

MCCH Society Ltd

The Bungalow

Inspection report

325 Larkshall Road
Chingford
London
E4 9HW
Tel: 020 8523 3264
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	

Overall summary

The Bungalow is a care home providing personal care to six people with learning disabilities. It is a spacious, purpose built, single floor building with wheelchair access.

There was a registered manager at the home. 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 our last inspection on 11 April 2013 the service was meeting the legal requirements. This inspection was unannounced and was carried out over two days on 9 and 10 October 2014.

The home provided a safe and secure environment to everybody on the premises. Building maintenance and equipment checks were up to date. Staff were knowledgeable about safeguarding and knew how to report concerns. Medicines were managed safely.

Staff received regular training and were knowledgeable about their roles and responsibilities. They knew the

Summary of findings

people they were supporting and provided a personalised service. Care plans were in place detailing how people wished to be supported and what their preferences were.

People were supported to eat and drink in accordance with their care plans. Staff supported people to make choices using different methods of communication. People had access to healthcare professionals as required and staff supported them to attend healthcare appointments.

Each person had an individualised activity plan. Detailed risk assessments were carried out to enable people to move around the home and access the community safely.

The manager supported people living in the home alongside staff. Family members and staff felt able to approach the manager if they had any concerns. Audits were carried out to check the quality of service provision.

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 a safe environment for people who used the service and staff. Staff in the home had received safeguarding training and knew how to recognise and report abuse. There were enough staff at the service to keep people safe.

The building was safe and secure. Maintenance records were up to date. Comprehensive risk assessments were carried out which included plans to minimise risks whilst maintaining people's independence.

Medicines were stored securely and staff had received training in the management and administration of medicines.

Good



Is the service effective?

The service was effective. People were enabled to make food choices and the menu was varied and nutritious. We observed people received the support they needed when eating.

People's rights were protected because the Mental Capacity Act 2005 Code of practice and the Deprivation of Liberty Safeguards were followed when decisions were made on their behalf.

Staff were supported through training and supervisions to enable them to perform their job effectively.

Good



Is the service caring?

The service was caring. The staff were friendly, patient and discreet when providing support to people. We observed good interaction between staff and people in the home.

People were treated with respect and their independence, privacy and dignity were promoted. Communication passports enabled staff to know how to communicate with people using their preferred method.

We have made a recommendation about exploring alternative methods of communication with a speech and language therapist.

Good



Is the service responsive?

The service was responsive. Each person had a support plan written in a person centred way, which set out their individual and assessed needs. These were reviewed monthly. From our observations and talking with staff we found staff were knowledgeable about people's individual needs

People were able to take part in meetings and indicate what activities or menu changes they wanted. We observed people were able to make choices and these were respected.

Staff demonstrated awareness of how to deal with repairs. There were systems in place to deal with foreseeable emergencies.

Good



Is the service well-led?

The service was well-led. There was a registered manager in the home. Staff were supported by the manager and personal assistants and the manager was supported by the senior operations manager.

Good



Summary of findings

The quality of the service was discussed in team meetings, appraisals and personal development supervisions.

The service had systems in place to monitor the quality of care and support in the home. There was a system in place to obtain the views of people using the service and their friends and family.

The Bungalow

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 was unannounced and took place on 9 and 10 October 2014. The inspection was carried out by two inspectors who were supported on the first day by an 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. Our expert had experience of caring for a person with learning disabilities.

Before the inspection we reviewed notifications received at the Care Quality Commission (CQC) and the previous inspection report where the service was found to be

meeting the regulations we checked. We usually ask the provider to complete a Provider Information Return (PIR) before the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However, on this occasion, the provider was not asked to complete a PIR so we obtained this information during the inspection instead.

During the inspection we spoke with four people who lived in the home, one relative, four staff and the registered manager of the home. We observed care and support in communal areas, spoke with people in private and looked at care and management records. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us. We reviewed four staff files and five people's care records during the inspection. We also reviewed training records, quality assurance records, policies, staff duty rotas and maintenance records.

Is the service safe?

Our findings

The provider had effective procedures in place to ensure the safety of those using the service at all times. People told us they felt safe and liked living at the home. One person told us, “yes I feel safe, I like to sit here [chair beside the window].” They told us that nobody ever “picked on them” or made them feel bad.

We reviewed the training matrix and found staff had up to date training in safeguarding adults and whistleblowing. Staff confirmed they had received this training and had read the relevant policies. We reviewed the safeguarding and whistleblowing policies and found they gave clear guidance to staff. For example, the safeguarding policy detailed the different types of abuse and how to record it. Staff were knowledgeable about recognising signs of abuse and the relevant reporting procedures. One staff member told us if they saw a person being abused, they would “contact line manager, phone social services and the police if needed.” Another staff member told us “whistleblowing is confidential, I would disclose, according to the policy guidelines, to social services, the police or CQC.”

There was a fire risk assessment in the property which had been updated on 21/07/2014 and records showed arrangements had been made for the landlord to visit to carry out their risk assessment on 14/10/2014. Guidelines were in place for the fire evacuation process which covered individual mobility needs. The service carried out a fire evacuation drill every six months and records showed the last one took place on 27/06/2014 with no identified issues. We saw records of the engineer checks on the smoke alarms and emergency night lights and found these were signed and dated and were up to date. Records showed the fire alarms were checked every week and the emergency lights were checked every two weeks by staff. These records were signed and dated with an outcome of the check.

Visitors were asked to sign in the book near the door and the front door was secured with a key code system. Maintenance records showed that the annual gas safety check had been carried out on 13/12/2013. We saw evidence that an appointment had been made for the next gas safety check to be conducted on 27/10/2014. The last electrical installation test had been carried out on 12/07/2012 which is within the timescales of building regulations and no issues were identified. We saw the yearly portable

electrical appliances testing was completed on 20/01/2014. Records showed the full body hoist and bath hoist were serviced every six months and had been last checked on 02/09/2014.

We noted that one of the oven doors had broken during our inspection. Staff had removed it to reduce the risk of injury and an urgent repair was requested. We asked for the wall switch for this oven to be covered up to prevent it being accidentally switched on and to reduce the risk of somebody getting burnt. The manager attended to this immediately.

People had comprehensive risk assessments carried out to ensure it was safe for them to move freely around the home and to access activities in the community. We saw from people’s care records the risk assessments included the risks when using the shower, using their wheelchair, travelling, out in the community, and walking around the house. Each risk assessment was divided into eight sections which included a section on “what could happen that might be unsafe”, and a section on “what other people will do to help keep me safe.” Risk assessments were reviewed every six months. The home had assistive technology fitted for one person with epilepsy and this alerted staff when this person had a seizure whilst in bed. The manager or staff tested this on a weekly basis and this check was carried out during our inspection.

We looked at the arrangements in place for storing and administering medicines for people. We found medicines were stored tidily in locked cabinets inside a locked room and the area was kept clean. Blister packs contained the person’s name and their photograph. Medicines were in date, clearly labelled and accounted for. We saw there were guidelines in place for people who required “pro re nata” (PRN) medicines and these had been signed by the doctor. PRN medicines are those used as and when needed for specific situations. The guidelines were clear and instructed staff to gain authorisation from the home manager or the on-call officer before administering PRN medicines to anybody.

We reviewed four people’s medical files and found they contained guidelines about the side effects of the medicine they were prescribed. The medicine administration record (MAR) sheets contained one box for the staff member administering the medicine to sign and one box for the staff

Is the service safe?

member witnessing the administering to sign. The MAR sheets had been completed correctly and were clear. This showed that people received their medicines as prescribed and there were no gaps in the records.

Medicine administration checks were carried out by staff in the morning and evening. We saw evidence of this on the medicine handover sheet which was completed by the designated person on shift and the person taking over the administration of medicines on the next shift. The manager also told us that they checked the medicines records and handover sheets daily. There was a book for staff to record medicines coming in and out of the home. This was to ensure that any medicines removed from the home were accounted for. We saw that unused medicines were recorded and returned to the pharmacy and there was a sharps disposal box provided. The manager told us that currently they did not have any medicines that needed to be stored in a fridge and the pharmacy provided a small fridge when needed at the same time as dispensing the medicine. The manager said the medicine fridge is

returned to the pharmacy when it is no longer needed. There were no controlled drugs being used at the home at the time of this inspection. Staff had been trained in the administration and management of medicines.

We saw there were enough staff to meet the needs of people living at the home. The home employed seven full time and one part time staff. At the time of this inspection, there were three full time vacancies but one was about to be filled with an agency carer who was in the process of being recruited permanently. The staff rota showed that three staff covered the early shift and the late shift. We saw that one staff member from the late shift would sleep in the home at night to provide support to the staff member working at night if required. The rotas indicated senior staff members worked at weekends as needed to cover gaps in the rota. We also saw from the rotas that there were two permanent relief staff who helped to cover staff absences. A relative told us "Oh yes, definitely, there are enough staff." Staff told us they thought there was enough staff to enable them to meet people's needs.

Is the service effective?

Our findings

We discussed the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) with the registered manager and staff who detailed what this was. MCA and DoLS is law protecting people who are unable to make decisions for themselves or whom the state has decided their liberty needs to be deprived in their own best interests. At the time of inspection all six people using the service had Deprivation of Liberty Safeguards (DoLS) applications in process because they needed a level of supervision and control that may amount to deprivation of their liberty. DoLS assessments were being completed in partnership with the London Borough of Waltham Forest, for the front door code, because this prevented people from leaving the property without the assistance of staff.

We saw assessments had been carried out for all people using the service in accordance with the Mental Capacity Act 2005. This showed in which instances people were not able to make important decisions and what the outcome was. For example people had mental capacity assessments in place regarding self-medication and agreeing to support plans.

We observed staff encouraged people to be as independent as possible, and staff were able give direct support if and when required. For example at lunchtime, one person was supported to access the fridge and was asked to help to get the required ingredients to make their own lunch. It was evident that this person enjoyed participating in the task, for example, by the look of enjoyment on their face. After they had finished eating, we asked one person if they enjoyed their lunch and they smiled broadly saying “yes, yes.”

The daily records of fridge, freezer and food temperatures were within the correct range and were up to date. We saw from the menu on the fridge and the house meeting book that people were given choices of food to eat. Staff told us they encouraged people to make choices at the house meetings using pictures. The menu contained nutritious food items and choices. There was also a list on the fridge of people’s favourite foods.

We noted that some people were offered crisps with their lunch and those people who were on a weight management plan were offered fruit instead. A staff member explained how they encouraged one person to

make a choice, “Like this morning I asked, do you want toast or cereal, and [person] told me toast. So then I laid out the pots of jam, peanut butter and honey and said ‘which one would you like?’ and [they] picked the peanut butter.”

Staff were observed during lunchtime to offer people choices as to what they would like for lunch and where they would prefer to eat it. We saw staff were respectful to people that needed encouragement to start eating their lunch and gave them time to eat at their own pace. Staff talked to people during the meal, using humour and encouragement to support them to eat. We observed one person used adapted cutlery and plate and staff told them where things were on their plate and where their cutlery was. This showed that staff enabled this person to maintain their independence as far as possible. Staff told us they ensured people had enough to eat “by giving the option of having more”, and “offer more, they will push plate away if they don’t want any more.” Staff told us they encouraged people to drink water with their medicines and “offer plenty of squash, most ask for tea.”

People had separate medical files which included a health action plan and hospital passport. The files included a record of regular health checks, weight charts and details of medical appointments. People who had a health condition also had a management plan for that health condition in this file. At the time of this inspection, a referral had been made to the local authority learning disability health team for two people who had recently moved in. A referral was also made to the visiting chiropodist for these two people so they could have their feet checked. The medical file evidenced that people were able to have access to health professionals as they needed.

Staff received support supervision every four weeks with the personal assistant to ensure that people’s support plans were being followed. We saw from the staff support supervision files these were up to date and the most recent supervisions were carried out on 30/09/2014. Topics covered in these sessions included support plans, monthly evaluation, individual staff goals, potential activities, health, wellbeing and long term goals for the person using the service. The support supervisions showed evidence that staff are given feedback and guidance on their work performance. Staff confirmed they had received supervisions.

Is the service effective?

We reviewed staff training records and found these were up to date. Training was provided by a combination of in-house training and E-learning. For example, the records showed that staff had received training in medicine administration, epilepsy, food hygiene, first aid and health and safety. New staff were required to complete common induction training during the first month of their

employment. One staff member told us “I’ve done a lot of training.” Another staff member told us “every time our training’s out of date, we update it.” We saw from the training records that staff had the opportunity to gain National Vocational Qualifications (NVQ) in Care at Levels 2 and 3 and Promoting Independence at Level 3.

Is the service caring?

Our findings

Staff were able to detail how they developed positive caring relationships with people using the service. For example, one staff member told us they “read care and support plans, handovers from staff, and approach [people] in a calm, polite and thoughtful manner.” Staff were able to describe each person’s likes and dislikes and what their care needs were.

During the inspection staff were observed supporting one person who was distressed and were seen to take the time to listen to the person and offer support and reassurance. One staff member said “I always look at it, like what if that was your son or your daughter.”

Each person had a communication passport in their care records which detailed their ability to communicate and the best method of communication to use with them. Staff described how they used alternative methods of communication with people who had limited verbal language. We observed staff supporting people to communicate in their preferred method using Makaton signs, showing items and pictures. We asked staff how they ensured people had choice and maintained their independence. Staff said, for example, “those that cannot speak, we go with them to show them the choices,” and “they can choose their own clothes using visual or touching.”

We observed staff offering choices of activities to people. One staff member offered a choice of two activities to a person, fishing or the cinema. We observed it being explained to this person that if they wished they could do both. The person was given time to decide and their choice was respected.

Staff were observed to actively encourage choice and recognised people’s need for privacy. We observed one person had chosen to have some personal time alone in

their bedroom. Staff were heard at different times checking if this person was ok and asking if they wanted to join the others in the communal lounge. We noted that staff respected this person’s choice of remaining in their bedroom and gave them the privacy they wanted. We also noted that when staff were assisting a person with personal care they ensured that doors were closed to protect that person’s dignity and privacy.

During the first day of our inspection, we observed one person was asleep in their bedroom until late in the morning. A staff member explained this person had a difficult night with not much sleep and told us, “we always let [person] sleep till [person] is ready. You can’t force [person] up after that.”

We saw a letter written by a relative complimenting staff on their work. For example, the relative had written “I always find that the staff are very helpful and kind to my [relative]” and “it is very apparent that [people] enjoy a happy and affectionate relationship with the care staff.”

Staff told us about the keyworker system and explained that a keyworker is “responsible for [organising] any personal care needs, clothes, holidays and activities.” Staff explained that the personal assistants had overall responsibility for the care plans but the allocated keyworker contributed to the care plan and communicated any change in need to the personal assistant.

We saw that one person’s care file showed that very little information had been passed from the previous service about appropriate methods of communication. Our observations showed us that staff were working hard to understand this person’s vocalisations and communicate with them. However there were times when this person showed frustration. We recommend that the provider seek advice from a speech and language therapist regarding other methods of communication that could be used with this person.

Is the service responsive?

Our findings

People were given choice on the types of activities that they wanted to participate in. We reviewed the house meetings log book which recorded discussions with residents around the menu and activities. The discussions referred to outings to the cinema, drives, shopping trips and fishing. When we spoke with people and staff we were able to confirm that this was the case.

During our inspection we observed one person doing crosswords and another person playing their own version of a card game. We saw that one person had their nails manicured and they confirmed they had bought the nail polish. The member of staff supporting them stated that this person “loves [their] shopping trips” and included the person in the conversation by saying “you like all your nice things don’t you?” Another person received a visit from a reflexologist after lunch and it was clear from their vocalisation and facial expression they enjoyed it.

People’s care plans were written in a person centred way and were comprehensive. They contained a one page profile sheet which gave personal details, for example, name, date of birth, allergies, medical conditions, what I look like, and GP details. There was a section about communication which included a communication passport. We saw there was a “Missing Person Detail Sheet” which contained a photo of the person as well as basic details which could be removed if needed. Support plans included gender support preference, weekly timetables and life history. There was a section in the care files where staff could document what was working well and what was not working well, and a description of what a good day is and what a bad day is for the person.

We asked staff about their understanding of person-centred care and how they put this into practice. One staff member told us “it’s all about them, their needs, likes and wishes, try to get them involved in all aspects whether verbal or not.” Another staff member told us how they discussed with the person in a person centred planning meeting “what they want to do and how to help them achieve it.”

We were given an example of how they had responded to the needs of a person who had recently moved into the home. Staff explained this person had to move in quickly and when they first moved in they became disorientated. Staff explained this person “kept sleeping at the end of the bed, so we went and had a look at their last bedroom and decided to change the room around so it was the same.” Staff confirmed this person was happier now.

The service had a system in place for dealing with foreseeable emergencies. Staff told us if a repair was needed within the home they would report it to a senior or the manager and write it down in the communication book. Senior staff gave details of the process which included “phone MCCH maintenance, log it in maintenance book.” The manager showed us the record of repairs which documented when the repair was reported, what the fault was and the date it was completed. The manager told us he monitored the length of time it took for repairs to be carried out and would follow it up if they were waiting too long. Staff were able to tell us that when the registered manager was not available they were able to get managerial support through the on-call system if they were concerned or if an emergency occurred.

The complaints policy gave clear guidance to staff on how a complaint should be responded to. We reviewed the complaints record and noted that there had been no complaints since the last inspection. Staff were able to detail for us how they would respond if somebody wanted to make a complaint. One staff member told us they would “ask the nature of the complaint, ask if they want to speak to me, then report to manager or line manager and record the complaint in the person’s file and in the complaints book.” Another staff member explained how they would respond if one of the people living in the home wished to make a complaint. “We have a picture form with emotion faces. I would use this to talk to the person in a room on their own about what they are not happy with.” We saw evidence of this accessible complaints form.

Is the service well-led?

Our findings

There was a registered manager in post at the time of inspection. The home had a quality assurance policy which covered responsibilities, quality framework, vision, mission and values. The values covered included the standards of service and rights and responsibilities. The values also included respect and dignity and gave examples of enabling people to be independent, safe, healthy and well and enabling people to be involved in the community and to take part.

We looked at four staff records and found evidence that the manager had carried out annual staff appraisals. The most recent appraisals were during August 2014 and items covered included safeguarding, customer needs, and personalised delivery of service. The appraisals also covered growth and development of the staff which included personal development opportunities and working together as a team. In addition to annual appraisals we saw that staff received personal development supervision with the manager during the year. These supervisions focussed on how staff have developed their skills and knowledge, personal support and performance monitoring.

We asked a relative who they would speak with if they had any concerns and they said "Oh I'd speak to the manager, [they] will sort it out for me." Staff told us the manager worked alongside them on shift and we saw evidence of this during our inspection. Staff also told us that they had "a good manager", and they received "good support." We asked the manager about the support he received and they told us the senior operations manager often visited the home and is supportive. The manager stated that he could contact the senior operations manager by telephone if support was required.

The senior operations manager carried out internal audits every six months and most recent one had been done on 31/07/2014. This covered any outstanding action that was required. For example at the last internal audit, the training log required updating and there was no evidence that staff appraisals had been recorded. However at the time of our inspection this had been rectified.

The manager had put in place a weekly quality assurance checklist. This included fire checks, food hygiene, medical

files, records and incident and accidents. We saw evidence that this was up to date. The manager also carried out a monthly quality assurance audit and we saw the most recent one that was completed on 02/10/2014. These checks included risk assessments, complaints, compliments and suggestions, medical records, support plans, communication passports and action plans.

We saw evidence that the home had weekly house meetings where residents could express their views of the service and were involved in making choices around food and outings. During the inspection we saw a letter from a relative which stated "I am pleased to confirm that [person] is very well looked after at this facility and always is well dressed and clean. I always also find that the staff are very helpful and kind to [person]. It is very apparent that [person] along with the other patients enjoy a happy and affectionate relationship with their carers."

We reviewed the 2014 satisfaction survey for friends and family. One family member gave an excellent when asked if their relative was treated with dignity and respect and when asked if their relative was supported to help make decisions they responded with "always." We saw on one questionnaire that a family member had stated they felt their views and opinions were respected and taken into consideration sometimes, however another family member stated that they were always consulted. One family member stated, "Too many agency staff but hope it will improve now we have new staff" but another family member stated "There is nothing I dislike."

We saw records that showed the manager held team meetings every month and the last documented meeting was 08/10/2014. Staff we spoke with confirmed that they attended these meetings. The topics covered were the provider's business plan, updates to support plans, the goals of people who used the service and levels of cleaning that required improvement. We saw from the records of team meetings that staff were able to give their views on how to maintain and exceed the quality of service being delivered. A copy of MCCH's vision, values and standards were available for staff to read in the team meeting file. We also found that staff were required to sign and date a cover sheet to confirm when they had read each of the policies.