people using the service said they didn't mind who supported them with personal care. Staff training records showed that all staff had completed equality and diversity training. One member of staff told us they would always respect people's differences and support them to do whatever they wanted to do. The registered manager told that an equality and diversity session had been held at the home in 2016 and was well received by both people using the service and staff. The session had raised awareness of people's diverse needs. The registered manager said they planned to hold another session in March 2017.

Staff told us how they ensured people's privacy and dignity was respected. One member of staff told us they tried to maintain people's privacy, dignity and independence as much as possible by supporting them to manage as many aspects of their care that they could. They said, "When I help people with personal care I always explain to them what I am doing. I cover them up to maintain their dignity and I make sure no one comes into their room." Another member of staff said they knocked on people's doors before entering their rooms and made sure information about them was kept confidential at all times.

People using the service were provided with appropriate information about the service in the form of a brochure. The brochure included details of the services they provided and ensured people were aware of the standard of care they should expect. The registered manager told us this was given to people when they started using the service.

Is the service responsive?

Our findings

People using the services relatives told us the service met their relatives care and support needs. One relative told us, "I have no complaints at all about this service. My daughter continues to be well cared for and her needs are being met." Another relative said, "This is a good service that meets my daughter's needs. The staff know her very well and know what she needs."

Assessments were undertaken to identify people's support needs before they started using the service. Peoples care files included care and health needs assessments, support plans and risk assessments. These indicated that people using the service, their relatives, keyworkers and appropriate healthcare professionals had been involved in the care and support planning process. Support plans and risk assessments included detailed information and guidance for staff about how people's needs should be met. For example there was guidance in place for people who required support with moving and handling, personal care and preparing meals and hot drinks. A visiting healthcare professional told us they had worked with a person using the service in developing their daily living skills. They said, "I can see that the person is gaining new skills and growing in confidence. This is because the staff are very good at doing what we ask of them to." We saw that support plans and risk assessment were reviewed regularly and reflected any changes in people's needs. Daily care notes we looked at showed that people were cared for in line with the care and support that had been planned for them.

We saw that people had communication passports that described their preferred method of communication with others. For example one person would communicate verbally and another person used pictures and gestures when choosing foods they wanted to eat. The registered manager told us that people using the service were involved as far as possible in the care planning process. A relative told us, "I always come to the home for my daughter's review meetings. My views and opinions about how my daughter is cared for are always listened to." Another relative said, "I always attend all of my daughter's review meetings in fact I attended one last week."

People using the service had keyworkers to support them with planning and reviewing their care and support needs. We saw reports from regular keyworker meetings in peoples care files. We also saw that people's individual care and support needs were discussed at team meetings. The service had a vehicle for people using the service to use which allowed them better access to the local community for example they went bowling, to parks, cinema, theatre and trips to the seaside in the summer. There was a range of activities for people to partake in such as attending day centres and clubs and visits at home from pet, aroma and music and arts therapists. People using the service went on regular holidays, for example in 2016 they went to Blackpool and to a holiday village in Hopton-on-Sea.

The home had a complaints procedure which was available in words and pictures. We saw a copy of the complaints procedure was located in a communal area at the home. Relatives of people using the service told us they were aware of the complaints procedure and said they would bring any concerns they had to the attention of the registered manager. One relative told us they had raised issues before with the registered manager and they had always been resolved to their satisfaction. The deputy manager showed

us a complaints file. The file included a copy of the complaints procedure and records confirming that complaints had been investigated and resolved to the satisfaction of the complainant.

Is the service well-led?

Our findings

People using the service's relatives spoke positively about the running of the home. One relative said, "I think the registered manager is very good, I would say the home is very well run." A visiting healthcare professional told us, "This is one of the better homes I visit. The registered manager is doing a good job and things are getting done."

The home had a registered manager in post. They had managed the service for two years and they were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. Notifications were submitted to the CQC as required and the registered manager demonstrated good knowledge of people's needs and the needs of the staff team. The registered manager told us they regularly attended care forum meetings run by the local authority. They told us they shared and learned about best practice from the safeguarding team, the contracts team and other care home managers and providers.

Staff said they enjoyed working at the home and they received good support from the registered manager. They said there was an out of hours on call system in operation that ensured management support and advice was always available when they needed it. One member of staff told us, "We have a good team and we all work well together. The registered manager is always available to support and guide us." Another member of staff said, "I enjoy working here. I like the people living here, their relatives and my colleagues and the registered manager. It feels like we all work together as a good team." We saw that team meetings were held every month and were well attended by staff. A member of staff told us the team meetings were very useful. They discussed people's needs, what was working well at the home and what needed to be improved. They also discussed complaints and incidents and accidents and how to make sure they didn't happen again. We saw minutes from the team meetings. Items discussed at the 3 February 2017 meeting included new staff induction, promoting people using the services independence and healthy eating, safeguarding, fire safety and staff training.

The provider also took account of the views of people using the service and their relatives and staff through regular surveys and meetings. We saw an action plan from a survey conducted in 2017 with people using the service and their relatives. Actions included purchasing new furniture and redecorating the home. The registered manager told us they had already bought some new furniture and they were awaiting delivery of more furniture. They were also liaising with the landlords about redecorating the home. We also saw an action plan from a staff survey conducted in 2016. Actions included improving team working and shift planning. The registered manager told us meetings were held with staff to discuss these issues. There were meetings where people using the service were able to express their views and opinions about how the home was run. The minutes from a meeting held on 30 January 2017, indicated that the meeting was attended by all of people using the service. They discussed issues such as activities and meals and the new furniture that had been purchased.

The provider recognised the importance of regularly monitoring the quality of the service. We saw that people's care records were kept under regular review and that medicines audits had been completed.

Complaints, accidents and incidents, health and safety, safeguarding and staff training and the frequency of supervision were also monitored. The registered manager told us that complaints and incidents and accidents were discussed during team meetings to reduce the likelihood of the same things happening again. A senior operations manager told us all accidents and incidents were recorded on the provider's computer system to monitor and identify any recurring themes and to share any learning with the staffing team. We saw a report from an unannounced night time visit carried out at the home by the registered manager on 13 October 2016. A report from the visit indicated that staff were alert and carrying out their duties as normal. The registered manager told us they carried out these unannounced checks to make sure people were receiving the right care and support.