MCCH

Howard Goble House

Inspection report

Harland Avenue
Sidcup
Kent
DA15 7NU

Tel: 02083083561
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

Summary of findings

Overall summary

MCCH Ltd – Howard Globe House provides care and support for older adults with profound and multiple learning disabilities and some who live with dementia. It can accommodate up to 12 people. At the time of the inspection the home was providing care and support to 11 people.

This inspection took place on 8 and 9 November 2016 and was unannounced. Howard Globe House care home was registered with the Care Quality Commission on 10 December 2010. At the last inspection in 2013, the service was meeting the legal requirements in force at that time.

The service had a 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.

People using the service could not always express their views so we observed the support offered and spoke with relatives and staff. Relatives told us that their family members were safe and well treated. During the inspection we saw that people appeared happy and content and their relatives felt confident they were not at risk of harm. Family members supported most of the people but those who weren't had an independently appointed advocate who could express their views and help them to ensure their voice was heard.

Safeguarding adult's procedures were robust and staff understood how to safeguard the people they supported from abuse. 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.

The service employed sufficient number of staff to support people. Staff were encouraged to raise issues as they occurred and said that there was an open environment and felt supported by the manager and provider. Staff had received training specific to the needs of people using the service, for example, mental health awareness and safeguarding adults. They received regular supervision and an annual appraisal of their work performance. The manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were being supported to have a healthy balanced diet. People's medicines were managed safely and they received their medicines as prescribed by health care professionals.

People's relatives and health care professionals had been involved in planning for their care needs. Care plans and risk assessments provided clear information and guidance for staff on how to support people to meet their needs. Staff encouraged people to be as individual as possible and to do things they wanted to do. People's relatives were aware of the complaints procedure and were confident their complaints would be fully investigated and action taken if necessary.

The manager recognised the importance of regularly monitoring the quality of the service provided to people. The provider sought the views of relatives of people using the service, staff and health care professionals through annual surveys and regular meetings. They used feedback from these events to make improvements at the home. Staff said they enjoyed working at the home and they received good support from the manager.

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 safeguarding adult's procedures in place and staff had a clear understanding of these procedures. There was a whistle-blowing procedure available and staff said they would use it if they needed to.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people. The deployment of staff was well managed providing people with support to meet their needs. Recruitment procedures were safe.

People's medicines were managed appropriately and they received their medicines as prescribed by health care professionals.

Is the service effective?

Good

The service was effective. Staff had completed an induction when they started work and received training relevant to the needs of people using the service.

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

Peoples care files included assessments relating to their dietary needs and preferences.

People had access to a GP and other health care professionals when needed.

Is the service caring?

Good

The service was caring. Staff were caring and spoke with people in a respectful and dignified manner. People's privacy and dignity was respected.

People's relatives and health care professionals had been involved in planning for people's care needs.

Records including medicines records were held securely and confidentially.

Is the service responsive?

Good

The service was responsive. People's needs were assessed and care files included detailed information and guidance for staff about how their needs should be met.

There was a range of suitable activities for people to take part in.

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

Is the service well-led?

Good

The service was well-led. The provider took into account the views of relatives of people using the service, staff and health care professionals.

The ethos and culture of the service was positive and open. There was a clear vision and set of values in place. There was good communication between staff and management.

There were systems in place to monitor the quality of the service and make improvements where needed.

Staff said they enjoyed working at the home and they received good support from the manager and provider.

Howard Goble 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.

This unannounced inspection was carried out on the 8 and 9 November 2016. The inspection team consisted of one inspector and 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 service. We spent time observing care and support being provided. We looked at records, including five people's care records, staff recruitment and training records and records relating to the management of the service. We also spoke with five members of staff, the manager, their deputy and a representative of the provider who was the area manager.

Before the inspection we looked at the information we held about the service including notifications they had sent to us. This included the Provider Information Return (PIR). 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.

We contacted the local authority responsible for monitoring the service to request feedback. We used this information to help inform our inspection planning. We also received feedback from five health care professionals about the care provided to people using the service.

Good

Is the service safe?

Our findings

Most of the people using the service could not tell us if they felt safe and whether staff treated them well but those that could said they were happy and settled in the home. Their relatives told us that they were happy with the home and that their relatives were safe. A relative of a person said, "[My relative] is settled and safe. It's their home." Another said, "I know by the way my relative is that they are safe." A healthcare professional said, "People are cared for appropriately. It is a safe and homely environment."

We found that robust recruitment procedures were in place. We looked at the recruitment records of seven members of staff. We saw completed application forms, these included references to their previous health and social care experience and qualifications, their full employment history and explanations for any breaks in employment. Each file contained interview questions and answers, evidence that criminal record checks had been carried out, two employment references, health declarations, proof of identification and right to work. This meant that suitable people were employed to care for people who used the service.

The manager told us they were the safeguarding lead for the home. The home had a policy for safeguarding adults from abuse and a guide for staff to follow if they suspect abuse or other safeguarding concerns. The manager and staff demonstrated a clear understanding of the types of abuse that could occur in a care home setting and they had received training in safeguarding vulnerable adults and the process for reporting concerns. We noted that this training was reviewed annually. They told us the signs they would look for, the different types of potential abuse that could occur and what they would do if they thought someone was at risk of abuse. In addition, staff told us they were aware of the organisation's whistle-blowing procedure and how they would use it if they needed to. One member of staff said, "I wouldn't care who it was, I would always do the right thing and report concerns."

Relatives and the manager told us there was always enough staff on shift to meet people's needs. The manager and staff said that generally, during the day shifts, the ratio of staff to people was one staff to two people and the records we saw and observations at the inspection supported this. The manager said, "I believe that our low rate of incidents is as a result of our high staff presence. I like to see staff supporting people as soon as the need arises and not before it is too late and an incident has happened." A health care professional said, "I am always welcomed when I attend the home and there are always lots of staff around." One relative of a person at the service said, "When I visit, there always seems to be enough members of staff around."

We found assessments were undertaken to assess possible risks to people using the service. The manager showed us the risk assessment documentation completed for each person using the service. These included individualised risks to themselves and others, medication and potential for deterioration of health. The risk assessments included information about action to be taken to minimise the chance of the risk occurring and were reviewed on a monthly basis or more regularly if required. For example we saw that following a review carers had been alerted to be extra vigilant because a person's condition had deteriorated.

Staff said they knew what to do in the event of a fire and told us that regular fire drills were carried out. All

people had individual emergency evacuation plans which highlighted the level of support they would need to evacuate the building safely. A full evacuation drill took place every six months and we noted that the last one was in October 2016. We saw a file that included regular fire risk assessments for the home and records of weekly fire alarm testing, servicing of the alarm system and reports from annual checks by a specialist. Staff training records confirmed that all staff had completed training on fire safety.

We looked at how medicines were prepared and administered. The medicines administration records (MAR) were legible and did not contain any gaps. They included people's photographs, details of their GP, information about their health conditions and any allergies. They also included the names, signatures and initials of staff qualified to administer medicines. Where a medicine had not been administered, the appropriate code had been used. Body maps were in use for those people who received their medicines through a patch on the skin. Controlled drugs had been appropriately received, recorded, stored and administered. We checked the balances of medicines stored in the cupboard against the MAR's for the two people using the service and found these records were up to date and accurate.

We observed medicines being administered in the morning of the first day of the inspection and saw that people were reassured appropriately in a gentle and kind way and that only staff trained to administer medicines were involved. Medicines were signed for after they had been administered. This meant that people received their medicines as prescribed by health care professionals.

We saw that the home's policy on medicines that were 'required when needed' (PRN) had been approved by the local GP surgery. Staff said that they were aware of signs people used when they required relief from pain and may need PRN medicine and there were clear records in individual care plans describing the signs people displayed on these occasions. The manager said, "Most of these medicines are paracetamol. Staff are aware of the dangers in its use and signs to look out for when people are in pain. We have a robust policy that has been approved by the GP and we make sure that staff always record administration on a MAR."

During the inspection we saw that the home was clean and tidy. The manager said that there was a cleaner who attended the home and cleaned the communal areas and a staff rota for staff to clean other areas including residents' bedrooms. We saw that there was encouragement for people to keep their rooms clean and that the home was clean and well maintained. The resident's bedrooms were well decorated, spacious and free of clutter. During the inspection a person showed an inspector their bedroom and was proud of it and said, "I've cleaned it. It's lovely." There were restrictors on all windows to prevent people falling and injuring themselves and we noted that potentially harmful cleaning products were locked away.

Good

Is the service effective?

Our findings

Some people using the service were unable to express their views about the staff's skills and abilities to meet their needs. A health care professional said, "Staff know about all of their residents' needs and have a professional attitude towards their role." Another said, "I was included in the latest review of my patient's care plan and I am confident that they are supported in line with the plan."

Staff had received training relevant to people's needs. We looked at seven members of staff's files which included their training records. These showed that all staff had completed an induction programme and training that the provider considered mandatory. This included food hygiene, fire safety, first aid, manual handling, safeguarding adults, health and safety and infection control. We noted that the first aid training was comprehensive and involved staff in role-play emergency situations that could occur in the home. Staff had completed other training relevant to the needs of people using the service such as mental health awareness and managing and supporting people who's behaviour challenges the service. They had also completed training on the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff had attained accredited qualifications in health and social care and were supported and encouraged by the home to do this.

We spoke with five members of staff. They told us they had completed an induction when they started work and they were up to date with their mandatory training. Staff told us they received regular supervision and an annual appraisal of their work performance. They said this provided them with support to carry out their roles. The staff files we looked at confirmed that all staff were receiving regular formal supervision and an annual appraisal. A member of staff said, "We are a good and effective team, we all get well trained, there is always someone around to ask if you are unsure about anything and everyone cares about the role they perform." Another said, "The training helps me to give me an insight into people's needs and what I need to do to support them."

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 procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). The 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.

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. The manager told us that none of the people using the service had the capacity to make specific decisions about their own care and treatment and all were subject to Deprivation of Liberty Safeguards (DoLS). They said that the service worked with people's relatives and relevant health care professionals to ensure appropriate capacity assessments were undertaken and decisions about their care would be in their 'best interests' in line with the Mental Capacity Act 2005 (MCA).

Records showed that mental capacity assessments had been conducted and decisions made in people's best interests where the registered manager had reason to believe a person may not have the capacity to make a specific decision. This was in line with the MCA Code of Practice. DoLS authorisations were followed and the service completed necessary monitoring of the conditions of authorisation.

People had access to an advocate when their relatives or other supporters were unavailable. An advocate is a specially trained and independent professional who can help if a person does not have capacity to make particular decisions. The provider had included professional supporter's views about people's care to ensure that the least restrictive option for care had been considered and that the MCA had been followed.

We saw five care plans and noted that the home worked with health care professionals to assess and plan people's care. People were encouraged to participate in the assessments and when that was not possible, staff spoke to relatives. The assessments indicated people's support needs for example with activities, eating and personal hygiene. One relative of a person using the service told us, "I am kept up to date on things going on in my relative's life and am involved in the care side of things if needs be."

People were provided with enough to eat and drink and we saw records of people's intake of food and drink when there was a concern about their weight or some other health issue. We noted that these records were reviewed regularly and shared with health care professionals when specialist advice was required to improve the health of people.

Whilst most people could not talk to staff and tell them what they wanted at mealtimes, staff we spoke with were aware of the importance of offering people choices at mealtimes and were aware of the things people did not like to eat and the signs people used to indicate preferences. People's support plans included details of their likes and dislikes and any allergies they had. We saw information was available to staff which included guidance from healthcare professionals which ensured meals were prepared to safely meet people's needs. A member of staff who was assigned to cook on the day of the inspection said, "I am making this dish and know the residents who need the food preparing in a special way to deal with their conditions. I mash vegetables up because one of the residents has swallowing issues" The care plans included sections on people's diet and nutritional needs. We saw that people were encouraged to drink and eat healthy options and there was fresh food in the kitchen and a well-stocked fridge and freezer. There was a varied menu of main meals that was revolved regularly. A relative told us, "My relative eats well and all the food seems to be varied and healthy."

The manager told us that all of the people using the service were registered with a local GP; they had access to a range of health care professionals such as dentists, opticians and chiropodists when required. People's care files included records of all appointments with health care professionals. A health care professional said, "The staff follow my plan and seek advice if there are complications or they require more input." A relative said, "I am confident that the staff look after my relative. [Staff] keep an eye on [my relative] and know when they are poorly and always get the doctor involved."

Good

Is the service caring?

Our findings

One relative of a person using the service said, "The manager and staff really care about the people here. You can see that their heart is in it." Another said, "My relative had a birthday recently and the home made it a special event when we visited. It was a pleasure to visit and see the care and attention the staff pay to all the residents." A member of staff said, "We all care for our residents. The atmosphere is very homely and it's like a big family."

People's relatives told us they had been consulted about their relatives' care and support needs. People were allocated named key workers to co-ordinate their care and relatives were happy with the support they received from staff. We looked at care records of seven people. We saw that where people could not express a view, relatives had been involved with developing care plans. The plans contained information about people's current needs as well as their wishes and preferences. Daily records were completed by staff, were up to date and well maintained. These described the daily support people received and the activities they had undertaken. The records were informative and enabled the inspection team to identify how staff supported people with their care and daily routines. One person's relative said, "The staff understand my relative's needs and what they need to do for them."

During the course of the inspection we observed staff members enquiring about people's comfort and welfare and responded promptly if assistance was required. For example we saw staff asking people if they would like a cold drink and one person respond in a way that showed mutual respect and care. One person's relative said, "They cannot do enough for my relative. They are a very caring lot."

We noted that the home had assisted a person to watch foreign language TV so that they could keep up to date with developments in their country of origin. People were encouraged and supported to telephone their relatives who lived a distance away from the home and could not visit as often as they wished. One relative said, "I get regular calls from my relative. They sometimes forget but the home supports them to ring and keep in contact."

Staff recognised the cultural needs and upbringing of the people in their care. We saw that ethnic and religious beliefs were respected, for example when food was prepared and staff worked with relatives when it came to supporting people to visit religious establishments such as church.

Staff spoken with had an appreciation of people's individual needs around privacy and dignity. They told us that it was a high priority. Staff spoke with people in a respectful way, giving people time to understand and reply. We observed staff demonstrated compassion towards the people in their care and treated them with respect. Staff said they made sure information about people was kept locked away so that confidentiality was maintained at all times. We saw that all personal documentation including care plans and medicines records were locked away and this meant that only authorised staff accessed people's records.

We saw that there were arrangements in place for people to be involved in making decisions about their end of life care. Some residents had been consulted and had expressed their views using recognised symbolic

methods such as Makaton and in all cases people's relatives had been involved in the process. Makaton uses speech with signs, gestures and symbols to help people communicate.

Good

Is the service responsive?

Our findings

Staff were knowledgeable about the people they supported. They were aware of people's preferences and interests, as well as their health and support needs. One said, "The training helps me to give me an insight into people's needs and what I need to do to support them." Another member of staff said, "The training is really regular. It helps me appreciate people's individual needs and how best to support them."

People using the service were receiving care, treatment and support that met their needs. We looked at the care files of the seven people. These were well organised and easy to follow. They contained detailed pre-admission information from the referring local authority. Assessments were undertaken to identify people's support needs before they moved into the home. We saw evidence of assessments for nutrition, physical and mental health and details of health care professionals to contact in the event of a crisis. The care files included care and health needs assessments, care plans, risk assessments and detailed information and guidance for staff about how people's needs should be met. In one file we noted that a person whose first language wasn't English had been paired with a carer who spoke the same language.

The care files we reviewed also included evidence that people's relatives, their care coordinators, their keyworkers and appropriate healthcare professionals had been involved in the care planning process. Files had hospital passports that were individualised to the person using the service. A hospital passport assists people with learning disabilities in providing hospital staff with important information about them and their health when they are admitted to hospital. Information in these files had been reviewed by senior staff on a monthly basis or more frequently if required.

People were encouraged to participate in activities and the home had links with the local community. On the first day of the inspection we saw a mini bus transporting people to outside activities such as day centres. One person said, "I have been looking forward to going. I go every Thursday." The manager said that that home had arrangements with local NHS trusts and student nurses would attend on placements. One student said, "The experience has been rewarding for me and I have enjoyed the activities I have been involved in and can see how positively the residents have responded." Other activities outside of the home were in place and included trips to bowling alleys, cinemas and specialist learning disability education centres. We saw that books, board games, colouring books and puzzles where available in the living room for people using the service to use if they wished. People also had televisions and personal items in their rooms. The rooms were personalised and people told us that they had been involved in setting out their room, the colour scheme and choice of pictures and posters. This meant that people were involved in choices about their lives, had support that was individualised and were stimulated with activities outside the home.

The deputy manager spoke with us about the day trips away from the home to the seaside which most of the residents attended. We saw records including photographs from the last trip away from the summer 2016. People were seen to be enjoying activities at a picnic. The next trip away had been scheduled for late spring/early summer 2017 at a resort by the coast and plans in preparation for the break showed that a number of wide ranging activities had been arranged including bowling, pub lunches and trips to the beach.

We saw that copies of the home's complaints procedure were sent out to relatives when people started using the service. People's relatives said they knew about the complaint's procedure and would tell staff or the manager if they were not happy or if they needed to make a complaint. They said they were confident they would be listened to and their complaints would be fully investigated and action taken if necessary. The manager told us that when people could not communicate fully using speech, some people used Makaton symbols and signs to communicate their needs and concerns to staff. The manager showed us a complaints file. Although the service had not received a complaint since starting the service, the file included a copy of the complaints procedure and forms for recording and responding to complaints. A relative said, "I know who speak to if there are any issues. I'm sure that I wouldn't need to make a formal complaint as the manager and staff would just sort it out."

The service worked with other agencies in ensuring that people who use the service were protected and received appropriate care from healthcare professionals. For example it was noted that the service had engaged with health care professionals in assisting a person with acute needs who had recently started to live at the home. The person's mental health had deteriorated and the home had assisted and worked with professionals by giving the person supervised responsibility in the home by helping in the office and greeting visitors. This had led to an improvement in the person's behaviour and well being without needing to administer additional medication. A health care professional said, "I am very happy that the manager and staff are responsive to people's needs. Their work is very comprehensive and person centred."

Good

Is the service well-led?

Our findings

Most people using the service were unable to communicate their views about leadership of the service but their relatives and healthcare professionals spoke positively about the manager and the way in which the home was run. A health care professional said, "I am satisfied with the organisation and leadership at the home." A relative said, "The home is well run and the manager leads from the front." A member of staff said, "There is an open door policy and the manager and provider are very accessible."

Throughout the course of the inspection all the staff we spoke with said that they knew how to deal with people and had been well trained to support them. They said that if they were ever unsure of a situation or had not come across a particular problem before, they knew that experienced staff were always on hand to assist. A member of staff said, "I love working here. Recently I committed a relatively minor medicines error and had no issue in reporting this to the manager. We went through it all together and I learned from it. There is a very open and positive culture." We considered this medicine's issue at the inspection and saw that the manager had ensured that there was no impact on the person and had immediately contacted the GP who had confirmed that there was need to take any further action. The manager had also undertaken some further checks and given support to the member of staff in improving their competency.. A health care professional said, "The manager and staff contact me with any issue and I know that my recommendations are always implemented. The leadership and support available to staff seems to be of a high standard."

The manager showed us records that supported that monthly audits were being carried out at the home. These included food safety, health and safety, water temperatures, maintenance, cleaning, medicines, fire safety, incidents and accidents and care file audits. The manager and provider told us they met at least every week to assure themselves that the service was operating effectively and to address any issue that had been highlighted by the checks.

A representative from the provider's head office was present at the inspection and told us that they completed quarterly audits and reported back to the head office and manager on issues such as training, health and safety, care plan updates, fire safety and medicines checks. We observed that the provider's representative and manager were well known to the people who used the service and were comfortable in each other's company.

Staff told us about the support they received from the manager and the provider. One said, "The manager is here most days. They are very supportive and they are always there when I need them." The manager told us there was an out of hours on call system in operation that ensured management support and advice was always available when staff needed it. Staff also said they felt they could express their views at team meetings. We saw minutes from the meetings. The last one was in November 2016 where we saw that staff had discussed a person's family members who had brought unsuitable food into the home for their relative. The person was at risk of choking and we saw that the home had raised this concern with the family and a health care professional. The minutes reflected that the staff agreed to act with extra vigilance to ensure that the person remained safe. The minutes also showed that the home's incidents and accidents were reviewed to see if there were lessons to be learned from them. A member of staff told us they could instigate a

meeting at any time to resolve issues or make suggestions to improve the lives of people in their care. A member of staff said, "The manager's door is always open. We can raise any sort of issue or concern at any time. We don't have to wait for a formal meeting."

The provider took into account the views of relatives of people using the service and stakeholders through annual surveys. The manager told us they used feedback from the surveys to make improvements at the home. A survey had been carried out in May 2016. We saw the results of the survey in a summarised document. The feedback was positive and we were told that an action plan had been produced to address any areas where people felt improvements could be made. For example there was a suggestion that the garden needed tidying in time for the summer and we saw that a maintenance program had been arranged. This showed the service listened and responded to the views of the people connected to the home and people's family members.