

# MCCH Society Limited

# Arnold House

## Inspection report

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Date of inspection visit:  
24 May 2016  
25 May 2016

Date of publication:  
24 June 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?	Requires Improvement ●

# Summary of findings

## Overall summary

This inspection took place on 24 and 25 May 2016 and was unannounced. At our last inspection in October 2013 the provider was compliant with the regulations.

Arnold House is a residential home for up to twenty adults with learning disabilities. At the time of our inspection there were seventeen people using the service.

There was a registered manager in place at the time of our inspection. 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.

Records showed that supervision did not take place regularly in line with the provider's policy and this required improvement.

Medicines were managed, stored and administered safely. Staff had completed medicines training and the home had a clear medicines policy in place which was accessible to staff. There were regular medicine audits in place.

The home maintained adequate staffing levels to support people both in the home and the community. Policies and procedures relating to safeguarding people from harm were in place and accessible to staff. Staff had completed training in safeguarding adults and knew how to raise safeguarding concerns.

Risks to people using the service were assessed reviewed, recorded and managed appropriately. Risk assessments contained guidance on how to mitigate risks to people using the service.

Staff received annual appraisals of their work and were supported to access appropriate training specific to their roles.

We saw friendly, caring and supportive interactions between staff and people and staff knew the needs and preferences of the people using the service. People were treated with dignity and respect.

People's capacity and rights to make decisions about their care and treatment where appropriate were assessed in line with the Mental Capacity Act 2005 (MCA 2005). These safeguards are there to make sure that people are receiving support are looked after in a way that does not inappropriately restrict their freedom. Services should only deprive someone of their liberty when it is in the best interests of the person and there is no other way to look after them, and it should be done in a safe and correct way.

People were supported to eat and drink. People were involved in planning their weekly menus and were supported to prepare their own meals. People were supported to maintain good health and have access to healthcare services when they needed them.

People received personalised support to meet their individual needs, and people's support plans reflected their views and preferences .

People's concerns and complaints were investigated and responded to in a timely and appropriate manner. There was evidence that regular compliance audits took place and issues identified were actioned appropriately. The registered manager was seen to be accessible to people, and staff spoke positively about the support available to them.

## 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.

Medicines were safely administered and managed.

Risks to people had been adequately reviewed to mitigate risks.

Appropriate recruitment procedures were in place to protect people using the service against the risk of receiving care from unsuitable staff.

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

There were sufficient staff deployed to meet people's needs.

### Is the service effective?

Good ●

The service was effective.

Staff were supported in their roles through appropriate training and supervision.

The manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005 and acted according to this legislation.

People received appropriate support with food and drink.

People had access to health care professionals when they needed them.

### Is the service caring?

Good ●

The service was caring.

People said staff were caring and helpful.

People were treated with dignity and respect.

Staff were familiar with the needs of the people they supported.

### Is the service responsive?

Good 

The service was responsive.

People received personalised support to meet their individual needs, and people's support plans reflected their views and preferences.

People knew about the provider's complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

### Is the service well-led?

Requires Improvement 

The service was not always well led .

The manager did not ensure that staff supervision was always carried out in line with the provider's policy and this was not identified at point of audit.

Quality assurance systems were effective in monitoring and mitigating risks to people.

Staff and residents meetings were regularly held to seek people's views.

Staff and people spoke positively about the management of the service and said that management were always available to help.

# Arnold House

## **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.

Prior to the inspection we reviewed information we had about the service. This included reviewing statutory notifications and enquiries. A notification is information about important events which the provider is required by law to send us. We also spoke with the local authority who commissions the service to obtain their views.

The inspection took place on 24 and 25 May 2016 and was unannounced. The inspection was carried out by one inspector and one expert by experience. The inspector visited the provider's office on both days of the inspection. The expert by experience spoke with staff and people using the service. 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 accommodate up to 20 adults with learning disabilities. On the day of inspection 17 people were using the service with three people currently on their holidays. During the inspection, we spoke with five people who used the service, three care staff, two visiting healthcare professionals and the registered manager. We reviewed the care records of four people who used the service, four staff records and. 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

People told us they felt safe living at the home. One person told us "Yes, the helpers make it safe. "Another person said "Yeah, because they are not rough" and a third person told us "Yes, I feel safe because there's people around".

We saw that risk was managed effectively. Current risk assessments were in place for people including personal care, mobility, eating and drinking, community and specific medical conditions where appropriate. Risk assessments were regularly reviewed to reflect people's changing needs. Where one person required transferring using a hoist we saw that appropriate support guidelines were in place. Another person had a risk assessment for the use of a wheelchair which included guidance about being supported when in the garden.

People were supported by sufficient levels of staff to meet their individual needs and promote person centred care. People told us there were enough staff to meet their needs. One person told us "There's always the right number of staff". One person said "Yeah enough staff to look after us", and another said "Yes I think so". Staff told us they felt there were enough staff on duty to support people.

Staff file checks confirmed that appropriate references and checks of photographic identification had taken place prior to the commencement of employment. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work in the health and social care sector. Records seen confirmed that staff members were entitled to work in the UK.

Medicines were administered safely. Medicines were stored securely in each of the flats and a medicines policy was in place to provide guidance to staff. As and when required (PRN) protocols were in place for all people that needed them. Medicines administration records (MARs) were up to date, and medicines records included a photo of the person, a list of their prescribed medicines, reasons for taking and when they should be administered. We could see that balance medicine check sheets were regularly checked and recorded accurately. Staff were subject to annual competency checks, and records we looked at confirmed this.

Staff had received training in safeguarding people. They were able to describe the types of abuse to look out for and the steps they would take if they had concerns. Staff we spoke with also knew of the safeguarding lead contact for the provider. The home had a safeguarding policy in place, which was available to all staff and clearly defined areas of accountability. Staff were knowledgeable about whistleblowing and confirmed they had access to the homes whistleblowing policy.

Appropriate procedures were in place to deal with foreseeable emergencies, including a business continuity plan and an on-call system. An incident and accident log was in place, including notifications made to the CQC and we saw that learning was shared in team meetings.

# Is the service effective?

## Our findings

People told us they thought that staff were appropriately trained. One person told us "Yes, because they do things right and carefully" and another person said "Yes they are and they meet my needs".

The registered manager told us that staff supervision should take place four times a year. Records we looked at showed that supervision did not always take place in line with the provider's requirements, however staff we spoke with told us they felt supported by management..  
Staff had an annual appraisal and we could see that appraisals for 2016 had been booked.

Staff had the knowledge and skills to enable them to carry out their roles. People completed a one week induction where they were trained in areas including moving and handling, safeguarding, mental capacity act and including get to know the people that used the home and familiarising themselves with their care files. Records showed that staff induction was signed off with a checklist.

Training records showed that people had completed training in areas that helped them to meet people's needs. Mandatory training included safeguarding of vulnerable adults, equality and diversity, administration of medicines, moving and handling and emergency first aid. We reviewed staff training records for all staff and saw all were up to date with their training requirements. One staff member told us "We have refresher topics every other month".

People were involved in the planning of food menus. Each flat contained a pictorial menu planner and people at the home were asked what their meal choices were the week before. Staff were aware of people's food and drinks preferences and where people had regular meal choices staff told us they would still ask people what they wanted.

People's care files reflected where they required support with their food. One person's file stated "My food must be blended to a smooth consistency, but I can eat textured foods such as porridge and rice pudding". We saw this person was provided with pureed food during lunchtime. Another person was seen to be supported by a staff member in making cups of tea for other residents during the day.

During lunch we observed that staff were engaged in conversation with residents, checking on their welfare and whether they liked the food. They were attentive to spillages and supported people as and when needed.

People had access to healthcare professionals when they needed them. At the time of our inspection an aromatherapist attended the service and told us "Staff are very helpful, communication is very good, they update diaries with the next appointment and they'll phone me if there's a problem". A visiting physiotherapist assistant told us "Staff are very supportive in getting the group together, staff get involved and it motivates the service users more". People's care files included appointments and information for optical and dental appointments, chiropractors and doctors appointments.



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 so that they can 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. MCA DoLS require providers to submit applications to a supervisory body, and records we looked at showed that the provider was compliant with this. Staff we spoke with and the registered manager understood the requirements of the Mental Capacity Act and DoLS.

# Is the service caring?

## Our findings

People told us that staff were caring and treated them well. One person said "They are kind and have a good heart" and "Yes, they are always very nice" and another said "Yes, yes I'm happy here". A visiting health professional told us "I think it's a really nice home, if I was in a home being cared for I'd like it to be like here".

People told us that staff were supportive of their independence. One person told us "Yes, like when they say I should walk more and not use my wheelchair, but when I'm out of breath I go in my wheelchair". Another person said "They help me to budget my tobacco and support me to manage my money".

Throughout the inspection we observed that the home had a very relaxed atmosphere and that staff had a good rapport with people. Nothing seemed too much trouble for staff and we observed good professional relationships.

Staff knew the individual needs of the people they supported. One person told us "They know what I like, my favourite food" and another said "[Carer] knows I like to have a manicure and she does it for me once a week". Staff were aware that one person always liked to sit in a red chair, and that another person would close their eyes if they didn't like you.

Assessments were undertaken to identify people's needs before they moved into the home. Each person had a support plan in place which was specific to their needs and covered areas such as what they like doing, how best to support me, important things to know and the best way to communicate with me. The care plans included people's likes and dislikes about how they would like to be supported. One care plan noted "Staff must monitor the amount the bread that I am eating, to help me maintain a healthy lifestyle" and another recorded "I like to have my hair dried with a hairdryer and sometimes like it tonged". People's files also contained communication passports and set out guidance for staff to ensure that people's needs were met.

People were supported with their cultural needs. In one person's daily record we could see that they had attended church. The registered manager also told us that cultural days were planned including Nigerian and Italian events.

Staff were observed during the day treating people with dignity and respect. When asked if they were treated with dignity and respect one person told us "They do and when I need it they sometimes help me dress". We observed carers that carers were delivering personal care to one person and ensured the door remained closed at all times. Staff understood what dignity and privacy meant when assisting people and the importance of choice. One member of staff told us, "I'll try and prompt someone if they've had an[toileting] accident and ask what they think" and another staff member said, "I treat people as I'd want them to treat me. I close the door for personal care, give them privacy and check the water temperature". One staff member also talked of a person that needed support in choosing appropriate clothes to suit the weather.

## Is the service responsive?

### Our findings

People were involved in decisions around their care. One person said "I talk to my keyworker about what I want and need" and another person told us "I tell them how I want to be supported". One person said "When it's time to do it I get asked about it". Staff told us that where people were able to communicate they would sit with residents and see what they want as part of their care plan.

Support plans were personalised and reflected people's individual needs. They included details of people's life histories, their likes and dislikes as well as what people like about them, one plan we looked at recorded that people liked one person's cheeky character. Care files included communication passports, one page summary profiles, hospital passports and evidence of keyworker meetings. People also had health files recording their external and healthcare appointments. People's needs were reviewed regularly and when required.

All the support plans included guidance for staff, were well documented and easy to follow. Support plans were reviewed every six months or when people's needs changed and included relevant information regarding people's current care needs. Daily notes we looked at demonstrated the care delivery was in line with the care that had been planned for people.

The registered manager told us that people that used the service were included on staff interview panels. One person was on the provider's payroll and had a company t-shirt and badge as they like to collect the rubbish and wipe the doors in the home.

People told us they were able to take part in social activities of their choice. One person said "I like functions like the garden party, I don't go to day centre but I go out by myself and do what I want". Another person said "I go to day centre, exercise". Where one person requested support to speak with us the staff member told us they attended day centre, exercise and football throughout the week. A visiting healthcare professional told us they had seen barbeques in the summer, baking and activities to mark public events such as the London Marathon as well as arts and crafts.

During our inspection three residents were away on their holidays and we observed that a group of people requested a pub lunch and that this was arranged for them on the day. People were also able to use the garden at their will, and we observed people playing a game of skittles. One person liked listening to Glenn Miller and other residents enjoyed listening to this music, whilst another was stimulated by musical instruments. Where one person was bed bound and unable to communicate we saw that their room had sensory lighting and that cultural music was played to them. Daily records listed activities that people had attended and one person's included visiting the other flats, shopping, aromatherapy, trips to the seaside, watching television and parties at the home.

People knew how to make a complaint if they needed to. One person said "I would complain to one of the managers but I have no complaints because everything is going smoothly". Another person said "I would tell a staff member", however all the people that we spoke with told us they had no concerns to raise.

There was a complaints policy and people and relatives were provided with the complaints procedure on admission to the home. Staff identified the steps they would take if they received any complaints which included alerting the management and further escalation if required. Checks we carried out for the past twelve months found that there was one complaint, and this had been dealt with appropriately in line with the provider's policy.

## Is the service well-led?

### Our findings

People we spoke with told us that the service was well led. One person said "The manager is a nice lady, very talkable" and another said "The manager is nice". We also observed positive and personalised interactions between the manager and people that used the service throughout the inspection.

Staff spoke positively about management. One staff member said "The one thing I like is that she likes to know about your wellbeing. She will always offer additional support". Another staff member told us "[Management] is perfect. The way they take care of service users, interact together and there's good teamwork here". Staff also told us of the open staff culture, one staff member said "We have teamwork, it's very very important and help each other to cover shifts". Another staff member told us "We get very good support, she [manager] listens".

The manager had not proactively ensured supervisions were taking place in line with the provider's policy and therefore this required improvement. When we raised this with the registered manager she agreed that supervision had not always taken place in line with the provider policy and that a scheduling system would be implemented to ensure supervisions take place four times a year.

Staff meetings were held regularly and covered topics such as updates on people using the service, shopping, health and safety, incident reporting and activities. One staff member said "They are useful and [management] will send a memo afterwards". Daily handovers also took place between staff to ensure that people's needs were met effectively.

Residents meetings were held quarterly and people that we spoke with told us that they found them useful. One person told us "I don't hold nothing back and I say what I've got to say. They support you straight away" and another person when asked how they were able to express their views said "Sometimes there's residents meetings and you say then". These meetings covered topics such as new furniture, themed parties, food and activities. We could see that 'around the world' parties had been requested by people that used the service and that two of these events had been planned.

The registered manager told us they were updating their compliments cards in order to receive more feedback and provided us with a copy following inspection. We saw records of compliments from other partnership agencies such as "Such a lovely environment and supportive staff team has made such a difference to his life" and "There is definitely some very good practice present and as a result some very happy service users."

The home had a registered manager in place who was knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014.

Quality assurance systems were in place to monitor the quality of the service being delivered and the running of the home. There were daily and monthly audits of medicines. Monthly manager's checklists covered an audit of a random selection of people's daily records, health and safety, risk assessments and

finances as well as whether supervision and training had been updated. However, this required improvement as audits had not identified the issue we found in relation to staff supervision.