

MCCH Society Limited

MCCH Society Limited - 25 McRae Lane

Inspection report

25 McRae Lane
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Ratings

Overall rating for this service

Requires improvement 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service well-led?

Requires improvement 

Overall summary

This inspection took place on 21 May 2015 and was unannounced. At the last inspection on 11 December 2014 we found the provider was breaching regulations in relation to medicines and consent.

MCCH Society Limited – 25 McRae Lane provides accommodation and personal care for up to five people who have severe to profound learning disabilities, visual impairments and other disabilities. On the day of our visit there were four people living in the home.

The home did not have a registered manager as they resigned, leaving the service in March 2015. 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. A temporary manager had covered the scheme with a new manager starting around a week before our inspection. The new manager had started the application process to become registered with the CQC.

We found the provider had put in new systems in relation to medicines management, including a daily audit and improved recording of medicines received by the home. However, staff did not always carry out the daily audit

Summary of findings

correctly and had not identified an omission a few days before our inspection. This meant a person may have not received their medicine as prescribed. In addition, the provider could not evidence they were administering a person enough nutritional supplement to keep them healthy. We also found that appropriate guidelines for staff to follow for 'as required' medicines were not in place, including how staff should recognise when people were in pain or discomfort but were unable to express this verbally.

The provider had taken sufficient action to meet their requirements in relation to DoLS. DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. They had made the necessary applications to deprive people of their liberty lawfully and had retrained staff so they understood DoLS.

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?

The service was not always safe. Staff did not always carry out their daily medicines checks properly. Also, staff may not have been giving a person the right amount of nutritional supplement. In addition, there was not always sufficient guidance for staff to follow for 'as required' medicines. This meant staff may not have managed people's medicines safely.

We could not improve the rating for 'Is the service well-led' from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires improvement



Is the service effective?

The service was effective as the provider had taken appropriate action to only deprive people of their liberty lawfully and to retrain staff to understand their responsibilities in relation to DoLS.

Good



Is the service well-led?

The service was not always well-led. The previous registered manager had resigned with the new manager starting around a week before our inspection. We could not improve the rating for 'Is the service well-led' from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires improvement



MCCH Society Limited - 25 McRae Lane

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 checked 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 21 May 2015 and was unannounced. This inspection was undertaken to check that improvements to meet legal requirements planned by the provider after our 11 December 2014 inspection had

been made. We inspected the service against three of the five questions we ask about services: Is the service safe? Is the service effective? Is the service well-led? This is because the service was not meeting some legal requirements.

Before our inspection we reviewed all information we held about the service and the provider including the looking at the previous inspection report and reviewing this in line with the action plan the provider submitted to CQC.

During the inspection we spoke with the new manager, the senior operations manager, one support worker and an independent mental capacity advocate (IMCA). We looked at four people's care records to see how their care was planned and recorded.

Is the service safe?

Our findings

At our previous inspection we found medicines management was not safe. Our checks of medicines indicated people had not always received their medicines as records indicated. In addition, checking systems were not in place to identify when people had not received their medicines as prescribed so appropriate action could be taken to make sure people received their medicines. Records were not always made of medicines received into the service, nor of medicines carried forward from one month to the next. This meant records of medicine stocks in the home were not always accurate.

After the inspection we requested the provider write to us with an action plan setting out how they would meet the requirements of the regulation relating to medicines. They told us of a number of actions they would take to do this by February 2015. These actions included implementing a daily audit so that people could receive the right support in a timely manner if any errors were identified. They also included revised checking systems of medicines received into the home.

During our inspection we found that the provider had taken the actions they set out. Our checks of most medicines stocks indicated people had received their medicines as prescribed and records were made by two staff of medicines received into the home. However, for one person we found staff had not signed to confirm they had given one medicine a few days before our inspection. Records of daily audits indicated staff had not identified this omission as expected through their checks. Managers were unable to explain the reasons for this omission although they said they would investigate this and take action as necessary to keep people safe.

One person was prescribed a food supplement due to concerns about their weight. However, while records

indicated this was prescribed twice a day records showed staff usually administered this once a day. Staff told us they would only administer this twice a day if they were not eating well and this was currently not the case. However, staff were unable to find any evidence of the change in the instructions to give the supplement. This meant the person may not have received the necessary amount of supplement to keep them healthy, as prescribed. The manager told us they would contact the relevant healthcare professional the next day to clarify the prescription.

There was not always written guidance for individuals as to when 'as required' medicines should be administered. Where these were in place, such guidelines were not comprehensive and did not always inform staff how they could tell if people were in pain or discomfort when they were unable to communicate verbally to identify when they required medicines to manage pain. Staff we spoke with were able to identify when people they supported required these medicines. However, staff who were unsure when people required these medicines did not have written guidance to refer to. This meant that people might not receive these medicines when they needed these.

These issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our previous inspection we also found that there was not always sufficient staff to meet people's needs. The provider wrote to us to tell us they would increase the number of staff on shift during the days but this was delayed due to difficulties in recruitment. During our inspection the manager and senior operations manager told us the increase would take place from 1 June 2015 and would be permanent. Staff had also been informed of this increase and told us the increased staffing levels would be mainly beneficial for activities and day trips.

Is the service effective?

Our findings

At our previous inspection we found the provider was not meeting the requirements in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). These safeguards are there to help make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom. This was because the provider had not assessed whether people were having their liberty deprived and had not identified which people required applications to be made to deprive them of their liberty lawfully. We saw a number of instances where people may have been deprived of their liberty unlawfully. We also found some staff did not have a good understanding of DoLS although they had received training in this.

After the inspection the provider wrote to us to tell us they would assess which people required DoLS authorisations and would make applications by February 2015. In addition, they would carry out further training for staff in DoLS and MCA.

During our inspection we found the provider had carried out their action plan and were meeting their requirements in relation to MCA and DoLS. The provider had made applications to deprive people of their liberty and an independent mental capacity advocate (IMCA) was visiting during our inspection to assess people in relation to this. The senior operations manager confirmed they had trained staff in MCA and DoLS recently and showed us the training presentation they had used. Staff confirmed this training had taken place and was useful. Our discussion with them showed they had a good understanding of DoLS and MCA.

Is the service well-led?

Our findings

During our last inspection we found the manager had not adequately dealt with all the issues identified through senior manager audits. For example, a senior manager audit had found not all staff understood DoLS yet the former registered manager had not taken action to address this. In addition, while various audits were carried out to assess and monitor the quality of service, the medicines audit had not identified the issues we found. Audits had also not identified that DoLS assessments had not been carried out and applications had not been made to deprive people of their liberty lawfully.

After the inspection the provider wrote to us to set out the action they would take to address these issues. They told us they would closely monitor the action plans arising from senior manager audits through supervision with the registered manager from May 2015. However, the registered

manager resigned, leaving the service in March 2015. A temporary manager covered the scheme until the permanent manager began their post around a week before our inspection. The new manager had begun the process to apply to the CQC to become the registered manager.

During our inspection we found the actions identified by the quarterly senior manager audits had been implemented or were in the process of being implemented. The new manager and senior manager were aware of other actions which had not yet been completed and had agreed to extend deadlines due to the changes in management. However, the quality assurance system was still not effective as medicines audits had not identified the issues we found during the inspection and the provider had not fully addressed all the areas identified at the last inspection that needed to improve.

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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered person did not ensure the proper and safe management of medicines in ensuring care and treatment was provided in a safe way for people.

Regulation 12(1)(2)(g)