

MCCH Society Limited

MCCH Society Limited - 61 Walton Road

Inspection report

61 Walton Road
Sidcup
Kent
DA14 4LL

Tel: 02083002918
Website: www.mcch.co.uk

Date of inspection visit:
05 January 2016

Date of publication:
10 February 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 5 January 2016 and was unannounced.

MCCH Society Limited - 61 Walton Road is a residential care home which provides care and support for up to three people with autism.

There was a new registered manager who had been in place since October 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.

Safeguarding adult's procedures were robust and staff understood how to safeguard people they supported. 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 and there were enough staff on duty and deployed throughout the home to meet people's care and support needs and staff received up to date training.

People and their relatives were involved in their care planning where possible. Support plans and risk assessments provided clear information and guidance for staff on how to support people using the service with their needs. Support plans were reflective of people's individual care and preferences. People had access to a range of healthcare professionals when required. People were supported to have a healthy and balanced diet.

Appropriate recruitment checks took place before staff started work. There were enough staff deployed to meet people's needs and staff had received up to date mandatory and refresher training.

None of the people who used the service were on any medication at the time of the inspection. Equipment had been serviced on a regular basis to ensure that it remained suitable for use. Care plans were reflective of people's individual care and preferences.

The manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Staff encouraged people to be as independent as possible. For example to make the own lunch and drinks

Staff treated people with kindness and compassion; while respecting their privacy and dignity. Each person had a key worker assigned to them to give individual and focused support. Staff knew people well and remembered things that were important to them so that they received person-centred care.

People told us that both the registered manager and the deputy manager were always available and could

approach them at any time. Systems were in place to monitor and evaluate the quality and safety of the service.

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 appropriate safeguarding procedures in place and had a clear understanding of these procedures.

Assessments were undertaken of risks to people who used the service and support plans were in place to manage these risks.

Appropriate recruitment checks took place before staff started work. There were enough staff deployed to meet people's needs.

Is the service effective?

Good ●

The service was effective.

Mandatory and refresher training for staff was up to date. This included safeguarding, mental capacity act, health & safety, medicines administration and food and hygiene.

The manager and staff understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and acted according to this legislation.

People were supported to have enough to eat and drink.

People had access to healthcare when they needed it.

Is the service caring?

Good ●

The service was safe

There were appropriate safeguarding procedures in place and had a clear understanding of these procedures.

Assessments were undertaken of risks to people who used the service and support plans were in place to manage these risks.

Appropriate recruitment checks took place before staff started work. There were enough staff deployed to meet people's needs.

Is the service responsive?

Good ●

The service was responsive

Staff were knowledgeable about people's support needs and their preferences in order to provide a personalised service.

There were a variety of activities on offer that met people's need for stimulation.

The service actively encouraged people to express their views and had arrangements in place to deal with complaints.

Is the service well-led?

Good ●

The service was well-led

There were arrangements in place for monitoring the quality of the service that people received.

Staff said there was a good atmosphere and open culture in the service and that both the registered manager and the deputy were supportive.

The provider took into account the views of people using the service, relatives, healthcare professionals and staff.

MCCH Society Limited - 61 Walton 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.

This unannounced inspection took place on 5 January 2016. The inspection team on the day consisted of one adult social care inspector and one expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The service is registered to provide accommodation and care for up to three people with autism. We spent time observing the care and support being delivered. We spoke with two people using the service, three members of staff, the provider and the registered manager. We reviewed records, including the care records of the three people using the service, four staff members' recruitment files and training records. We also looked at records related to the management of the service such quality audits, accident and incident records and policies and procedures.

Is the service safe?

Our findings

Staff were aware of safeguarding policies and procedures and knew what action to take to protect people should they have any concerns. All of the staff we spoke with demonstrated an understanding of the type of abuse that could occur. They told us the signs they would look for, what they would do if they thought someone was at risk of abuse and who they would report any safeguarding concerns to. The provider said that all staff had received training on safeguarding adults from abuse. Training records confirmed this. Staff told us they were aware of the organisation's whistleblowing policy and they would use it if they needed to.

A signing in book was in use in the office area; to maintain a record of visitors to the home. This was designed to protect people using the service and we observed that staff asked visitors to sign in and out. There was a happy and lively atmosphere throughout the home and we noted that people were relaxed and comfortable.

Assessments had been made about physical and environmental risks to people's safety which included fire evacuation. We saw risk assessments were in people's care files and included risks to themselves in relation to personal safety, road safety and finances. We saw that people's care plans included information for staff on how to support people appropriately in order to minimise the risk to them. Risk assessments were reviewed on a monthly basis.

Staff told us they knew what to do in response to a medical emergency or fire and they had received first aid and fire training. The fire risk assessment for the home was up to date and personal emergency evacuation plans were in place for all of the people using the service to ensure their safety in the event of a fire. Staff were aware of what to do if there was a fire, and told us they undertook regular fire drills so as to be prepared. The provider had carried out regular weekly fire drills and fire evacuations were carried out every three months to ensure premises conformed to fire safety standards. Water, gas and fire equipment were maintained under a contract and records of maintenance were up to date.

We saw that fridge temperatures were recorded on a daily basis and did not exceed the maximum fridge temperature as recommended by the Foods Standards Agency. Accidents and incidents involving the safety of people using the service were recorded and acted on appropriately. For example, one person presented behaviour which required a response; details of contact with the learning disability team were recorded. Action included the person seeing a GP for a general health check.

On a tour of the home we noted that although the upstairs bathroom was clean it had a strong smell of urine. The deputy manager told us and we saw that this problem had already been identified in the property audit carried out in 19 October 2015. We also saw that the property audit carried out on 6 November showed that the home was waiting for a quotation in order to resolve this problem. The manager contacted their head office during our inspection and confirmed this work would be carried out as a matter of urgency.

There were safe recruitment practices in place and appropriate recruitment checks were conducted before staff started work at the service. Staff files contained a completed application form which included

details of staff's employment history and qualifications. Each file also contained evidence confirming references had been sought, proof of identity reviewed and criminal record checks undertaken for each staff member.

There were enough staff deployed to meet people's needs and we saw requests for assistance were met promptly during the inspection. One member of staff told us "There are always enough staff, in fact we can have too many sometimes". We observed staff had time to talk to people and spent time with them one to one basis. For example we saw a member of staff spending time listening to a person playing the guitar.

None of three people who used the service were on any type of medication at the time of the inspection; however we saw that all staff had undertaken administration of medicines training to ensure that if the need arose medicines would be administered safely and correctly.

Is the service effective?

Our findings

We saw people received support from staff that had been appropriately trained. Staff knew people very well and understood their individual needs. Staff told us that they had completed an induction programme when they started work. The induction included topics such as person-centred support, diversity and equality, discrimination and conflict.

Staff also told us they had completed all mandatory and refresher training. This included safeguarding, epilepsy, fire safety, food and hygiene infection control and mental capacity act. Records confirmed staff training was up to date and training due for renewal had also been noted with expiry dates. Staff commented on the training available to them. One person "We have to do lots of training every year which is very helpful".

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 service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We saw mental capacity assessments had been conducted and best interests decisions made in key decision making areas. For example one person's support plan included a mental capacity assessment relating to their finances. Where it had been deemed that people lacked capacity to make decisions records showed that people's relatives, GPs and other professionals had been involved in the decision-making process. We saw that the provider had DoLS authorisations in place where required and were meeting the conditions

Staff were supported through regular supervision and annual appraisals in line with the provider's policy. Records seen confirmed this and at these supervision sessions staff discussed a range of topics including progress in their role and any issues relating to the people they supported. Annual appraisals were completed for all staff that had completed one year in service. This meant that any shortfalls in knowledge or training could be picked up promptly and addressed so that people continued to receive appropriate standards of care. One person told us "I have regular supervisions and the managers are helpful".

People were supported to eat and drink sufficient amounts to meet their needs. Staff told us that the residents had regular house meetings to plan their menus for the week. We saw that people had input in

devising their own individualised weekly menus, they were supported to make choices by using their own picture cards of all the foods they liked and what foods they didn't like. These individualised menus were displayed in the kitchen. People's care files included assessments of their dietary needs and preferences. These assessments indicated their dietary requirements, likes and dislikes, food allergies and their care and support needs. We saw that staff encouraging people to participate in making their own lunch and pouring drinks. The support staff offered to people was unrushed and interactions were friendly and caring.

Staff told us that they promoted people's independence by encouraging them to participate in making their lunch and , pouring their own drinks. For example, we observed one person getting his breakfast independently by preparing a bowl of cereal and choosing to have crumpets.

Records showed that people had access to a range of healthcare professionals in order that they maintain good health. This included GPs, dentists, chiropodists and opticians when required. Staff monitored people's mental and physical health and wellbeing daily and at keyworker meetings. When there were concerns people were referred to appropriate healthcare professionals, this included the learning disability team. People had a hospital passport which outlined their health and communication needs for professionals when they attended hospital. Staff could attend appointments with people to support them where needed.

Staff were supported by the manager and the deputy manager and there was an out of hours on call system in operation that ensured management support and advice was always available when staff needed it. One member of staff "The managers are helpful and I can go to them at any time even if they are not at work".

On a tour of the home we noted that although the upstairs bathroom was clean it had a strong smell of urine. The deputy manager told us, and we saw that this problem had already been identified in the property audit carried out in 19 October 2015. We also saw that the property audit carried out on 6 November 2015 showed that the home was waiting for a quotation in order to resolve this problem. The manager contacted their head office during our inspection and confirmed this work would be carried out as a matter of urgency.

Is the service caring?

Our findings

People were provided with appropriate information about the home in the form of individualised service user guide. This guide outlined the standard of care to expect and the services and facilities provided at the home.

People who used the service were not able to be involved in decisions about their care and support, however, we saw that family members and health and social care professionals would be involved in making decisions for them in their 'best interests' in line with the Mental Capacity Act 2005.

The home held an annual meeting around each person using the services' birthday, inviting relatives and other professionals to engage in a Person Centred Individual Planning (PCIP) meeting. This was in order to reflect on the previous year and how care and support for the person could be improved in the future.

The manager showed us that people's care files recorded the regular meetings they had with their key worker to discuss and put any necessary changes in place. For example, one person enjoyed Laurel and Hardy films, they keyworker had successfully encouraged the person to go and watch a Laurel and Hardy film at the cinema.

Keyworker notes after the film reflected how much the person had enjoyed the film, which stated '...laughed so much, they (the person) had to wipe a tear away'.

We saw staff and people who used the service positively interact using a variety of communication methods which included gestures, signs and pictorials. We observed one person gesturing to staff that they wanted to show them something on their iPad. Throughout the course of our inspection we observed staff treating people in a respectful and dignified manner. We saw care files had a section detailing how people's privacy and dignity should be respected which included knocking on people's doors before entering. Staff told us they did this as well as talking to people about what they would be doing when they supported them.

We saw staff sitting with people engaged in conversation. Conversations were relaxed and friendly. Staff worked calmly when offering support to people, taking their time and offering encouragement. For example, staff reassured people by talking to them calmly and distracting them when they were upset. Staff showed patience and understanding. We saw that the home was clean and spacious.

People who used the service had their own bedrooms which were personalised with their own belongings and furniture. The atmosphere throughout the home was calm, friendly and happy. We saw people were well presented and looked clean and comfortable.

Is the service responsive?

Our findings

We saw care files were well organised and easy to follow and included support plans and risk assessments. We looked at three people's care files and saw their health care and support needs had been assessed before they moved into the home.

The care files we looked at included individual support plans addressing a range of needs such as communication, personal hygiene, nutrition and physical needs. Care files included life histories, service user profiles and records of key worker meetings. Daily progress notes were also maintained in individual diaries for people who used the service that recorded the care and support delivered to people.

Support plans were person centred and identified their choices and preferences. For example, the activities people liked to do and what their favourite foods were. Records showed that people were assigned keyworkers to give individual and focused support. Staff knew people well and remembered things that were important to them so that they received person-centred care. For example, one person liked spending time on their own and would say 'time to go' when they wanted to do this and another person liked to have fizzy drinks and cakes as part of their dietary plan.

Support plans were reviewed on a monthly basis and documented clear guidance for staff on how people's health needs should be met. We saw relatives of people who used the service were involved in the planning of their care, and that their key workers and relevant healthcare professionals were involved in the care planning process.

Staff we spoke with demonstrated a good knowledge of people's preferences within their daily routines. For example what time they preferred to shower. Staff communicated effectively with each other and other services to make sure people received the right care and support. For example giving a detailed updates at handover meetings.

People were supported to follow their interests and take part in activities. A range of personalised activities were offered and people attended these outside of the home on a daily basis. These activities included golf, football, bowling and swimming. People also went on regular outings to the cinema, and cafes. One person told us, "I'm going to golf tomorrow and will win." Activities within the home included board games, a play station and quizzes. We saw one member of staff leading on the 'story tellers project' which involved people decorating and personalising a box to put in things that were important to them such as photographs and paintings they had created.

We saw the service had a complaints policy in place and the procedure was on display on a noticeboard in an easy to understand format for people within the home should they need to raise concerns. People also had access to the complaints procedure both in their care files and service user guide in an easy to understand pictorial format. We saw a relative had made a complaint following one incident. The service had undertaken a full investigation and recorded the outcome in line with home's complaints policy.

Resident meetings had not taken place previously due to poor attendance however; we saw that the manager had reinstated resident meetings in January 2016. Items discussed were menus and activities such as visiting Legoland and Bluewater. Staff told us that people could have their parents visit at any time and they could also ring them when they chose to. People also went home at weekends to stay with their families. For example, two people went home every weekend and the other every alternative weekend.

Is the service well-led?

Our findings

The provider had effective systems in place to monitor the quality and safety of the service. Records demonstrated regular audits were carried out at the home to identify any shortfalls in the quality of care provided to people using the service. These included environmental health, COSHH, health and safety and fire safety audits. There were cleaning schedules in place and daily spot-checks were carried out. This enabled the managers to have oversight of the service and to remedy any risks which might affect people's health, safety and well-being.

The home had a registered manager in place who was supported in running the service by a deputy manager. Staff understood their responsibilities to share any concerns about the care provided at the service. They described a culture where they felt able to speak out if they were worried about quality or safety.

Staff told us they were happy working in the service and spoke positively about the new leadership which was receptive to staff input. One person said "I like working here we have a good team". Staff said that the managers were really supportive and they operated an open door policy. One staff member said "I can go to the manager at any time and they will listen to me". Another told us "I'm for sure confident that concerns would be dealt with and that the home will run very well as new management team is full-time".

Staff attended daily handover meetings at the end of every shift so they were kept up to date with any changes to people's care and welfare. Regular staff and meetings helped share learning and best practice so staff understood what was expected of them at all levels. Minutes of these meetings confirmed discussions took place around areas such as safeguarding and whistleblowing, accidents and incidents and what staff were doing well. One staff member told us "staff meetings are good as they point us in the right direction; we also discuss our aims and what we do well". Another said "I always talk to the manager and raise concerns I have". These meetings kept staff informed of any developments or changes within the service and staff were supported in their roles.

The service had introduced staff and relatives surveys. We saw on the day of the inspection that the home was in the process of sending out staff and relatives questionnaires, which had not been done in previous months due to the change in the registered manager. The registered manager showed us copies of surveys due to be sent out and said once they received the completed survey back they would analyse the information and produce a report and an action plan. The feedback from the surveys would be used to make improvements at the home.

We saw that residents surveys were carried out for 2015, the feedback received was positive and there were no changes that needed implementation. The provider told us they use all feedback to make positive changes.