

MCCH Society Limited

MCCH Society Limited - 1-3 Emerton Close

Inspection report

1-3 Emerton Close
Bexleyheath
Kent
DA6 8DW
Tel: 02083034940
Website: www.mcch.co.uk

Date of inspection visit: 10 & 11 September 2015
Date of publication: 30/10/2015

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

This unannounced inspection took place on 10 and 11 September 2015. At the last inspection on 05 November 2013, the service met all the regulations that we inspected.

Emerton Close provides personal care and support for up to 10 adults who have a range of needs including learning disabilities. There were 10 people receiving personal care and support at the time of our inspection.

There was no registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

People's relatives said they felt safe and staff treated their family members well. We observed that people looked happy and relaxed. There were clear procedures in place to recognise and respond to abuse and staff had been trained in how to follow these. Risk assessments were in place and reflected current risks for people who used the service and ways to try and reduce the risk from happening. Appropriate arrangements for the management of people's medicines were not in place. Staff received training in administering medicines.

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

Staff received an induction and further training to help them undertake their role. However, most of the staff had not received regular supervision and annual appraisal in line with the provider's policy. People received enough to eat and drink and their preferences were taken into account.

Staff knew people's needs well and treated them in a kind and dignified manner. People's relatives told us their family members were happy and well looked after. They felt confident they could share any concerns and these would be acted upon. Staff were able to respond to people's communication needs and provided appropriate support to those who required assistance with their meals.

People's care and support needs were regularly reviewed to make sure they received the right care and support.

There was a positive culture at the service where people felt included and consulted. Relatives commented positively about the management of the service. Some aspects of the quality monitoring and audits system were not effective. Deprivation of Liberty Safeguards (DoLS) authorisation was not notified to CQC as required by law

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. You can see what action we took at the back of the full version of this 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?

Some aspects of the service were not safe. People were not always supported to take their medicines safely. We did see some areas of good practice with medicines.

People and their relatives told us they felt safe using the service and with staff who supported them. There were appropriate safeguarding procedures in place and staff had a clear understanding of these procedures.

Assessments were undertaken of risks to people and support plans were there to manage these risks. Appropriate action was taken in response to incidents and accidents to maintain the safety of people who used the service.

Sufficient numbers of staff were available to keep people safe and meet their needs. Safe recruitment practices were followed.

Requires improvement



Is the service effective?

Some aspects of this service were not effective.

Staff completed an induction programme and training relevant to the needs of the people using the service. However, staff were not supported through regular formal supervision and yearly appraisal in line with the provider's policy. Relatives were positive about staff and told us they supported their family member properly.

People were supported by staff that had the necessary knowledge and skills to meet their needs. Staff were aware of the requirements of the Mental Capacity Act 2005.

People were supported to have enough to eat and drink. People had access to external health care professionals as and when required.

Requires improvement



Is the service caring?

The service was caring.

People's relatives told us staff respected their family member's dignity and need for privacy and they were treated with kindness and respect.

People and their relatives were involved in making decisions about their family member's care and the support they received. Staff knew people well and understood their needs and preferences.

Good



Is the service responsive?

The service was responsive.

People's care and support needs were regularly reviewed to make sure they received the right care and support. People's support plans reflected their current needs with adequate staff guidance.

Good



Summary of findings

Staff were able to respond to people's varying communication needs.

People's relatives felt the staff and manager were approachable. The service had arrangements in place to deal with comments and complaints.

Is the service well-led?

The service was not always well-led.

Some aspects of the quality monitoring and audits were not always effective. Deprivation of Liberty Safeguards (DoLS) authorisation was not notified to CQC as required by law. We did see some areas of good practice with quality monitoring and assurance.

There was positive and open culture at the service. Relatives spoke positively about the care and attitude of the staff and the manager.

Regular staff hand over meeting helped share learning so staff understood what was expected of them at all levels.

Requires improvement



MCCH Society Limited - 1-3 Emerton Close

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.

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

This inspection took place on 10 and 11 September 2015 and was unannounced. The inspection team comprised of two inspectors and a specialist nurse advisor.

During the inspection we looked at 10 people's care records, 11 staff records, quality assurance records, accidents and incidents, and policies and procedures. Some people using the service did not communicate verbally so we spent time observing them, we spoke with four people using the service and five relatives about their family members experience of using the service, we spoke with one external health care professional. We also spoke with the operations manager, acting manager and seven members of staff.

Is the service safe?

Our findings

People were not always supported to take their medicines safely. We checked the service's arrangements for the management of people's medicines by checking a sample of medicines records and medicines supplies for six people in three units. The manager told us medicine was usually administered by two staff members and both staff were required to sign the medicine administration record (MAR). One staff member as the administrator of medicine and the second as a witness. We found on several occasion the witness had not signed the MAR sheet. Also, there was no cross reference sheet available to identify staff initials to verify who administered the medicine.

When we checked supplies of medicines against entries for administration on their medicines records, we found discrepancies. For example, one person had a 300ml unused and approximately 20ml of liquid medicine in the medicine cup board. Although the MAR sheet indicated they were getting their prescribed medicine, we found the MAR sheet recorded a lower quantity of medicine in stock.

The dates of medicine started or opened had not been recorded for liquid medicine. This made it unclear when a medicine was due to expiry and should be disposed of. We also found that a medicine commonly used to treat anxiety was administered on 15 occasions after its expiry date in June 2013. There was a risk this medicine may not have been effective.

At the time of our inspection medicine audits had not taken place. We found excess medicines in storage that had not been accounted for and out of date medicine was still in use. The manager told us that they undertook checks twice a day as part of the staff handover process. However, the concerns we identified were not picked up during the staff handover process. This meant that people's medicines were not managed safely.

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

We highlighted the issues with medicines to the manager and operations manager at the time of inspection. On the second day of our inspection we saw that the manager had taken immediate action. They had already addressed some of the issues found and later supplied us with an action plan setting out the further actions they would be taking, to make the necessary improvements with medicines. We did

see some areas of good practice with medicines. For example, we saw evidence that people's medicines were reviewed regularly by the GP. Some people did not have capacity to consent to take their medicines, placing their health at risk. Therefore, suitable arrangements including best interests' decisions had been made to administer their medicines through feeding tube, ensuring that these people continued to receive essential medicines. Staff authorised to administer medicines had been trained. Medicines were stored securely on all units.

People and their relatives told us they felt safe using the service and well supported by the staff and the manager. One person told us, "The staff are good and look after me; they help me with my Zimmer frame so I don't fall." A relative told us, "Their [family member] were well cared for and staff were aware of their needs." We saw staff meetings records included discussions about aspects of people's safety. We observed people interacting with staff in the communal areas. People appeared comfortable with staff and approached them without hesitation.

Staff knew what to do if safeguarding concerns were raised. It was clear from the discussions we had with staff that they understood what abuse was, and what they needed to do if they suspected abuse had taken place. This included reporting their concerns to the manager and the local authority's safeguarding team. Managers and staff knew about the provider's whistle-blowing procedures and they had access to contact details for the local authority's safeguarding team. Records confirmed all staff and managers had received safeguarding training and refresher training was available as and when necessary. There were procedures in place to manage people's money safely. Safeguarding policies and procedures were available to staff with records kept of alerts to effectively audit their progress and enable learning from the outcome when known. For example, one record documented positive and negative outcomes from an investigation. Staff performance improvement plans had been implemented to make sure the incident was used as an opportunity for learning.

Assessments were undertaken to assess any risks to people using the service and guidance was available for staff to reduce these risks. People's care records contained a set of risk assessments which were up to date and detailed. These included, for example, mobility, trips and falls, eating and drinking, epilepsy, evacuation in the event of fire,

Is the service safe?

medicine management, money management and the use of bed rails. These assessments identified the hazards that people may face and support they needed to receive from staff to prevent or appropriately manage these risks. We noted guidelines were in people's care records for staff on how to reduce any potential risk to people.

The service had a system to manage accidents and incidents and try to reduce reoccurrence. We saw accidents and incidents were recorded and the records included what action staff had taken to respond and minimise future risks and records of who was notified of the incident, such as a relative or healthcare professionals. For example, when a staff had incorrectly fitted essential equipment used for one person's care, an investigation was completed and staff member was reminded of the need to fit the equipment correctly. Action to reduce future risk included reviewing and updating this person's risk assessments, and guidelines was discussed at the staff meeting in order to share learning.

There were sufficient numbers of staff on duty to meet people's needs. The operations manager told us that staffing levels were determined by the number of people using the service and their needs. During our two days of inspection we saw there were enough staff to support people when accessing the local community and where people stayed at the service staff were always visible and on hand to meet their needs and requests. There were four waking members of staff on duty to support people

overnight. The service had a 24 hour on call manager system in place to ensure adequate support was available to staff on duty when the manager was not working. The staffing rota we looked at showed that staffing levels were consistently maintained. Staff told us there were enough staff on all shifts to meet people's needs.

The service followed appropriate recruitment practices to keep people safe. Staff files we looked at included employment references, the staff member's qualification and previous experience, criminal records checks, and proof of identification. Staff we spoke with told us that pre-employment checks including references and criminal record checks were carried out before they started work. This practice ensured staff were suitable to work with people using the service.

There were arrangements to deal with emergencies. Staff knew what to do in response to a medical emergency. They had received first aid training and training on epilepsy so they could support people safely. There were suitable arrangements to respond to a fire and manage safe evacuation of people in such an event. For example, fire drills, fire equipment checks and emergency lighting checks were carried out regularly. There was a business contingency plan for emergencies which included the contact numbers for emergency services and gave advice for staff about what to do in a range of possible emergency situations.

Is the service effective?

Our findings

Staff were not supported through regular formal supervision in line with the provider's policy. For example, the provider's policy said staff would receive supervision every eight weeks; however staff supervision records showed supervision was not taking place at this frequency. For example, three staff had received one supervision and two staff had received two supervisions and three staff had received three supervisions in the last 12 months. Staff were supported through their annual appraisals but six of the nine staff had no action plan or a follow-up review undertaken to monitor their performance and development. The operations manager told us that they were aware of this concern and had been unable to support staff with regular formal supervision due to changes in the management of the service.

This was a breach under Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People received support from staff that had been appropriately trained. Relatives told us they were satisfied with the way staff looked after their family members. Staff knew people very well and understood their individual needs. Staff told us they completed an induction when they started work and they were up to date with their mandatory training. This included training on safeguarding adults, food hygiene, mental capacity, health and safety, infection control, epilepsy, first aid, administration of medicine and PEG feed competency assessment. Records confirmed staff training was up to date and training due for renewal had also been noted with expiry dates. Staff told us they felt training programmes were useful and enabled them deliver the care and support people needed. Records we saw showed that staff attended regular staff handover and team meetings. Staff told us they felt able to approach their line manager at any time for support.

When people had capacity to consent to their care, the provider had systems in place to seek and record their consent. Records were clear about what people's choices and preferences were with regard to their care provision and staff we spoke with understood the importance of gaining people's consent before they supported them.

The provider was aware of the changes in Deprivation of Liberty safeguards (DoLS) following the Supreme Court

ruling and was in liaison with local authority to ensure the appropriate assessments were undertaken so that people who used the service were not unlawfully restricted. The provider had made applications to the local authority for DoLS authorisations for people using the service. The service had recognised that these applications were required because some people would not be free to leave Emerton Close and they required continuous supervision by staff. DoLS protect people when they are being cared for or treated in ways that deprive them of their liberty for their own safety.

Staff told us they received training on the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Staff training records we looked at confirmed this. The MCA provides guidance about what to do when people cannot make some decisions for themselves. Assessments of people's capacity to make specific decisions were carried out and best interests meetings held where needed, regarding specific decisions about people's care. For example, in relation to healthcare treatment, administration of medicine and management of finances.

People were supported to eat and drink sufficient amounts to meet their needs. Food in the fridges was date marked to ensure it was only used when it was safe to eat. People's support plans included sections on their diet and nutritional needs. The provider had sought advice from speech and language therapy (SALT) in relation to gastric tube feeding. There was clear written guidance for staff in people's support plans with appropriate risk assessments and protocols around potential emergencies arising from these. A visiting health care professional told us that people with feeding tubes had an established system in place to meet their nutritional needs and that they were happy with the care delivered by the staff and the manager. We carried out observations at lunch time and saw people were offered choices of food. Staff interacted positively with people, the atmosphere was relaxed and not rushed and there were enough staff to assist people when required. We saw staff supported people who required assistance to eat and drink, taking time and encouraging them to finish their meal.

People were supported to access the relevant health care services they required when they need to. We saw from care records that there were contact details of local health services and GP's. People had health action plans which took into account their individual health care support

Is the service effective?

needs. They also had a hospital passport which outlined their health and communication needs for professionals

when they attended hospital. Staff had a clear understanding of any issues and treatment people required. Staff attended healthcare appointments with people to support them where needed.

Is the service caring?

Our findings

Relatives said that the staff were caring and treated their [family member] with respect. Relatives spoke highly about the standard of care their [family member] received at Emerton Close. During the two days of inspection we observed staff were seen responding to people's needs in a timely and caring manner. Each person looked appropriately dressed and clean.

People who were able to express their views told us they had been involved in making decisions about their care and support and their wishes and preferences had been met. Staff told us people were encouraged to be involved in their care planning and review process. Where people could not express their views relatives were encouraged to participate in their family member's care planning and review process. It was clear from discussions we had with care staff that they knew people's personal histories, preferences and needs well and that people's care was personalised to meet their individual needs. A visiting health care professional told us that they were involved in care planning and review processes in relation to people's eating and drinking needs.

We observed staff treated people with respect and kindness and people were involved in their care. Staff were heard explaining tasks, offering reassurances and giving encouragement to people. People were relaxed and

comfortable and staff used enabling and positive language when talking with or supporting them. During lunch staff took time to sit and engage with people in a kind and friendly way.

People were supported to maintain their independence. Care records showed that some people were encouraged by staff to promote their independence. For example, maintaining their personal hygiene, shopping and participating in daily household chores including washing and laundry. We saw one staff member encourage a person to independently eat their meal. All people's bedrooms showed signs of individualisation for example, one person had a purple and butterfly theme and another had a James Bond theme.

Staff respected people's privacy and dignity. Training records showed that staff had received training in maintaining people's privacy and dignity. Staff described how they respected people's dignity and privacy and acted in accordance with people's wishes. For example, they did this by ensuring curtains and doors were closed when they provided care. Relatives spoke positively about the support staff provided and felt they had developed good working relations with people they care for. There were policies and procedures in place to help guide and remind staff about people's privacy, dignity and ensure that their human rights were respected.

Is the service responsive?

Our findings

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plans. Care records gave staff important information about people's care needs. The care plans contained information for each person's life and social history, their interests, physical and mental health, allergies, activities, method of communication and were written in a clear language. The care plans included the level of support people needed, and what they were able to manage on their own. We saw some good examples of how staff could support people who had communication needs. There was clear guidance for staff on how one person could communicate by using sign language, facial expression and by using objects of reference such as pictures and soft equipment. We observed staff knew people so well that a change in facial expression was responded to immediately. Care plans had been updated when there were changes and reviewed regularly to ensure that there was an up to date record for staff of how to meet people's need. For example, after one person had a fall we saw their care plan was updated to reflect their change of needs and the care and support they required. We observed staff supporting people with mobility needs and noted there was clear guidance for staff on how to use a wheel chair and a hoist when needed.

People's records were person centred and identified their choices and preferences. There was information on what was important to people, what they liked to do, the things that may upset them and how staff could best support them. For example, one person liked to have a special chair in the sensory room and it was provided. Another person

preferred particular timing for their bath and this was incorporated in their care plan and supported by staff. A staff member told us people received aromatherapy on a regular basis and the care records we saw further confirmed this. Staff took people out for day trips, shopping and lunch. Each person using the service had a keyworker and daily care notes covered areas such as activities, food and drinks, personal hygiene and administration of medicine with details of what services were provided to people.

Staff were able to tell us about people's needs and how they responded to them. Staff had handover meetings in place to share any immediate changes to people's needs on a daily basis to ensure continuity of care. Staff used a daily diary log to record key events such as health care appointments, prescription and renewal of medicines. Staff also completed daily care records relating to wellbeing and care which showed what support and care had been provided and the activities the person was involved in during the day.

People's concerns were responded to and addressed. People and their relatives told us they knew how to complain and would do so if necessary. There was a system for reporting any concerns raised by people or their relatives and staff had access to the provider's complaints policy and procedures. The complaints records showed concerns raised by family members had been investigated and responded to appropriately. The operations manager told us the focus was on addressing concerns of people as they occurred before they escalated to requiring a formal complaint.

Is the service well-led?

Our findings

We found that the provider had made seven applications for authorisations of Deprivation of Liberty Safeguards (DoLS) as required because some people would not be free to leave the home and they required continuous supervision by staff. It is a legal requirement that the provider notify Care Quality Commission (CQC) of relevant incidents including authorisation of DoLS. At the time of our inspection the provider had received authorisation for seven people and these authorisations were not notified to the CQC as required. When asked, the acting manager told us this has been an oversight, and in future they would notify CQC in a timely manner.

This was a breach of Regulation 18 (4) (a) (b) of the Care Quality Commission (Registration) Regulations 2009.

People's relatives commented positively about staff and the manager and the way the care was delivered to their family members. The atmosphere during the inspection was friendly, and we saw some meaningful interactions between staff and people who used the service, between staff and visiting health care professionals and also between the manager and staff. This promoted a transparent and open culture within the service that was in the best interest of the people living at Emerton Close.

There was no registered manager in post as the service was in the process of transition to another provider in September 2015. At the time of the inspection an acting manager was in place to manage the service as well as to ensure smooth transition to a new provider. The manager told us that the current provider held meetings with various stake holders including the relatives of people who used the services to consult them about the proposed change to a new provider in September 2015 and to ensure a smooth transition of the service. The manager further told us that the potential new provider had also held a meeting with the relatives and was committed to make further improvements in the best interest of the people who use services. We saw records to confirm these had taken place. All the people and their relatives we spoke with were aware of the managerial changes.

The acting manager had detailed knowledge of all the people who used the service and ensured staff were kept updated about any changes to people's care needs. The acting manager told us that the home's values and

philosophy were clearly explained to staff during their induction and training. We saw the acting manager interacted with staff in a positive and supportive manner. We observed people were comfortable approaching staff and conversations were friendly and open. Staff described the leadership at the service positively. Staff felt there was a positive culture at the service where people's relatives were included and consulted. One staff member told us "The acting manager done very well in a short time and they are very supportive." Another staff member said "The acting manager is lovely, knows all the client's very well and they would not mind working late hours to support me when required." A third staff member said "The acting manager is good, they respond to people's concerns if any, immediately and are very supportive to staff."

Regular staff handover meetings at the end of every shift, helped share learning and best practice so staff understood what was expected of them at all levels. Staff told us these meetings included people's and relatives views and guidance to staff about the day to day running of the service. For example, any changes in people's needs, appointments with external health care professionals, daily activities, people using the service and going to day centres. These meetings kept staff informed of any developments or changes within the service and staff were being supported in their roles.

Relatives were encouraged to be involved in the service through care review meetings and satisfaction surveys. We saw care review records from these meetings covered issues such as health conditions, food, activities, transport, redecoration of premises, and communication with staff. The findings from the service user's satisfaction survey carried out for 2014 was mostly positive. The operations manager told us that as a result of the satisfaction survey, in response to the recommendations the provider developed an action plan and they had been actioned.

Some aspects of the quality assurances system were not effective. The quality assurance monitoring systems and audit had not identified the issues we found in relation to management of medicine, staff supervision and appraisals and notification of DoLS authorisation to CQC as required by law. Although their internal monitoring system and audit had not picked up the issues the provider was fully aware of the need to check these issues in the future. Following

Is the service well-led?

the inspection, the operations manager reported the action they had taken to improve their quality assurance systems and act upon any problems identified. We will look at these issues during our next inspection.

We did see some areas of good practice in relation to assessing and monitor the quality of service people received. For example, we saw evidence that regular monitoring and internal audits covering areas such as health and safety, accidents and incidents, house

maintenance issues, staff training, people's finances and any concerns about people who use the service were. There was evidence that learning from the audits took place and appropriate changes were implemented. For example, PRN medicine protocols had been updated and fire alarm system was tested regularly. Staff received refresher training as appropriate to their roles, and people's risk assessments had been reviewed and updated with adequate staff guidance to follow.

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 18 HSCA (RA) Regulations 2014 Staffing</p> <p>Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3).</p> <p>Staffing</p> <p>Staff were not always supported through regular formal supervision and yearly appraisal in line with the provider's policy.</p>

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>Regulation 12(2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3).</p> <p>Safe care and treatment</p> <p>People were not always supported to take their medicines safely.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents</p> <p>Regulation 18 4(a)(b) of the Care Quality Commission (Registration) Regulations 2009</p> <p>Notification of other incidents</p> <p>The provider did not take adequate steps to ensure notifications were made to CQC in a timely manner.</p>