

Mr & Mrs H Modile

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Inspection report

Laglin House
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Tel: 020 8769 8655

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Requires improvement



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 24 November 2015 and was announced. The service registered as Mr & Mrs H Modile is known as Laglin House. The service provides accommodation and personal care for up to four people who have mental health needs. At the time of the inspection there were three people using the service.

At the last inspection on 8 August 2013, the service was meeting the regulations we inspected.

There was no registered manager in post. The previous registered manager was deceased and a replacement manager was not recruited because the provider was permanently closing the service. 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.

At this inspection, we found four breaches of regulations. These breaches relate to person-centred care, safe care and treatment, good governance and staffing.

People had risk assessments in place but these were not always up to date and did not provide guidance for staff on how to manage the risks. People and their relatives

Summary of findings

were involved or contributed to an assessment of their care needs. However, they did not given opportunities to make decisions on how they were to receive care and support.

Training did not equip staff in their caring roles. Appraisals for staff were not completed and the supervision records we saw had not identified areas for professional development or training needs.

The provider did not provide daily management or accountability of people, staff, and the service.

The service did not have routine health and safety checks or quality assurance systems in place. There were no plans in place to develop or improve the service because the provider planned to close it permanently.

Staff respected people's dignity and privacy. People were cared for by staff who knew them and their likes and

dislikes. Staff encouraged people to be as independent as possible and supported them to maintain relationships with people that mattered to them. Staff reviewed people's assessed care needs and developed care plans to meet them. People had sufficient food and drink, which met their needs and preferences.

Sufficient numbers of staff were available to meet people's care needs. People had access to health care services and had medicines administered safely as prescribed. People consented to care and support provided by staff. The registered provider had an understanding of their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

You can see what action we told the provider to take at the back of the full version of the report.

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?

This service was not safe. Assessments identified risks to people; but guidance for staff did not describe actions to take to manage risks.

There were sufficient levels of staff care for people.

Staff protected people from harm and processes were in place to safeguard them from abuse.

Medicines were managed safely.

Requires improvement



Is the service effective?

The service was not effective. Training, supervision, and appraisals did not support staff in their roles.

People had access to services, which met their healthcare needs.

Meals provided met people's needs and preferences.

The provider supported people within the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Requires improvement



Is the service caring?

The service was not caring. People were not involved in making decisions and planning their own care.

Staff promoted people's privacy and treated them with dignity and respect.

Requires improvement



Is the service responsive?

The service was responsive. People and their relatives contributed to the assessment or review of their care.

Processes were in place for people to make a complaint. There was a complaints process to guide staff.

Good



Is the service well-led?

The service was not well-led. A registered manager was not in post and there were no plans to appoint to the post.

Health and safety checks and audits did not take place. The service did not identify areas for improvement in the delivery of care to people.

Quality assurance systems did not monitor, review, or improve the quality of the service.

The provider informed the CQC of notifiable incidents at the service.

Requires improvement



Mr & Mrs H Modile

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 24 November 2015 and was announced. The provider had 48 hours' notice because the provider is often out during the day; we needed to be sure that someone would be in. One inspector carried out this inspection.

Before the inspection, we reviewed information we held about the service, this included notifications sent to us by the service. A notification is information about important events, which the service is required to send us by law.

At the time of the inspection, we were unable to speak with the people living at the service. One person was out of the service for the day and the other people chose not to speak with us. We spoke with the provider and two care workers. We completed general observations of the service, reviewed three people's care records, and other records regarding the maintenance of the building and management of the service.

After the inspection, we asked for but did not receive feedback from social care and health professional.

Is the service safe?

Our findings

People had risks identified but guidance for staff did not describe actions to take to manage them. Staff identified risks to people but risk assessments were not completed. Risk management plans in place did not guide staff to reduce incidents recurring. For example, a person who was at risk from abusing alcohol did not have a plan in place to manage this. We saw another example, where a person's care record described them as displaying behaviour that challenges. There was a risk assessment and management plan in place for this; however, this did not give staff guidance on how to manage risks because actions taken were not documented.

Each person's identified risks were rated at a low risk of occurrence. However, records did not demonstrate what factors staff considered to achieve the rating. We discussed the risk assessments with the provider and showed them what we found. They told us that staff knew people well and therefore could manage the risks identified. Staff told us they knew what the risks to people were and how they managed them. However, we found that there was not sufficient guidance for staff to manage risks safely and appropriately. Therefore, people could be at risk from harm, because effective risk management plans were not in place.

This issue was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were not always administered and managed safely. Staff had awareness and were able to demonstrate how they safely supported people with their medicines. We

reviewed the medicine administration records (MAR) and found these were accurate and up to date. Medicines were stored in a locked cupboard, we checked these, and they tallied with the MARs records. However, the registered provider did not complete medicine audit checks since July 2015. Therefore, risks from medicine errors could not be detected. People received their medicines safely, which helped maintain their health and well-being. However, errors with the management of medicines may have been missed because auditing did not take place. This increased the likelihood of people being subject to risks associated with unsafe medicine management.

We recommend that the service seek guidance based on best practice to manage people's medicines in care home settings.

People were cared for by enough staff to meet their needs. There were sufficient numbers of staff who provided care and support for people. The provider told us that the level of staff was dependent on the needs of people. We saw the rota for the service and this demonstrated that there were up to three members of staff supporting people, on day and night shifts.

People were protected from harm because staff knew how to protect them and keep them safe. Staff protected people from harm and abuse. Staff were aware of how protect people from harm and to keep them safe. Safeguarding processes and guidance were available to support staff to keep people safe. Staff told us, "I would speak with the provider or contact the local authority to raise an incident of suspected abuse." Staff demonstrated their knowledge and awareness of the types of abuse and what actions they would take to manage this.

Is the service effective?

Our findings

People were cared for by staff but they were not supported in their roles. We spoke with staff about their training; they told us they had training previously, but not during the last four months while working at the service. One member of staff was an agency worker and the other a permanent member of staff. We spoke with the provider about staff training needs and requested a copy of the training schedule. Staff training records were not available, because they the provider had not completed them. We were unable to determine how staff were supported to complete training relevant to their role.

Staff were not provided with opportunities to complete an appraisal. Staff did not have the opportunity to discuss their professional development needs or concerns because the provider had not arranged this for them. We asked to see copies of staff records; the provider told us that they were not available. The provider kept staff records at another one of their locations. We could not view staff records during the inspection. People were cared for by staff that were not supported in their role.

The provider held supervision meetings with staff. We viewed records of these meetings; they showed that staff discussed concerns about the closure of the service and with the transition of people to their new homes. A record of the discussions and the advice given to staff described the planned actions. However, supervisions did not record staff's training and development needs to help them to support people. People were cared for by staff that did not have the support, skills, or knowledge to carry out their role.

Following the inspection, we asked the provider to send us copies of training and appraisal information. The provider did not send us the information requested at the time of writing this report. Staff were not supported develop in their caring role because they were not trained to provide appropriate care. People received care from staff that did not learn or acquire new skills, expertise, and knowledge to effectively to support them.

These issues were a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were cared for in line with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The provider had an awareness of the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The service had processes in place to reduce the risks from unlawful deprivation of liberty. The provider did not submit any applications for DoLS to the local authority; however, they had an awareness of this process. The provider complied with the Mental Capacity Act in general, and (where relevant) the specific requirements of the DoLS. People could be confident that the provider would be able to protect them from the unlawful deprivation of their liberty.

People gave consent to care and support that they received. Information provided to people enabled them to make informed decisions regarding their care. For example, people agreed to the provider managing their money. Records showed that people consented to this support and signed in agreement to this plan. People were asked if they wished to consent to care and support.

People had access to services, which met their health needs. People had support to attend health appointments to maintain their physical and mental health needs. Regular monitoring and reviews of people's health needs occurred with additional support in place when needed. For example, a person's initial GP appointment resulted in a referral to the speech and language team for advice with their communication needs. People had access to health care, which helped them to maintain their health. However, care records did not contain the contact details of the health professionals involved in people's care. Contact with health professionals could not occur promptly. People were at risk from a delay in receiving appropriate care and support because health care professionals could not be contacted in a timely manner in the event of an emergency.

Meals provided met people's needs and preferences. People gave feedback on the food and the provider took action to make improvements. For example, a person requested meals, which met their cultural needs. Staff developed skills in preparing and cooking appropriate food. Staff told us "People enjoy the meals. They can choose what they want to eat." People had access to food and drink throughout the day and they were able to make meals for themselves with supervision from staff, when needed.

Is the service caring?

Our findings

People's care records documented their needs, interests, likes, and dislikes. Care records provided guidance to staff for effective and safe delivery of care to people and in meeting their individual needs. However, people did not have an opportunity to decide how they received care and support from staff. Assessments and care plans focussed on tasks for completion, which did not allow people to make choices on their care and support needs. People received care and support from staff when required, while unable to make choices and decisions on the delivery of their care.

People were treated with dignity and respect. We found that staff treated people with respect during our observations of interactions between them. For example, staff gave a person with communication difficulties sufficient time to respond to them. This offered the person an opportunity to express their opinions effectively to staff.

Staff encouraged people to be independent as possible. People were encouraged to carry out laundry and cleaning tasks at the service. This helped them to develop skills to manage daily living tasks.

Staff maintained people's privacy. We observed staff knock on people's door when they wanted to speak with them and waited for a response to enter their bedrooms. People had access to a shared living room, kitchen, and conservatory where people used as they decided. People had the opportunity to meet with others and had their personal space.

Staff alleviated people's distress promptly. For example, when people's mental health deteriorated staff took appropriate action. Staff implemented professional guidance to manage people's distress. This enabled people to be confident that staff would obtain and use advice to manage and support them with their concerns and anxieties.

Is the service responsive?

Our findings

People received a care and support that was responsive to their needs. Before coming to live at the service, the provider completed an assessment with the person to ensure that appropriate care and support was in place for them. People's needs were assessed to ensure staff could meet them. Following their initial assessment care plans were developed. The provider regularly reviewed care records to ensure that the service continued to meet their needs.

People were involved in and contributed to their assessment of care. Care records documented people's contribution to their assessment. For example, people gave information of their personal histories, employment, health and social care histories. Staff used this information to complete an assessment of their care and in the development of a care plan designed to meet their needs. Staff told us, "We get people to be involved in assessment so that we can get an understanding of how we can support them properly." People had an opportunity to be involved and contribute to assessments to meet their needs.

People were supported to maintain relationships that mattered to them. Relatives, health, and social care professionals were encouraged to visit people in the service as they wished.

People attended social activities as they wished. People went to activities in the community, which they enjoyed. For example, one person attended the daycentre on a weekly basis to socialise with others. People maintained contact with friends, relatives and other people that were important to them.

People were able to make a complaint about the service. The service had a process in place for people to make complaints. Staff provided support for people to raise a concern or a complaint if needed. The complaints policy and procedure was available to guide people, relatives, and staff in the process. People and their relatives raised no concerns. The provider told us that they would manage complaints using the processes they had in place.

Is the service well-led?

Our findings

People received care and support from staff but the service that was not well-led. The service did not have registered manager in post since July 2015. There were no plans to recruit a new manager because the service was permanently closing. We were unable to speak with the people living at the service. One person was out of the service for the day and the other people chose not to speak with us.

The provider did not have quality assurance systems in place. We wanted to check how the provider ensured people received a good quality service. We asked the provider for information on how the service monitored and reviewed the quality of care. The provider told us, "We do not have any monitoring information available." The provider did not have records to demonstrate when the last quality review of the service took place. There was a risk that people could receive unsafe care because monitoring, reviewing and improvement to the service did not take place.

Audits related to the management of the service did not happen. There were no recent health and safety checks carried to ensure to people received safe care. The provider did not have systems in place to assess and ensure people received good quality care. People were at risk of poor and unsafe care because the safety of the service was not assessed.

Staff did not have regular meetings. There was no arena for staff to raise their concerns or give feedback in the development or improvement of the service. We spoke with the provider who told us that issues and concerns were

raised in supervision with staff. Staff records did not reflect this. People were supported by staff that did not have an opportunity to contribute to the service delivery at the service.

The provider did not routinely review people's care records. We found people's care records were not accurate and did not contain recent information. For example, the care records we looked did not have contact details of health and social care staff who were involved in their care. People received an unsafe service because action had been taken to improve the quality of care records.

These issues were a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The leadership of the service was clear and staff were supported. The provider had supported staff and consulted with them to discuss the plans for the closure of the service. Staff were kept informed of the plans for the change and reasons for the change. Staff we spoke with told of us of the closure of the service and that the provider had kept them informed of the progress with this planned closure. Staff supervisions records reflected that the provider had discussed this with staff. Staff were clear of their role in the service. People were cared for by staff that were clear on their role within the organisation.

People gave feedback to the service. The provider took action on the suggestions made, for example, people raised concerns about the quality and choice of food. The service developed a menu from which people could choose their meal, which met their needs.

The provider reported notifiable incidents that occurred at the service to the CQC.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>People who use services were not protected against the risks associated with unsafe care and treatment.</p> <p>Regulation 12 (1)(2)(a)(b)(c)(d)(f)(g)(h)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>People who use services were not protected against the risks of receiving care that was not assessed, monitored, or improved in quality.</p> <p>Regulation 17 (1)(2)(a)(b)(c)(d)(i)(ii)(e)(f).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>People were cared for by staff that did not receive appropriate training, appraisal, or supervision.</p> <p>Regulation 18 (2) (a).</p>